

Terms of Reference Social Mobilization Working Group

Background

This forum is established to bring coordination to the social mobilization efforts at central and regional level and ensure improved information sharing and flow among the the Directorate of Health and Polio eradication partners , WHO, UNICEF and NGO partners. The working group will also serve as advisory body for the core polio eradication team on the aspects of social mobilization from RI and SIA.

Function

- Review performances of social mobilization aspects of NIDs and routine EPI and propose activities and approaches for implementation
- Review integrated social mobilization plan, provide inputs for finalization
- Facilitate information sharing among the partners involved in social mobilization.

Coordination

The working group will be chaired by Directorate of Health and UNICEF will be the secretary.

Membership

While core members of the working group will be Ministry of Health, WHO and UNICEF other strategic partners from the NGO will also be invited for membership

Meetings

The committee will meet once a week, every Thursday at 11:00 PM, the agenda of the meeting will be circulated at least one day before the meeting.

Reporting, recording and communication

Working group will be reporting to the interagency coordination committee, meeting minutes will be recorded and circulated at least two days after the meeting.

Minutes of Social Mobilization Working Group Meeting- Date .../.../.....

IN ATTENDANCE:		ABSENT:		
Item	Discussion Point	Action	Responsible	Time frame
1.				
2				
3				
3.	AOB			

Chairing: _____

Date: _____

Recording: _____

Contact list

S/N	Name	Agency	E-mail	Telephone
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Terms of Reference – Sub Regional Coordinator (SRC)

Major Tasks/ Output

Leading and Supervising

- Directly supervise the work of SRTC, DMCs and DUCs in the sub region through frequent field visits, review meetings, appraisals of reports and review of performance.
- Ensure proper discharge of responsibilities by the SRTC, SMCs and DUCs in the sub region as per their respective TORs and instructions from Lucknow office / SRC from time to time.
- Participate in recruitment of BMCs, SMCs and DUCs for the sub region, as per the policy and guidelines from Lucknow office.
- Encourage and maintain harmonious & professional work culture and support the sub regional team in delivery of programme goals.
- Organize regular review meetings with sub regional team in consultation with Lucknow office
- Act as Security Wardens in the sub region to coordinate safety of all UN staff and consultants

Planning and Organizing

Planning

- Ensure deployment of BMCs & CMCs in resistant vulnerable / underserved communities as per programme requirements in consultation with partners and approval from Lucknow office
- Support district task forces in mapping out communication gaps / issues and develop a district specific plan with focus on interpersonal communication, social mobilization, local IEC and advocacy.
- Attend regular sub-regional / divisional and district planning meetings for Supplementary Immunization Activities (SIA) and routine immunization
- Data-based Planning of Interventions: Monitor programme performance and use data analysis for planning and course correction

Reporting

- Ensure timely monthly reporting to Lucknow office from the districts in the sub region

Same as **Outputs**:

- Monthly Report of the Activities in Support of Polio Eradication as well as Routine Immunization.
- Monthly Travel Plan (Tentative)

Finance & Administration

- Ensure proper utilization & liquidation of advances received for programme related activities and monitor claims of SMNet consultants in the sub region as per SMNet financial guidelines.

Relating and Networking

- Support SMCs / DUCs to mobilize support of religious leaders, traditional healers, private practitioners, panchayat / nagarpalika members and other informal leaders.
- Assist and coordinate with NPSP in epidemiological investigation of Wild Polio Virus cases.
- Maintain regular coordination with programme partners i.e. NPSP, CORE and Rotary at sub regional / divisional and district level.
- Regular coordination and liaisoning with the Divisional Commissioner and Additional Director – Health of the division. Support district teams in developing liaisoning with nodal department i.e. Health department and district administration in each district in the sub region.
- Guide district teams for coordination with other line departments such as ICDS, PRI, education (basic & secondary), Municipal Department, NSS, NCC, District Supply Department, District Minority Welfare Department, etc., in each district in the sub region.
- Guide district teams for liaisoning and advocacy with religious institutions, corporate groups, voluntary bodies to focus on behaviour change of under served communities for acceptance of OPV & RI.

