

TERMS OF REFERENCE

Individual Contractor: Health Consultant - Aspirational Districts (FULL TIME)

Duty Station: New Delhi

Contract Duration: 11.5 months (full-time)

Closing Date: 10th June 2022

1. BACKGROUND / RATIONALE

India has shown utmost commitment to adopt the UN's Development Agenda for 2016-2030 on "Transforming our World: the 2030 Agenda for Sustainable Development". A series of concerted efforts by UNICEF and the Government of India are underway to achieve 17 Sustainable Development Goals (SDGs) and 169 targets. Despite a substantial decline in U5MR and Maternal Mortality rates in India, an urgent need is to accelerate this decline through increased outreach of improved health care services to all mothers and newborns. NITI Aayog has launched the "Transformation of Aspirational Districts Program" to accelerate improvement in socioeconomic and health status of 115 most underdeveloped districts from 28 states in India. The program works on the four critical principles of Convergence (of Central & State Schemes), Collaboration (of Central, State level Officers & District Collectors), Federal Competitiveness and Mass movement. The Aspirational District program has been a successful model as identified from the consistent improvement of ADs shown by the agile Delta Ranking method. The mission of the "Sabka Sath Sabka Vikas" ADs program has been a milestone in improving lives in the most vulnerable districts in India.

UNICEF being one of the credible partners of the Government of India, is committed to providing technical support to the National and State government in implementing various RMNCAH+N programs focusing on ADs. The selected key health and nutritional indicators identified for the progress of ADs are sub-set of SDGs outlined in the Global Development Agenda for Transforming the World by 2030. UNICEF in programming states act as the Lead Partner to provide high-end technical assistance to strategies, monitor routine progress, initiate corrective measures for attainable outcomes, and bridge the gaps for comprehensive development in Primary Health Care in ADs. UNICEF is strengthening ADs and developing a strong system to evaluate and fast-track synergizing and localization of SDGs. In the line of commitments, UNICEF works explicitly on the supportive supervision and capacity building of the state and district health managers/supervisors to enable the development of district action plans and evidence generations. Along the complementing lines, UNICEF has partnered with government stakeholders to evaluate digital health interventions provided in many ADs and intends to improve the use of digital technology, Artificial intelligence, GIS to support these districts achieve the performance ranking as desired by NITI Aayog.

2. PURPOSE OF ASSIGNMENT

To provide technical support for quality implementation of high impact evidence-based interventions under the umbrella of RMNCH+A in aspirational districts (Ads) and UNICEF priority districts. For the overall planning, implementation, monitoring and supportive supervision of the RMNCH+A programmatic components, the consultant will coordinate AD consultants and provide ongoing support to key implementing departments. UNICEF has agreed to provide necessary technical support in this partnership for the development of HMIS dashboard, design document, and map the roles and responsibilities in this process. The successful candidate will assist senior officials in ICO Health Section in preparing various reports and documentation as per the project's needs and requirements.

Specific roles will include: -

- **Facilitate** UNICEF India Country office and government partners to review the proposed technical input on the ongoing projects/programmes being implemented by the districts and the Program Support Units (PSUs) in Aspirational Districts

- **Review the scope requirements document to identify activities** that may be presented for country-level partner support including the suggestion of relevant global partners for MoHFW and UNICEF to leverage.
- **Develop Dashboards with high-level data analytics and BI to promote SDG localization** by creating data eco-system after conducting in-depth research on HMIS and National data sets and alternative sources to bring Sustainable Development to the aspirational districts.
- **Development of a work plan report** to design a communication strategy. Support formulation of Communication and Advocacy report for developing scalable and sustainable project ideas linking PHC to UHC in ADs/UNICEF supported states and districts.

3. OBJECTIVE/S

- Internal coordination on AD/priority districts on various program to develop, implement, monitor and report on program activities
- Engage in routine Program monitoring, tracking, and improvement in Aspirational Districts in line with key Health indicators
- Provide programmatic support to states for strengthening and implementation of key NHM interventions in Aspirational district
- Conduct training and capacity-building interventions as per programmatic needs in Aspirational Districts and UNICEF-supported states Districts including mentoring and training of AD consultants
- Regular data triangulation and reports from ADs consultants (not HMIS based, but rather based on bottlenecks analysis, etc.)
- Liaison with Stakeholders such as MoHFW and NITI AAYOG and state government counterparts on the UNICEF support to the AD program
- Assessment of various reports/studies/ Survey Reports along with existing HMIS Portal application and based on the output/analysis suggest actions to achieve Aspirational District indicators (as specified by Niti Aayog) in states and individual districts
- Provide technical support to UNICEF and Government to identify challenges and prepare action plans for overcoming these challenges through existing schemes, innovation, greater engagement, and participation.

