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| C:\Users\rnaveed\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8RXOBJ5Q\unicef.gif | **UNITED NATIONS CHILDREN’S FUND****GENERIC JOB PROFILE (GJP)** |

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| **I. Post Information** |
| Job Title: **Health Officer**Supervisor Title/ Level: **Health Manager (Level 4)** Organizational Unit: **Programme**Post Location: **Country Office** | Job Level: **P2 (FT)**Job Profile No.: BAN23052CCOG Code: **1I03n**Functional Code: **HEA**Job Classification Level: **P2** |

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| II. Organizational Context and Purpose for the job |
| The fundamental mission of UNICEF is to promote the rights of every child, everywhere, in everything the organization does — in programmes, in advocacy and in operations. The equity strategy, emphasizing the most disadvantaged and excluded children and families, translates this commitment to children’s rights into action. For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential, without discrimination, bias or favoritism. To the degree that any child has an unequal chance in life — in its social, political, economic, civic and cultural dimensions — her or his rights are violated. There is growing evidence that investing in the health, education and protection of a society’s most disadvantaged citizens — addressing inequity — not only will give all children the opportunity to fulfill their potential but also will lead to sustained growth and stability of countries. This is why the focus on equity is so vital. It accelerates progress towards realizing the human rights of all children, which is the universal mandate of UNICEF, as outlined by the Convention on the Rights of the Child, while also supporting the equitable development of nations.**Job organizational context**: The Health Officer GJP is to be used in a Country Office (CO) where the Health Programme is a component of the Country Programme (or UNDAF). **Purpose for the job:** Under the guidance of Health Manager, MNCAH, and in collaboration with Health Specialist, Newborn and Child Health, Health Section and Health Specialist Maternal Health,, provide technical support in planning, implementation, coordination, monitoring and evaluation of the quality improvement/assurance (QI/QA) for MNCH program at national and sub-national levels. Also to be responsible for monitoring the EPI programme performance & fund utilization as well as evaluating, and reporting the programme progress of specific Newborn and Child Health interventions and coordinating with government counterparts, other UN agencies, development partners and health officers in UNICEF field offices for any MNCAH related issues. Health Manager will provide overall guidance, oversight and contribution to performance target setting and assessment.  |