Output

- Monthly Work Plan for each month (Objectives of the outputs to be based on data from the Previous round.
- Compiled Communication Plan for the forthcoming Polio Round.
- Joint Monitoring Work Plan with the Partners for the forthcoming Polio Round (Signed/With consensus of partners)

- Monthly reporting of the Partners Meetings (minutes to be compiled)
- Monthly Report of the Activities in Support of Polio Eradication as well as Routine Immunization.
- Monthly Travel Plan (Tentative)

Qualifications

- Post-graduate with public health / social sciences/ communication / management background.
- Proven management, Communication, supervisory and analytical skills.
- 5 or more years of experience in development sector preferably in Management position.
- Possess good understanding of various stakeholders, especially Health, ICDS, Panchayati Raj, Education Information, Department of Field Publicity, Media, etc.
- Ability to work with communities from various social, religious and cultural backgrounds.
- Good language proficiency in English and Hindi. Knowledge of Urdu a strong asset.
- Computer literacy – MS Office (must) ; Data Analysis Software (definite advantage) and E-communication (absolutely necessary)
- Experience working with UN Agencies/UNICEF preferred

Terms of Reference – Training Coordinator (TC)

Major Tasks

Planning and Organizing

- Preparation of Quarterly and monthly capacity building plan for the Sub Region.
- Ensure Follow up of all the capacity building initiatives in their Sub Region.
- Track-down the low performers (SM Net Trainers) and provide field level support.

Training

- The Training Coordinator shall assist PO (Training) in designing, implementing and monitoring (across the State of Uttar Pradesh) innovative training and all the capacity building initiatives for the SMNet Staff to achieve Polio Eradication objectives of UNICEF.
- Develop and pre-test training curriculum, materials and tools.
- Ensure the levels of understanding and knowledge of all the SMNet staff on the use of BCC tools and material provided.
- Design and conduct Training of Trainers and other trainings in conjunction with other Trainers to enhance capacity of SM Net staff (including SRCs, DMCs, DUCs, BMCs and CMCs).
- Training and orientation of Partners and field based staff in the designated Sub Region.

Other

- Provide Supportive Supervision for Capacity Development of the staff.
- To take charge of the Sub region if the SRC is on leave or the position vacant under any circumstances.

Output

- Weekly feedback to PO (Training) on progress, constraints and performance.
- Tentative monthly travel plan for the next month, to be submitted on the 25th of the previous month.
- Develop Quarterly Capacity Building Plan for the Sub Region, based on the inputs and observations by the self and line managers.
- Training Plans (development for suitable levels as well as compilation based on training plans of districts)
- Reporting forms and formats and Claims submission to IPE.

Qualifications

- A post Graduate in Social Work/Sciences/Studies from a reputed Institute.
- At least 5 years of Experience in the development field
- At least 3 years of Exclusive experience in Training and capacity building.
- Ability to plan, develop training curriculum and implement trainings for Senior, Middle level managers as well as grass root workers.
- Ability and good working knowledge of Adult learning principals and participatory training methodologies.
- Ability to use training as vital component of strategic and behaviour development communication.
- Ability to monitor and evaluate training programmes.
- Fluent in Hindi and English languages, knowledge of local dialects is an added asset.
- Well versed with MS Office package and in Electronic communication.

Terms of Reference - District Mobilization Coordinator (DMC)

Major Tasks

Leading and Supervising

- Train (build capacity of BMCs on skills such as effective counselling, partnership building, planning etc) and supervise them.
- Provide supervision and direction to BMCs in ensuring that CMCs are selected along the profile described in the CMC TOR

Planning and Organizing

Planning

- Support/assist the District Task Force in developing and implementing a district-specific social mobilization plan for polio eradication and routine immunization
- Prepare a district-specific plan of UNICEF-supported activities for HRRI, SNIDs and IPPI, clearly identifying where CMCs are deployed and activities planned
- Prepare a monthly workplan of activities in support of social mobilization for routine immunization

Implementation & Monitoring

- Promote and monitor block and community level activities for polio eradication and routine immunization in reluctant and underserved communities
- Data-based Planning of Interventions: Supervise and provide feedback to BMCs on planned activities, ensuring quality interventions that focus strongly on interpersonal and group communication in resistant/underserved areas.
- Ensure quality implementation of IEC activities (especially drum beating, loudspeaker, group meetings) and other persuasive communication techniques for polio eradication and routine immunization.
- Distribute IEC material (logistics of distributing flyers, banners, posters, etc. in rural and urban areas). DUC can help but primary responsibility of DMC.
- Support Government partners (CMOs) during polio rounds in non-CMC areas. E.g.: Go to rural area for monitoring; help to cover missed households.

