

**Advertisement for Post of
District Child Survival Officer**

Online applications are invited for the posts of District Child Survival Officer to coordinate and strengthen RMNCH+A activities in High Priority Districts of Gujarat.

Qualification: A Medical Doctor with Master Degree or diploma in Public Health/Community Medicine. Good working knowledge of Computer applications, especially MS Office.

Experience: 3 years experience in Maternal and Child Health programmes is desirable.

Age limit: 40 years as on 01/04/2017.

Remuneration: Rs. 85,000/- fixed per month on purely contractual bases.

Please go to <https://gujhealth.gujarat.gov.in/child-health.htm> for detailed TOR. Please send your detailed resume, degree certificate, mark sheets and school leaving certificate on email ID: rch.gujarat@gmail.com by Dt. 31/03/2017, 6:00 pm. Only short listed candidates will be called for personal interview.

Sd/-

Additional Director (FW),
Commissionerate of Health Services,
Block-No. 5, Dr. Jivraj Mehta Bhavan,
Gandhinagar.

INF/2985/16-17

TIMES OF INDIA 17/3/2017

**Terms of Reference for
District Child Survival Officer - High Priority Districts**

Major tasks to be accomplished

1. **Improve planning and Monitoring process for accelerating efforts for New-born care,** with following deliverables
 - a) Develop district newborn action plan in line with India Newborn Action Plan (INAP) and budget these activities under NHM PIPs
 - b) Facilitate SNCU online training for newly joined staff (Pediatricians, MOs and Staff nurses) and data managers and monitor SNCU performance weekly basis
 - c) Strengthen of HBNC and IMNCI implementation (focus on babies delivered at home, small and sick newborns) and tracking of SNCU discharged babies

2. **Facilitate operationalization of more number of CEmONC facilities and Functional Delivery Points(FDPs) in the district,** by preparing database having information on HR, Infrastructure, providing inputs for planning and monitoring the activities with following deliverables
 - Technical support to increase the CEmONC and FDPs facilities with Model Labor Rooms
 - Monthly performance review of health facilities (Level 1, 2, & 3) for RMNCH+A services with focus on institutional deliveries, newborn admissions and other RMNCH+A indicators
 - Identify good practices and bottlenecks and suggest strategic actions to address the bottlenecks and replicate the good practices
 - Coordinate with all stake holder for operationalizing more number of Blood Storage Units/Blood Banks
 - Analyze PPTCT coverage using a standard cascade for structured reviews, at least once in a quarter

3. **Support district administration in Improving quality and coverage of Routine Immunization and VHND/Mamta Diwas services** with following deliverables
 - a) Updated micro plans incorporating unserved areas(identified during Mission Indradhanush and Polio NIDs/SNIDs), Supportive supervision, Alternate Vaccine delivery plans and facilitate Taluka level and District level micro plan review meetings to ensure no village, hamlet or urban ward is left out
 - b) Strengthen and expand Cold Chain and Vaccine Logistics Management system and build capacities of cold chain handlers including National Cold Chain MIS
 - c) Analyze performance of PHCs monthly basis and share them during district level MOs and Supervisors meetings and establish mechanisms for drop out tracking
 - d) Undertake concurrent monitoring visits to session sites and cold chain points and share feedbacks on monthly basis

- e) Support department of health in expanding partnership with private sector and document the experience
- f) Comprehensive NHM PIPs developed for improving RI coverage in the district

4. Support implementation of child health programmes with focus on Diarrhea and Pneumonia management with following deliverables

- a. Support development of District Action Plan based on IAPPD, in consultation with all concerned stake holders
- b. Support in planning, coordination and monitoring integrated bi-annual diarrhea control campaigns/IDCF activities including observation of world ORS day and World Pneumonia Day
- c. Support in development of a plan for private practitioner engagement/ partnership for Diarrhea and pneumonia management including assessment on their KAP and feasibility for health promotion
- d. Support increasing notification and investigation of maternal and child deaths, Analyze the data (both Community based and Facility based), identifying the causes of death, determinants, geographic pockets of high mortality as well as the programmatic gaps

5. Support accelerated implementation of RMNCH+A strategy in HPDs with following deliverables

- a) All RMNCH+A guidelines shared with MOs, THOs and health facilities and monitoring mechanisms established for newer interventions like Vitamin K1, Inj. Gentamycin, Antenatal Corticosteroids, ORs -Zinc, Syrup Amoxicillin etc.
- b) Facilitate District gap Analysis for RMNCH+A interventions under CTA and undertake Monitoring visits to health facilities outreach sessions and home visits using Gol tools and share monthly reports and CTA score card inputs timely.
- d) Support development of National Health Mission PIPs, incorporating key evidence based, high impact interventions, recommendations of Maternal and Child Death Reviews and recommendations of Supportive Supervision and field visit feedbacks
- e) Facilitate intersectoral convergent planning to address determinants like teenage pregnancy, Low Birth Weight babies, WASH in health facilities and enhancing family behaviors and practices related to recognition of early danger signs and timely seeking of formal health care