

TERMS OF REFERENCE

1. Purpose of Assignment

Strengthen Routine Immunization services in all 26 Districts & 8 Municipal Corporations.

Immunization Field volunteers (IFV) will strengthen the Immunization program by-

- Conducting regular monitoring of Routine Immunization Sessions,
- Coverage monitoring by house to house visits;
- Strengthen micro-plans for Routine Immunization, Special Immunization weeks, other supplementary Immunization activities (SIAs) such as Polio campaigns by coordinating training activities, undertaking field validation of identified high risk areas (HRAs), assisting review of micro-plans;
- Support strengthening Acute Flaccid Paralysis, Measles and other vaccine preventable diseases surveillance

2. Programme area:

Universal Immunization Programme (UIP)

3. Objective and activities:

Key objective:

To strengthen qualitative Routine Immunization coverage in high focus areas.

Key activities:

- A. Strengthen supportive supervision and monitoring for RI and Cold Chain
- B. Strengthening data management for RI
- C. Support implementation of RI Communication Strategy
- D. Support in RI micro planning , especially inclusion of high-risk areas in RI micro plans and their field validation
- E. Others (Vaccine preventable disease surveillance, reporting, reviews, etc...)
- F. To support all new vaccines introduction in future.

4. Duty Station: District / Corporation Headquarter.

5. Supervisors:

Administrative supervisor: RDD/CDHO/MOH, State EPI Officer, Government of Gujarat.

Technical overview: Surveillance Medical Officer (SMO) WHO – NPSP, WHO-NPSP will follow Day to day assignment tracking.

6. Major tasks to be accomplished -

The Immunization Volunteer will work to meet the following objectives:

A. Strengthen supportive supervision and monitoring for RI and Cold Chain

- ↓ Monitor at least 2 VHND/ Immunization session sites and at least 20 household visits daily as part of the house to house monitoring using standard GOI formats.
- ↓ Monitor PHC/ UHC level RI programme management including cold chain and vaccine logistics in at least 2-3 vaccine and cold chain storage points in a week (at least 8 vaccine storage points a month) using standard GOI formats.
- ↓ Take necessary local corrective measures in consultation with the MO, THO,ADHO,DRCHO.

- ↓ Intensified monitoring in prioritized HRAs, outreach areas and migrant areas & ensure tagging of HRAs in RI micro plan.
- ↓ Monitor immunization trainings related to RI & SIAs (attendance, Skill development by Pre / Post Test, training facilities) using standardized tools designed by the state RI Cell.
- ↓ Monitor immunization weeks and supplementary immunization campaigns whenever implemented.
- ↓ Share monitoring findings/ feedback with MO, THO, ADHO, DRCHO, CDHO and SMO on the same day.
- ↓ HRAs, outreach areas and migrant areas should be prioritized for intensive monitoring & ensure tagging of HRAs in RI micro plan.
- ↓ Monitor trainings in areas of RI and Cold Chain (attendance, Skill development by Pre / Post Test, training facilities) using standardized tools.
- ↓ Monitor immunization weeks and SIAs whenever implemented.

B. Strengthening data management for RI

- ↓ The Immunization volunteer will support the computer assistants of MO/ THO /ADHO/ DRCHO for entering and analyzing microplanning, coverage and monitoring data. They will analyze the data with the pre-designed data analysis tools as provided by the State.
- ↓ Facilitate e - mamta data collection from field & entry of data in the e - mamta application, if needed. (IFV will not do the data entry himself)
- ↓ Track entry and updation on weekly basis at PHC / Taluka level and share feedback with THO / ADHO/DRCHO.
- ↓ Monitor that village wise updated e -mamta work plans are timely generated and timely given to ANM on monthly basis at PHC / UHC/ Taluka level.
- ↓ Through meetings encourage/ facilitate HWs to record and update the most recent beneficiary data in the MCP cards and MCH registers. Periodically monitor and validate the data as and when required / instructed.

C. Support implementation of RI Communication Strategy

- ↓ Support implementation of District RI Communication Plan at Taluka, PHC / UHC and village level.
- ↓ Monitor quality of IEC/SBCC activities through pre-defined checklists.
- ↓ Monitor monthly/ quarterly reporting of RI Communication activities.