Reporting (same as Outputs)

- District-level plan of UNICEF-supported activities for HRRI, SNID, IPPI
- Monthly workplan of activities in support of routine immunization
- Monthly impact assessment report
- Weekly activity report. Non existent. But need to have weekly as well as monthly reports by DMC (apart from Form A)
- Facilitating data to Government partners when required, - regularly, on polio rounds.

Relating and Networking

- Mobilizing faith/ religious leaders, volunteers (especially women) and Panchayat / Nagarpalika members and other informal leaders.
- Catalysing a network of NGOs, community-based organisations and existing social networks, and educational institutions - especially catering to underserved & minority communities.
- Liaise with DHEIO for timely dissemination of IEC materials for polio eradication and routine immunization.
- Liaise with local press/ AIR/ Doordarshan / Private TV channels to promote polio eradication and routine immunization.
- Liaise with government media units such as Field Publicity Unit, Information and others to cover resistant pockets.
- Provide direct, qualitative feedback from service providers and community members to CMOs and UNICEF/WHO/NPSP on efficacy of social mobilization strategy and promptly report/address rumours, adverse events and communication-related issues and concerns.
- Represent UNICEF in the field when requested. E.g.: at any activity organized by partners; they expect DMCs to attend as representatives of UNICEF.

Underserved Strategy

- In consultation and coordination with DUCs, plan USS activities as per the requirement.
- Support USS activities (DUCs' activities), due to lack of DUCs in Central/Eastern U.P. districts. Currently piloted in 7 districts.
- Take lead in implementing expanded component of USS in non DUC districts
- Support Government partners (CMOs) during polio rounds in non-CMC areas.

Output

- District-level plan of UNICEF-supported activities for HRRI, SNID, IPPI
- Monthly workplan of activities (in support of routine immunization, mobilisation, supportive supervision)
- Weekly and Monthly activity report – Apart from Form A.
- Monthly impact assessment report.

Qualifications

- A University Post graduate with social sciences/community development background
- 5 years of experience in community mobilization and/or working with NGOs and NGO networks.
- Proven Management, Supervisory, Communication, Presentation, Networking and Analytical skills
- Good language proficiency in Hindi and English, knowledge of local dialects in district an asset.
- Possess good understanding of various stakeholders, especially Health, ICDS,Panchayati Raj, Education Information, Department of Field Publicity,
- Familiar with the faiths, beliefs and cultural practices of communities (especially minority community)

Terms of Reference – District Underserved Coordinator (DUC)

Major Tasks

Leading and Supervising

- Supportive Supervision of BMC/CMC in activities other than USS (supervision of routine tasks, capacity building in RI/Polio, Field Book operations and IPC Skills) when necessary.
- Capacity Building of BMCs and CMCs on Underserved Strategy activities, – one session during Induction.
- Assist the DMCs having more than 10 BMCs for their supervision as per guidelines.
- OIC in absence of DMC.

Planning and Organizing

Planning

(Also in **Outputs**)

- Community level plan of UNICEF-supported activities for HRA's, SNID, IPPI
- Monthly work plan of activities in support of social mobilization of the underserved communities