4. MAJOR TASKS TO BE ACCOMPLISHED

Based on a collaborative work plan developed by the consultant, an agreed workplan for the entire project will be delivered to MoHFW, and the next steps will be agreed upon and planned accordingly

- a) Use of national survey/HMIS data sets for aspirational districts and state planning for prioritizing interventions and addressing inequities and GAP analysis.
- b) Liaison with MoHFW and NITI AAYOG on the support that UNICEF has provided to AD programs and to harmonise internal coordination of the AD/priority districts program
- c) Support for trainings/capacity building workshops for AD/priority districts consultants particularly for enhancing M&E skills.
- d) Support and develop workplans, documents, operational and technical guidelines, activities, monitoring and evaluation (M&E) frameworks for AD programmes
- e) Guide the state offices in district gap analysis pertaining to RMNCHA+N
- f) Develop risk-informed programming to support the preparedness of health systems
- g) Support documentation of good practices and evidence generation

5. DELIVERABLES AND DEADLINES

S. No.	Major Task	Deliverable(s)	Specific delivery date/deadline for completion of deliverable	Estimated travel required for completion of deliverable

1	Prepare an inventory through extraction, compilation, analysis and classify into various functional groups using standard frameworks for internal coordination of the ADs. Carry out review of proposed technical input on the ongoing projects /programmes in Aspirational districts and other UNICEF supported districts.	Report on ongoing projects and programmers in Ads and UNICEF supported districts and framework for analysis	1st Month	4-5 Days
2	Develop modules for mentoring and training of AD Consultants Compare National Survey and prepare a note on bottleneck analysis carried out in ADs for consultants	Detailed training module for AD consultants and bottleneck analysis report	2nd Month	4-5 Days
3	Monitor core indicators for aspirational districts and prepare quarterly comparative reports and carry out a district GAP analysis	District GAP analysis report	3rd Month	4-5 Days
4	Develop the draft data dashboards and data triangulation and analysis for ADs on RMNCH+A indicators	Draft Dashboard based on the available data	4th Month	4-5 Days
5	Produce a Draft report on Data dashboarding based on readily available data and reports to support internal coordination on AD/priority districts program	Draft report on Dashboarding, including data quality issues and challenges	5th Month	4-5 Days
6	Develop report of discussion on first draft of data output with stakeholder including the implementors and prepare review document to identify activities that may be presented for country-level partner support	Detailed report on activities and discussion on the draft data outputs that may be presented before country-level partner support	6th Month	4-5 Days
7	Develop work plans, documents, operational and technical guidelines, activities, monitoring and evaluation (M&E) frameworks for AD programmes	Detailed report on Workplan, operational and technical guidelines, activities, monitoring and evaluation (M&E) framework for ADs	7th Month	4-5 Days
8	Support to AD districts and PHC evidence agenda (monthly quarterly) to promote SDG localization as a part of UNICEF and PGI Chandigarh partnership	Progress report and bottleneck analysis of the SDG localization in ADs	8th Month	4-5 Days
9	Support in conduction of workshop with stakeholders and implementors including ground Zero staff of ASHA workers,	Guidance report based on the Workshop discussion	9th Month	4-5 Days

	ANMs, AWWs, Medical Officers etc. and AD/Priority districts consultants			
10	Provide technical inputs and supports to integrate advanced data outputs on the existing web-portals of aspirational districts or develop separate web-portal that can be used by all aspirational districts.	Risk and mitigation analysis	10 th Month	4-5 Days
11	Support to AD districts and PHC evidence agenda (monthly quarterly) to promote SDG localization as a part of UNICEF and PGI Chandigarh partnership	Progress report and bottleneck analysis of the SDG localization in ADs	11 th Month	4-5 Days
12	Support UNICEF team and Gol partners in the development of knowledge transfer and guidance report	Report on knowledge transfer and guidance to support development Health section and MoHFW	11.5 Month	4-5 Days

6. DUTY STATION

New Delhi, India

7. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION)

Around 12 (4-5 Days per trip) Official travel to states where CoWIN RCH 2.0 is rolled out and training would be planned.