D. Support in RI microplanning

- ↓ Support microplanning process at Taluka and PHC/ UHC level to ensure that all left out areas identified are incorporated in RI micro plan.
- ↓ Monitor that RI session microplanning, supervision micro planning, AVD planning and ANM rosters are generated and circulated with concerned service providers/ workers & share the feedback with MO, THO, ADHO & DRCHO.
- ↓ In consultation with the MOs / THO, identify the gaps in the PHC/ Taluka that need attention for inclusion in the district specific need based PIP planning process.

E. Others (surveillance, reporting, reviews, etc.)

- ↓ Inform MO, THO, ADHO, DRCHO and SMO about any AEFI, VPD and AFP case.
- ↓ Assist with field investigations of measles outbreaks and other VPDs as required

- ✚ Share monitoring feedback at Taluka and district level periodically.
- ✚ Facilitate convergence with other departments/ sectors (ICDS, ASHA, VHSC, PRIs, etc.) and development partners (UNICEF, WHO, etc.) at local levels.
- ✚ In consultation with the WHO-NPSP & UNICEF (Where ever applicable) facilitate the MO/ THO regarding sharing of analyzed data in monthly meetings (data analysis of monthly UIP coverage, drop out, surveillance performance of blocks etc)

7. End product (i.e. Final report, article, document, etc.):

With technical support from WHO-NPSP & UNICEF (Where ever applicable) prepare Monthly progress reports in predefined template

8. Official travel involved:

Travel in the assigned District (specific Taluka) to monitor immunization sessions & H-T-H monitoring. However, may need to travel outside the Specific Taluka, within same district, if needed.

9. Estimated cost of Monitoring –

No. of Units	Cost per Unit (Rs.)	Total Cost (Rs.)	FMR Code
34*	72000	24,48,000	

* 1 IFV per District & Corporation.

Sr No.	Details	Amount (in Rs)	Unit	Period (in months)	Total Budget (in Rs)
1	Honorarium for IFV	Rs 400/-	20 days per month X 34 persons = 680 visit days.	6	Rs. 16,32,000/-
2	TA	Rs 200/-	20 days per month X 34 persons = 680 visit days.	6	Rs. 8,16,000/-
Total (in Rs)					24,48,000/-

10. Qualification or specialized knowledge experience required:

- ✚ Age 21 to 40 years.
- ✚ Academic qualifications; Graduate Degree from recognized University in Bachelor or Masters in Social work, Bachelor or Masters in Rural Management (BRM, MRM).
- ✚ Experience of working / monitoring in the field of immunization / pulse polio.
- ✚ Ability to plan and execute activities at Taluka and PHC / UHC level.
- ✚ Must be willing to travel extensively in the Taluka and District.
- ✚ Each IFV shall have own transport facility, preferably a valid motorized two wheeler with valid documents and valid insurance.
- ✚ Basic computer proficiency (with commonly used Windows, MS Office and Internet will be an added qualification.
- ✚ Good oral and written communication & presentation skills in Gujarat/ English / Hindi.
- ✚ Should have good understanding of health care delivery structure of Taluka and PHC/ UHC level.
- ✚ Good track record of credibility

The Selected Field Volunteer Immunization will have to sign the under taking as per annexure 1.

ANNEXURE 1:

UNDERTAKING BY Mr / Ms

I hereby agree to abide by the following terms and conditions laid down by the National Health Mission, Department of Health & Family Welfare, Government of Gujarat, I, Mr/Ms _____ S/o/D/o _____ R/o _____ volunteer to be engaged by the NHM Gujarat as Field Volunteer Immunization for 20 days in a month. I understand that this temporary assignment is governed by the following terms and conditions:

