UNITED NATIONS CHILDREN'S FUND
GENERIC JOB PROFILE (GJP)

I. Post Information

Job Title: **Health Officer** Supervisor Title/ Level: **Health Manager (Level 4)** Organizational Unit: **Programme - Health** Post Location: **Dhaka, Bangladesh**	Job Level: **Level 2** Job Profile No.: **90377** CCOG Code: **1I03n** Functional Code: **HEA** Job Classification Level: **Level 2**

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 the United Nations Sustainable Development Cooperation Framework (UNSDCF)

Purpose for the job: The Health Officer reports to the Health Manager for supervision. The Health Officer provides professional technical, operational and administrative assistance throughout the programming process for the Health Programme within the Country Programme, from development planning to delivery of results, by preparing, executing, managing, and implementing a variety of technical and administrative programme tasks to facilitate programme development, implementation, programme progress monitoring, and evaluating and reporting of results.

III. Key function, accountabilities and related duties/tasks

A focused decentralized approach to planning, funding, implementation, monitoring and supervision of the project activities is the key strategy to identify the capacity gaps, institutional/human resources constraints and effective means to address them. In Bangladesh, funding allocation and budgets for district health systems have always been centrally managed. Centrally driven health program planning usually lack mechanisms to reflect needs of primary stakeholders in health facilities and communities.

By adopting decentralization of planning as a key strategy, UNICEF introduced an innovative process for resource allocation and distribution, by which locally determined priority-setting would be fully embedded into existing governance system. Through Local Level Planning (LLP) process, UNICEF is strengthening district and sub-district level health system, which enables local health managers to identify the supply and demand side gaps in MNCH&N services and to develop specific plans on their own account. **Local Level plan implemented in Equity districts on EPI provided strong basis for expansion for all MNCH program and to all UNDAF districts.**

The current Country Programme of UNICEF focuses on the reduction of maternal, neonatal and under-five mortality and morbidity through health system strengthening. UNICEF's engagement in the LLP as part of Health System Strengthening will be building capacity of local level officials and provision of the additional funding to address their needs to boost up MNCH program. **UNICEF has planned to conduct in all Equity and Tipping point districts, LLP and support its implementation.** Support will be required in building the capacity of local health managers in supervision and monitoring of LLP as a continuous process of generating information, and of analyzing current bottlenecks, which should be well coordinated among stakeholders grounded on strategic planning. In line with this, UNICEF provides GoB with technical assistance, and to supervise overall management, thereby fostering enabling environments to build capacity of both central and local health authority to successfully address supply and demand side gaps.

Completeness of health-related data and strong surveillance is prerequisite to evidence-based health program planning and M&E of MNCH and EPI program. Generating evidence on the basis of reliable data is challenging for Bangladesh, lack of which is discouraging for health authorities when making informed decisions and planning evidence-based interventions. Jointly with Government of Bangladesh, UNICEF has demonstrated novel strategies in establishing integrated health to enrich the DHIS2 through development and or integration of different components of the MIS for various programme like IMCI, EmOC, Newborn health, EPI. Currently, all of the big initiatives on MNCH supported by UNICEF and other partners have their own vertical MIS and reporting system. MIS of DGHS is also facing much difficulty in managing these different vertical MIS in the context of limited HR capacity and constraints. However, there is an inherent weakness within the existing HMIS as population-based coverage data of key MNCH indicators are not collected. The reports generated by HMIS lack completeness to track progress on key MNCH indicators. The current MIS doesn't capture all the project MIS data that reflects a nationally representative integrated MIS on MNCH.

To address these health system issues, the HMIS department of DGHS, jointly with UNICEF, is going to start community HMIS using community clinics for data collection. Independent reviews of various UNICEF supported MNCH initiatives have also recommended that the ministry should strengthen the capacity of the HMIS to harmonize between different MNCH initiatives and develop a web-based MIS for key maternal, neonatal and child health indicators. Thus, HMIS needs technical support to harmonize between different MNCH initiatives and formulate and integrated MIS incorporating critical MNCH indicator.