Implementation & Monitoring

- In coordination with NPSP - SSMO, prepare and oversee Underserved Strategy implementation in non-CMC HRAs and Block level.
- In coordination with the DMC, provide overall guidance, capacity building and supervision to BMC and CMC levels on implementation of the Underserved Strategy including expanded component, particularly in:
 - Identification of critical underserved communities in HRAs.
 - Identification of local community leaders (religious and occupational) representing the underserved communities.
 - Understanding of local sects, sensitivities involved and knowledge of do's and don'ts.
 - Caste/Occupational analysis of WPV cases by type for the last 3 years provided to BMCs for tracking congregations & Events.
 - Knowledge about local events (Example: Congregations at Dargas/Urs, Dastarbandi, Shabe Barat functions, etc.) and advocate with the organizers of these events.
 - Organizing local influencers/ team supervisors interface meetings and to organize local ijtemas/melads focusing on Xr families.
 - Support BMCs and coordinate with partners NPSP, health at district in implementation of Expanded component of USS- Tracking and mapping different HRGs
 - Incorporation of Influencer / Institution names in SIA Microplans.
- Coordinate and support implementation of PCAs with Muslim institutions to support PEI in the districts where applicable.

Reporting (same as Outputs)

- Weekly activity report
- Monthly impact assessment report
- Document role of different players partnering the polio eradication effort.
- Monthly updated report of HRGs- Family, site, settlement and >5 children survey

Relating and Networking

- Advocate with Health Department to deploy properly trained vaccination teams at congregation's sites during SIAs.
- Advocate at District and Block level for services in underserved areas.
- Sensitize the concerned offices of district about involving local leadership in the programme and ensure that they are properly invited by DM / SDM and CMO to participate in DTF, BTF and TTF. Also sensitize communication partners to properly involve leadership of local communities in SMWG.

Output

- Community level plan of UNICEF-supported activities for HRA's, SNID, IPPI

- Monthly work plan of activities in support of social mobilization of the underserved communities
- Weekly activity report
- Monthly impact assessment report
- Document role of different players partnering the polio eradication effort.
- Monthly updated report of HRGs- Family, site, settlement and <5 children survey

Qualifications

- Background in social science/ communication and management of human resources.
- Minimum 3 year experience in communication strategy/materials development in health and related areas.
- Familiar with the faiths, beliefs and cultural practices of communities (especially minority community)
- Excellent interpersonal communication skills and ability to work with many partners.
- Ability to communicate and write in Hindi, English and Urdu.
- Computer skills (word-processing/spreadsheets/database)
- Experience working with UN Agencies/UNICEF preferred.

Terms of Reference – Block Mobilization Coordinator (BMC)

Major Tasks

Leading and Supervising

- Support CMCs in creating awareness and educating the community about ongoing activities for polio eradication and routine immunization
- Ensure supportive supervision to the CMC for effective delivery of IPC messages on Safe motherhood, Exclusive breastfeeding, Vitamine A supplementation, Diarrhoea.
- Ensure supportive supervision to the CMC for Iodine Testing (STK)
- Ensure supportive supervision during Polio round microplanning as well as RI microplanning
- Identify, recruit, train (build capacity of CMCs on skills, effective counselling such as partnership building, planning etc) and supervise community mobilizers (CMCs) in HRAs.
- To facilitate CMC Induction Trainings as well as all Refresher Trainings with the help of Line managers
- Provide exhaustive field orientation and on-the-job training to CMCs.

Planning and Organizing

Planning

- Assist in preparation of CMC work plan and IEC activity plan for the respective areas.
- Ensure inclusion of CMCs' names in the block microplan.
- Support Tehsil Task Force/Block Task Force meetings in developing and implementing Block social mobilization plan.

(Also in **Outputs**)

- Detailed monthly plan by the 1st of every month.
- Detailed microplan of CMC activities including Polio round as well as RI sessions.

Implementation & Monitoring

- Monitor effectiveness of CMC and the activities conducted by her.
- Data-based planning of interventions: Interpret CMC data for planning specific interventions and assist CMC in the implementation
- Observe Progress of the programme in non-CMC and SMG areas and support interventions.
- Ensure orientation of Religious and Community leaders at the Block level.
- Support Government Partners during Polio rounds in non-CMC areas, to cover missed households.
- Facilitate a Session on IPC in Vaccinator TOT
- Coordinate with MOIC to assign CMCs to assist HtH B-teams in areas requiring active social mobilization.
- Ensure through MOIC/MO that routine immunization services are made available to cover the missed children.
- During HtH campaign, ensure that the CMCs accompany vaccinator teams and help the teams in vaccinating all children in the community

Underserved Strategy activities

- Ensure Resource Mapping in all CMC areas, identification of Influencers and other USS activities.
- Tracking and mapping of High Risk Groups in the block.
- In consultation with the Health Department and guidance from SMO and DMC concerned, identify sub-block High Risk Areas

Reporting (also in **Outputs**)

- Weekly feedback to DMC on progress, constraints and performance.
- Reporting forms and formats latest by the 2nd of every month.