1. Roles and responsibilities of Field Volunteer Immunization will be as per the enclosed Terms of Reference.
2. This is a temporary daily-wage based assignment and there will be no employee-employer relationship between me and the NHM / Department of Health & Family Welfare, Government of Gujarat or between me and WHO-NPSP / UNICEF and no legal challenges would be claimed.
3. I possess a valid Driving license & vehicle for extensive travel within the assigned location / area.
4. I will be paid Rs 600 /- per work day for a maximum of 20 days in a month towards my honorarium & travel cost.
5. The NHM, Department of Health & Family Welfare, Govt. of Gujarat or the organization to which I am assigned will not have any responsibility for any cost arising from my illness / death during the assignment.
6. During my engagement with the NHM, Department of Health & Family Welfare, as "Field Volunteer Immunization" I will not indulge in any political activity or be a part of any organization or union which will affect my work and the reputation of the Department of Health & Family Welfare. Should I be found to violate any such norms, the NHM, Department of Health & Family Welfare is free to discontinue my assignment with 24 hours of verbal notice.
7. The compensation to the Field Volunteer Immunization would be paid only for days of actual work and will be on the principle of "no-work-no-pay."
8. I undertake that I do not have nor will make any claim for any kind of regularization or employment or for any incidents of employment with either the NHM, Department of Health & Family Welfare or the WHO / UNICEF.
9. Before leaving assignment I will duly inform the authorities.

I have completely understood the terms of reference and the terms and conditions governing this volunteer assignment. I undertake to perform the assignment at my own risk and responsibility in accordance with the above terms and conditions.

I certify that no person has made/given any promise or undertaking or understanding that is in any way contrary to or different from the above terms and conditions.

I am signing and returning this undertaking as consent to work as a Field Volunteer Immunization under the aforementioned terms and conditions.

Encls: Terms of Reference (also to be signed by Field Volunteer Immunization)

Signature:

Name:

Date:

Local Address & Phone No:

Counter signed by:

Regional Deputy Director, Health
Services, Govt of Gujarat

Region.....

(With full name of the Officer)

Selection process for Field volunteer Immunization:

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1. Govt/ WHO-NPSP / UNICEF representatives of respective Unit / Districts may suggest a list of appropriate candidates.
2. Selection to be done by a committee comprising of RDD, CDHO (CDHO of District where RDD Office is located) & SMO- WHO-NPSP.
3. It will be a temporary daily wage based assignment & there will be no employee-employer relationship between volunteer & government or partner.
4. After selection, brief orientation about the work assignment will be done by SMO (WHO-NPSP) & UNICEF. This will be followed by hands on training at session sites and in community.
5. Field volunteer (Immunization) will be provided with an Identity card by NHM.

Data Flow:

- A. Data generation as per the RI monitoring checklist.
 - a. Responsibility - Field volunteer (Immunization)
 - b. Submission of monitoring formats – By Saturday of the same week.
- B. Data entry in the RI monitoring (IRIM) tool.
 - a. Responsibility – District Computer / Data Assistant Immunization
 - b. Feed forward the report to State – Every Tuesday by 12.00 Noon.
- C. Generation of analytic report
 - a. Responsibility - State RI Cell
 - b. Data Merging & Analysis–by Every Thursday
- D. Dissemination of reports & feedback for corrective actions
 - a. Responsibility - State RI Cell with SMO (WHO-NPSP) and UNICEF (where ever applicable).
 - b. Frequency – Weekly.

Role & Responsibility of Development Partners:

- A. Assigning Talukas to the Field Volunteers - Immunization.
 - a. Identifying & assigning area in the Taluka to be monitored so as to ensure that all sectors of Taluka are monitored.
 - b. Responsibility – SMO (WHO-NPSP) / DCSO –UNICEF (where ever applicable).
- B. Monitoring of Field Volunteers - Immunization.
 - a. Responsibility – SMO (WHO-NPSP) / DCSO - UNICEF (where ever applicable).
 - b. Validation report of monitoring to be submitted to Concerned RDD Health & State RI Cell.

Fund Flow:

- A. Validation of work.
 - a. Responsibility – Technical supervisors
 - b. Submission of Validation report – Last week of the month to RDD & State.
- B. Payment to Immunization Field Volunteers.
 - a. Basis – Technical supervisor's Validation report of work of Field volunteer Immunization.
 - b. Responsibility – State.
 - c. Mode – Electronic transfer by first week of every month.