8. ESTIMATED DURATION OF CONTRACT (FULL TIME)

The duration of the contract is for a period of 11.5 months.

9. QUALIFICATIONS / SPECIALISED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT

Essential

- Applicant must have a master's degree in Medical Sciences / Preventive Medicine/ Public Health / Health Management from a reputed and recognized university.
- Minimum 2-3 years of experience in monitoring & evaluation, policy advocacy in the areas of Governance, Health, and development-related projects.
- Minimum 2-3 years of experience in Primary Health care projects and implementation of health care system strengthening around PHC interventions
- Knowledge of central or state government's work on Aspirational Districts/ SDGs
- Experience with the United Nations and its specialized agencies is a distinct advantage. Knowledge of UNICEF is a clear advantage.
- The knowledge of existing health applications such as NCD, NIKSHAY, RCH, PM-JAY will be an added advantage.
- Proven ability to communicate and manage/navigate through multiple disciplines and organizational groups, often within a complex and often ambiguous environment.
- Creativity is considered a plus.

Desirable

- Minimum 2-3 years of working experience of HMIS, NFHS, SRS, NSS, and other nationally representative data sets.

- Excellent skills in quantitative research methods and knowledge of SPSS, STATA, R-programming
- Expertise in Data visualization software such as Tableau and Power-BI and Dashboarding

10. TECHNICAL EVALUATION CRITERIA (WITH WEIGHTS FOR EACH CRITERIA)

S.No.	Criteria	Minimum score	Maximum score
1	Educational Qualifications		
	Master's degree in Medical Sciences / Preventive Medicine/ Public Health / Health Management	10	15
2	Relevant Experience		
	<ul style="list-style-type: none"> • Applicant must have a Master's degree in Medical Sciences / Preventive Medicine/ Public Health / Health Management from a reputed and recognized university. • Minimum 2-3 years of experience in monitoring & evaluation, policy advocacy in the areas of Governance, Health, and development-related projects. • Minimum 2-3 years of experience in Primary Health care projects and implementation of health care system strengthening around PHC interventions 	18	25
	<i>Candidate securing minimum marks against criteria-1 & 2 above and overall 28 marks would qualify for interview</i>	28	40
3	Interview (minimum 28 marks to qualify)	28	40
	Total technical score-80. Minimum qualifying marks is 56	56	80

Minimum overall qualifying score for technical evaluation is kept as 56/80. Weightage of technical evaluation and financial proposal assigned in the final evaluation would be 80:20 respectively.

11. PAYMENT SCHEDULE

Payment will be linked to monthly deliverables as outlined in the attached financial template. The contractors' payment will be made against monthly deliverables.

HOW TO APPLY:

The application to be submitted through the online portal and should contain three separate attachments:

- A Cover letter explaining suitability for position (**to be uploaded online under "Cover Letter" tab**)
- Curriculum Vitae (CV) references (**to be uploaded online under "Resume" tab**)
- A financial proposal indicating all-inclusive monthly professional fee and travel cost, as per the template attached (**to be uploaded online under "Financial Proposal" tab**).

Important Note: Please do not indicate financials anywhere else in the online application form, please mark "n/a or 00", under the fee related questions in the online application form.

Without all the above 3 documents, your application will be considered incomplete and invalid and will not be considered further.

- Any attempt to unduly influence UNICEF's selection process will lead to automatic disqualification of the applicant.
- Joint applications of two or more individuals are not accepted.
- Please note, UNICEF does not charge any fee during any stage of the process.

- Women, trans, non-binary and gender diverse candidates meeting the requirements are strongly encouraged to apply.
- UNICEF is committed to diversity and inclusion and encourages qualified candidates from all backgrounds including persons living with disabilities to apply.
- General Terms and Conditions for the Consultancy Contract is attached, for your reference.
- Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

For any clarifications, please contact:

UNICEF

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