Health system strengthening components embedded in the current health program are yet to be aligned across all existing programs and projects. Particular focus should be given to capacity building of health managers at district and sub-district level on data analysis, health planning and monitoring. Facility based health management information system is in place and focus is put on utilization and data quality aspects. Population based data or community HMIS initiated in selected districts need to be scaled up in all UNDAF districts. UNICEF's new approach of Monitoring Results for Equity (MOREs) will be introduced to identify the key bottleneck in achieving the results and will be applied in local level planning**.** Establishing a strong HMIS, which is a building block of

Health system strengthening, will contribute to the sustainability of health system. With the current structure, it is not possible for the UNICEF staff at national level and from Zone offices to provide the level of support required for strengthening the HMIS at central and district level and monitoring of and building capacity for the LLPs and implementation.

Provide strategic guidance to Directorate of Management Information System (MIS) of DGHS for a sustainable eHMIS through structural reforms, establishing interoperability among systems, increased human resources, improved management (monitoring) system for data quality and use of information for data-driven decision making. Continue capacity building of government counterpart for a sustainable eHMIS in Bangladesh. Collect, collate, and analyze HMIS data and check completeness of reporting and provide timely feedback on the status of HMIS. Support roll-out of DHIS2 based HMIS for urban health service delivery in selected City Corporations and municipalities and integrate NGO and private sector's HMIS with MOHFW-led DHIS2 system. Working with DGHS and DGFP on the Digital transformation at strategic level and support the implementation of Shared health record. Establish a strong government lead review process to improve the data quality and use.

Support the integration of different data system and improving HMIS at divisional and district level in terms of reporting, data quality, use of information, support data-driven monthly and bi-annual review meetings; support capacity building and skill transfer to government personnel in DGHS and DGFP.

Strengthening PHC- Facilitation of ANC & PNC micro-planning and ensure the utilization of the individual tracking information system (Open SRP) in low-performing sub-districts to improve accessibility of quality ANC and PNC at primary health care level.

The new proposed NO-B, Health Officer (HMIS and Health Planning) will facilitate the following essential areas:

- Development of LLP using bottom-up approach microplanning in Equity and tipping point **districts**
- Provide technical assistance to GoB for effective implementation of LLPs
- Monitoring of the progress of LLPs
- Strengthening community HMIS in Equity and tipping point districts
- Strengthening web based HMIS
- Provide technical assistance to GoB with timely feedback on HMIS and management of quality
- Support the organization on review and reporting process of health systems strengthening
- Improve the capacity of government and partners at national and sub-national levels to improve a responsive and resilient health system for universal health coverage and PHC
- Ensure the quality of the routine data and make sure the use of data at all levels and use the data for decision making
- HSS programs are supported through 'Sectoral and Intersectoral Collaboration' as per life-cycle approach of the country program.
- Communication and partnership for strengthening HMIS system
- Support the organization on review and reporting process of health systems strengthening.
- Undertake other assignments delegated by supervisor

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.

V. UNICEF values and competency Required **(based on the updated Framework)**

i) Core Values

- Care
- Respect
- Integrity
- Trust
- Accountability

ii) Core Competencies (For Staff with Supervisory Responsibilities) *

- Nurtures, Leads and Manages People (1)
- Demonstrates Self Awareness and Ethical Awareness (2)
- Works Collaboratively with others (2)
- Builds and Maintains Partnerships (2)
- Innovates and Embraces Change (2)
- Thinks and Acts Strategically (2)
- Drive to achieve impactful results (2)
- Manages ambiguity and complexity (2)

or

Core Competencies (For Staff without Supervisory Responsibilities) *

- 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)

***The 7 core competencies are applicable to all employees. However, the competency Nurtures, Leads and Managers people is only applicable to staff who supervise others.

VI. Recruitment Qualifications

Education:	A university degree in one of the following fields is required: public health/nutrition, pediatric health, family health, health research, global/international health, health policy and/or management, environmental health sciences, 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/nutrition planning and management, maternal and neonatal health 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 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.

1.Is this position considered as "elevated risk role" from a child safeguarding perspective?* If yes, check all that apply below.	☐ Yes x☐ No
2a. Is this a Direct* contact role?	☐ Yes x☐ No
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 x☐ No
3a. Is this a Child data role? *:	☐ Yes x☐ No
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
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 x☐ No
5. Is this an Assessed risk role*? **The incumbent will engage with particularly vulnerable children[1]; or Measures to manage other safeguarding risks are considered unlikely to be effective[2].*	☐ Yes x☐ No

[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).
[2] i.e. the role-risk will be compounded by other residual risks.