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| III. Key function, accountabilities and related duties/tasks  |
| **Summary of key functions/accountabilities:** 1. **Support to programme development and planning**
2. **Programme management, monitoring and delivery of results**
3. **Technical and operational support to programme implementation**
4. **Networking and partnership building**
5. **Innovation, knowledge management and capacity building**
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| 1. **Support to programme development and planning for newborn and child health, especially Quality of Care**
* Conduct and update the situation analysis for the development, design and management of health related programmes. Research and report on development trends (e.g. political social, economic, health) for higher management use to enhance programme management, efficiency and delivery of results.
* Contribute to the development and establishment of sectoral programme goals, objectives, strategies, and results-based planning through analysis of health needs and areas for intervention and submission of recommendations for priority and goal setting.
* Provide technical and operational support throughout all stages of programming processes by executing and administering a variety of technical programme transactions, preparing materials and documentations, and complying with organizational processes and management systems, to support programme planning, results based planning (RBM), and monitoring and evaluation of results.
* Prepare required documentations and materials to facilitate the programme review and approval process.
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| 1. **Programme management, monitoring and delivery of results for newborn and child health, especially Quality of Care**
* Work closely and collaboratively with colleagues and partners to discuss operational and implementation issues, provide solutions, recommendations, and/or to alert appropriate officials and stakeholders for higher-level intervention and decisions. Keep record of reports and assessments for easy reference and to capture and institutionalize lessons learned.
* Participate in monitoring and evaluation exercises, programme reviews and annual sectoral reviews with government and other counterparts to assess programmes and to report on required action/interventions at the higher level of programme management.
* Monitor and report on the use of sectoral programme resources (financial, administrative and other assets), and verify compliance with approved allocation and goals, organizational rules, regulations, procedures, as well as donor commitments, standards of accountability, and integrity. Report on issues identified to ensure timely resolution by management and stakeholders. Follow up on unresolved issues to ensure resolution.
* Prepare regular and mandated sectoral programme/project reports for management, donors and partners to keep them informed of programme progress
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| 1. **Technical and operational support to programme implementation for newborn and child health, including immunization program**
* Provide technical guidance and operational support to government counterparts, NGO partners, UN system partners and other country office partners/donors on scaling-up Newborn and Child Health interventions, including the preparation and implementation of detailed sectoral work-plans and budgets ; support in interpretation, application and understanding of UNICEF policies, strategies, processes, and best practices and approaches on health-related issues to support programme development planning, management, implementation and delivery of results.
* Provide technical support in planning, implementation, monitoring and evaluation of the Quality Improvement and Assurance for MNCAH Program in the context of GoB-UNICEF Bangladesh Office Joint Rolling Work Plan and in collaboration with other development partners.
* Monitor specific Newborn and Child Health interventions, and Oxygen services in a timely manner and efficiently in compliance with the established guidelines and procedures.
* Provide technical support in monitoring and evaluation of programme performance against the result framework and budget utilization
* Participate in discussions with national partners, clients and stakeholders to promote health and development issues, especially in the areas of gender, emergency preparedness, maternal and neonatal health, and child survival and development.
* Draft policy papers, briefs and other strategic programme materials for management use, information and consideration.
* Participate in emergency preparedness initiatives for programme development, contingency planning and/or to respond to emergencies in country or where designated.
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| 1. **Networking and partnership building for newborn and child health, especially Quality of Care**
* Build and sustain effective close working partnerships with health sector government counterparts and national stakeholders through active sharing of information and knowledge to enhance programme implementation and build capacity of stakeholders to deliver concrete and sustainable results.
* Draft communication and information materials for CO programme advocacy to promote awareness, establish partnerships/alliances, and support fund raising for health programmes.
* Participate in appropriate inter-agency (UNCT) on health programmes to collaborate with inter-agency partners/colleagues on UNDAF operational planning and preparation of health programmes/projects, and to integrate and harmonize UNICEF’s position and strategies with the UNDAF development and planning process.
* Research information on potential donors and prepare resource mobilization materials and briefs for fund raising and partnership development purposes.
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| 1. **Innovation, knowledge management and capacity building for newborn and child health, especially Quality of Care**
* Identify, capture, synthesize, and share lessons learned for knowledge development and to build the capacity of stakeholders.
* Apply innovative approaches and promote good practices to support the implementation and delivery of concrete and sustainable programme results.
* Assist with oversight of research and ensure results are available for use in knowledge products.
* Participate as a resource person in capacity building initiatives to enhance the competencies of clients and stakeholders.
* Organize and implement capacity building initiatives to enhance the competencies of stakeholders to promote sustainable results on health related programmes/projects.
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| IV. Impact of Results  |
| The efficiency and efficacy of support provided by the Health Officer to programme preparation, planning and implementation facilitates the delivery of concrete and sustainable results that directly impact the improvement of the health of the most marginalized and vulnerable women and children in the country. This in turn contributes to maintaining and enhancing the credibility and ability of UNICEF to continue to provide programme services to protect the rights of children, and to promote greater social equality to enable them to survive, develop and reach their full potential in society. |

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| **V. UNICEF values and competency Required (based on the updated Framework)** |
| **i) Core Values** * Care
* Respect
* Integrity
* Trust
* Accountability
* Sustainability