Relating and Networking

- Motivate and mobilize panchayats, religious leaders, schools, anganwadis and other local influencers at the block level and in resistant pockets.
- Co-ordinate activities with NGOs working at block level for social mobilization.
- Develop partnership with the Block MO /HEO/Supervisors/health workers to plan and implement social mobilization/IEC activities for the polio rounds and routine immunization.
- Facilitate regular Block Social Mobilization Working Group Meetings.

Output

- Weekly feedback to DMC on progress, constraints and performance.
- Detailed monthly plan by the 1st of every month.
- Detailed microplan of CMC activities including Polio round as well as RI sessions.
- Reporting forms and formats latest by the 2nd of every month.
- Mobility and contingency claims by the 2nd of every month.
- IEC bills and vouchers as per deadlines set by SMC.

Qualifications

- Minimum of 2 years experience in community mobilization and/or working with NGOs and NGO networks
- Evidence of excellent communication skills particularly supervising community level workers
- Capacity of handling funds/accounting and reporting
- Openness and willingness to work with people from ethnic, religious and socio-economic back ground.

Roles and Profile – Community Mobilization Coordinator (CMC)

Major Tasks

Communication

- Perform interpersonal communication (IPC) and counseling with families having pregnant women, children vulnerable to polio and susceptible to other communicable disease, capacitate them for caring pregnant women and newborn baby.
- Accompany with house-to-house team, facilitating entry in all houses allowing team to initiate queries on immunization and providing information on all <5 years children if missed by team.
- Involve in pre-round activities by making booth mobilization plan, informing beneficiaries, organize rallies, conduct polio class, constitute bulawa toli, make mosque elan, 1 or 2 days before the round.

Relating and Networking

- Identify and seek support from influencers, school teachers, religious leaders, gram pradhan etc in convincing resistant families to get child immunized with OPV.
- Conduct meeting with neighborhood people (padosi baithak), mothers (Mata baithak), resistant family members, influences, AWW/ASHA/ANM to dispel misconception about the vaccine and to encourage resistant families to immunize their children and influence others to do so.
- Facilitate linkage and partnership with stalk holders and front line service providers like –ASHA, AWW, and ANM, private practitioners or quacks in her HRA for identifying all likely non-acceptors and counsel and motivate them by addressing misconceptions and fear for OPV.

Data Collection

- Conduct survey of high risk area(HRA) to list all eligible children under five years of age, pregnant women, and available resources like-school, madarsa, health post, aganwadi centre etc in that area.
- Update field book on regular basis with information of newborn, pregnant women, families leaving or coming to that area, immunization status especially in SIA and routine immunization

Profile

- Female, over 21 of years of age.
- Reside in key village or HRA to be covered by her.
- Must belong to the underserved community in that area.
- Able to read and write.
- Some formal education preferred.
- Strong interpersonal communication skills; dynamic and forceful personality.
- Well respected in their community, although not necessarily the most influential.
- Able to give time required for the assignment.