**ii) Core Competencies** * Demonstrates Self Awareness and Ethical Awareness (1)
* Works Collaboratively with others (1)
* Builds and Maintains Partnerships (1)
* Innovates and Embraces Change (1)
* Thinks and Acts Strategically (1)
* Drive to achieve impactful results (1)
* Manages ambiguity and complexity (1)
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| **VI. Recruitment Qualifications** |
| Education: | A university degree in one of the following fields is required: public health, pediatric health, family health, , global/international health, health policy and/or management, , biostatistics, socio-medical, health education, epidemiology, or another relevant technical field. |
| Experience: | A minimum of two years of professional experience in one or more of the following areas is required: public health planning and management, maternal and neonatal health care, Quality of Care, or health emergency/humanitarian preparedness.Experience working in a developing country is considered as an asset.Relevant experience in a UN system agency or organization is considered as an asset.  |
| Language Requirements: | Fluency in English is required. Knowledge of another official UN language (Arabic, Chinese, French, Russian or Spanish) or a local language is an asset. |

**Child Safeguarding Certification**

**(to be completed by Supervisor of the post)**

[**Child Safeguarding**](https://unicef.sharepoint.com/teams/DHR-TalentAcquisition/DocumentLibrary1/Forms/AllItems.aspx?id=/teams/DHR-TalentAcquisition/DocumentLibrary1/Child%20Safeguarding%20Risk%20Roles%20Assessment_finalversion.pdf&parent=/teams/DHR-TalentAcquisition/DocumentLibrary1) refers to proactive measures taken to limit direct and indirect collateral risks of harm to children, arising from UNICEF’s work or UNICEF personnel. Effective 01 January 2021, Child Safeguarding Certification is required for all recruitments.

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| 1.Is this position considered as "elevated risk role" from a child safeguarding perspective? \*If yes, check all that apply below.  | ☐ Yes ☐ xNo  |
| 2a. Is this a Direct\* contact role?2b. If yes, in a typical month, will the post incumbent spend more than 5 hours of direct interpersonal contact with children, or work in their immediate physical proximity, with limited supervision by a more senior member of personnel.*\*“Direct” contact that is either face-to-face, or by remote communicate, but it does not include communication that is moderated and relayed by another person.*  | ☐ Yes ☐ xNo☐ Yes ☐ xNo |
| 3a. Is this a Child data role? \*:3b. If yes, in a typical month, will the incumbent spend more than 5 hours manipulating or transmitting personal-identifiable information of children (names, national ID, location data, photos)*\* “Personally-identifiable information”, in this context, means any information relating to a child who can be identified, directly or indirectly, by an identifier like a name, ID number, location data, photograph, etc. This is a “child data role”.* | ☐ Yes ☐x No☐ Yes ☐ No |
| 4. Is this a Safeguarding response role\**\*Representative; Deputy representative; Chief of Field Office; the most senior Child Protection role in the office; any focal point that the office designated for Child Safeguarding; Investigator (Office of Internal Audit and Investigations* | ☐ Yes ☐ xNo |
| 5. Is this an Assessed risk role\*? *\*The incumbent will engage with particularly vulnerable children[[1]](#footnote-1); or Measures to manage other safeguarding risks are considered unlikely to be effective[[2]](#footnote-2).* | ☐ Yes ☐x No |

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| **Approvals** | **Name** | **Signature & Date** |
| **Supervisor of the post** *Confirms by signing:* *1) that the JD describes the responsibilities and requirements of the post;**2) that the funds are available to fill the post*  |  |  |
| **Chief of Section or Field Office**  |  |  |
| **Chief Human Resources** |  |  |
| **Chief of Field Services** *(If applicable)* |  |   |
| **Deputy Representative** |  |  |
| **Representative** |  |  |

1. Common sources or signals of additional vulnerability may include but are not limited to: age of the child (very young children); disability of the child; criminal victimization of the child; children who committed offences; harmful conduct by the children to themselves or others; lack of adequate parental care of the children; exposure of the children to domestic violence; a humanitarian context; a migrant (refugee/asylum-seeking/IDP) context. No ‘baseline’ vulnerability will be set. Hiring Managers will need to use judgment, taking into consideration the implications that follow from an assessed risk role (additional vetting scrutiny, training). [↑](#footnote-ref-1)
2. i.e. the role-risk will be compounded by other residual risks. [↑](#footnote-ref-2)