TOR Social Mobilization Networks at State, County and Payam Level

State Social Mobilization Focal Point

Major Tasks

- Support/assist the State EPI team in developing and implementing a State specific social mobilization plan for polio eradication and routine immunization
- Prepare a state level plan of routine immunization Polio NIDs and TT, clearly identifying where community social mobilization team are deployed and activities implemented.
- Prepare a monthly work plan of activities in support of routine immunization.
- Supervise and provide feedback to bCentral and state levels on planned activities, ensuring quality interventions that focus strongly on interpersonal and group communication in refusal areas.
- Provide supervision and direction to county social mobilization committee in ensuring selection and training of community social mobilization team
- Promote and monitor payam and boma level activities for polio NIDs and routine immunization refusal and low immunization communities using a variety of approaches, including IPC, mobilizing church leaders, volunteers (especially women) and elders and other informal leaders
- Catalyzing a network of NGOs, community-based organizations and existing social Networks and schools.
- Prepare dissemination plan for IEC materials, liaise with counties for timely dissemination of for Polio NIDs and routine immunization IEC materials
- Liaise with FM radio channels to promote polio eradication and routine immunization
- Ensure quality implementation of communication (especially drum beating, megaphone and group meetings) and other persuasive communication techniques for polio NIDs and routine immunization.
- Liaise with government media units such as Ministry of Information and others to cover refusal pockets.
- Provide direct, qualitative feedback from service providers and community members on efficacy of social mobilization strategy and
- Promptly report/address rumors, adverse events and communication-related issues and concerns

Output

- State level plan of Social Mobilization Plan for routine immunization and NIDs
- Monthly work plan of activities in support of routine immunization
- Monthly assessment report on activities in support of routine immunization
- Feedback report on social mobilization strategies

Qualifications

- Health background
- Experience of community mobilization and/or working with NGOs and NGO networks
- Possess good understanding of various stakeholders, especially Ministries of education, Information, religious leaders etc.....
- Familiar with the faiths, beliefs and cultural practices of communities

County Mobilization focal point

The Social mobilization focal point will operate at the county area in close co-ordination with the County EPI Supervisor and report to the state Level Social Mobilization focal point.

Major Tasks

- Develop partnership with the health workers, local administration, and NGO networks to plan and implement social mobilization/communication activities for the polio NIDs and routine immunization
- Identify, train and monitor Paym and boma level social mobilization teams
- Plan and implement activities to tackle refusal/reluctance/resistance to OPV in resistant pockets.
- Motivate and mobilize community leaders, religious leaders, schools and other local influencers at the payam and boma and in resistant pockets.
- Co-ordinate activities with NGOs working at block level for social mobilization
- Identify, provide on-the-job training and supervise activities of community mobilizers
- Support community social mobilizers in creating awareness and educating the community about ongoing polio NIDs and routine immunization.
- Prepare detailed work plan of community social, including an itinerary of activities during Polio NIDs and routine EPI.
- During polio NIDs, supervise community social mobilizers to ensure they are traveling with vaccinator teams.
- Ensure that CMCs are properly informed about influencer's team schedule and deployed to accompany vaccinators in convincing refusals

Output

- Monthly feedback to Social Mobilization focal point on progress, constraints and performance
- Detailed micro plan of community social mobilization activities for polio NIDs
- Detailed plan of monthly activities for promoting routine immunization

Qualifications

- Health/ social work background with strong interpersonal communication skills with a dynamic personality.
- Must belong to the community in that area
- Women preferred

Payam Social Mobilizer

Major Tasks

- Identify refusal families by name, and the number of under -5 children in that family.
- Meet with refusal families one-on-one prior to the polio rounds to address their concerns and objections.
- Identify and seek support of local influencers (teachers, religious leaders, elders, community leaders) in convincing refusal families to accept polio immunization.
- Accompany local influencers to persuade families refused for vaccination
- Hold village -level meetings and/or establish local volunteer groups to seek community-wide mobilization for polio immunization.
- Arrange drum beating, megaphone announcement and church sermon 3 days before the NIDs and assist in distribution and identifying where to best display materials.
- During house-to-house activities be on a standby to accompany vaccinators to refusal homes in assigned area and assist vaccinators in overcoming resistance or reluctance.

Profile

- Reside in key village to be covered by him/her
- Must belong to the area
- Women preferred
- Must demonstrate strong interpersonal communication skills.
- Well respected in their community, although not necessarily the most influential
- Able to give time required for the assignment
- Preference to people who have completed some formal education

Note

- Consult data available as follows:
- Bomas with largest cluster of refusing houses from last NIDs
- Bomas with polio cases

- Each community mobilizer is assigned to only 1 village, with responsibility for up to two more adjacent communities if they are nearby and the CMC is well known
- All community mobilizers to be trained
- They should be provided with appropriate support materials
- Name, address of the community mobilizer should be available with the social mobilization officer at county level.