

I. Post Information	
Job Title: Community Health Emergency Officer Supervisor Title/ Level: Health Specialist Emergencies Organizational Unit: Programme Post Location: Lusaka, Zambia	Job Level: NO2 Job Profile No.: Temporary Appointment CCOG Code: Functional Code: HEALTH

II. Organizational Context and Purpose for the job
<p>Zambia has a total population of 19.6 million (Census 2022). Child mortality rates are high (61 per 1000 live births as per ZDHS 2018) for a country that has enjoyed political stability for fifty plus years post-independence. The major causes of deaths in children are childhood illnesses (diarrhoea, pneumonia, and malaria) and neonatal causes such as prematurity, birth asphyxia and sepsis. Rural districts of Zambia face a higher burden of these problems. The situation is compounded by a weak health system characterized by decline in healthcare investment over the years, inadequate trained human resources, inadequate access and inequity in service coverage, and the poor quality and continuity of services.</p> <p>The Government Republic of Zambia (GRZ) has committed to universal health coverage, therefore, prioritized the community-based avenues and platforms as the pathway to reach every child with a package of essential primary health care services across the country. Zambia has a comprehensive community health strategy, structures, and governance system in place. Supporting and strengthening the operationalization of the national community health strategy has the potential to save many lives, in both development and humanitarian settings.</p> <p>Zambia has been responding to the worst cholera outbreak in a decade with the highest caseload reported from Lusaka since October 2023. As of 23 January 2024, a total of 13,246 cases have been reported, that is an average of around four hundred new cases daily. Further, 512 deaths have been recorded to date, resulting in a case fatality rate of 3.9 percent nationwide. The transmission rates have significantly increased due to poor water supply and sanitation facilities especially in the peri-urban areas of Lusaka district, heavy rains and subsequent flooding, contamination of shallow wells due to high water tables, and erratic supply of clean water by the commercial water utility. This has been worsened by low-risk awareness and low risk perception by the community leading to late presentation at health care facilities. Access to care by community members is further complicated by limited ambulatory services from the community to stabilization centers and CTCs (Cholera Treatment Center). In addition, pre-urban areas of Lusaka district are insecure at night, this is compounded by flooding which has made roads impassable thus limited transportation options for residents who require ambulatory services and/or referral.</p> <p>About 50% of the deaths recorded in the current outbreak have occurred in the community, with health facility deaths accounting for the rest. Furthermore, limited clinical case management capacities have also been identified as a contributing factor to the high case fatality rate (CRF) recorded in the 2023/2024 cholera outbreak. There have been reports of inadequate personal protection equipment, inadequate technical staff, and volunteers to support case management,</p>

inadequate medical supplies, communication, and transport challenges for transportation of patients to CTCs, and inadequate cholera treatment beds and accessories.

Major gaps exist in community case management (case identification, initial management at household level and referral or link to care at the next level) through well-oriented, adequately equipped, motivated and supervised community-based volunteers (CBVs) to provide oral rehydration therapy. Community level rehydration is a critical element of the response under the case management pillar. Additional challenges reported include inadequate supplies for re-constitution of oral rehydration fluids and equipment for storage and inadequate number of CBVs to support Oral Rehydration Points (ORPs) in the community.

Purpose for the job: The purpose of this assignment is to provide quality technical support to key The Ministry of Health and other partners for the planning, implementation and monitoring of the community response to cholera with a special focus on Community Case Management. The incumbent will also support strengthening of accountability mechanisms established at decentralized levels to facilitate the delivery of an integrated community-based package of promotive, preventive and basic curative interventions across all pillars of the response (Case Management, WASH, RCCE, etc. with a focus on the Community Case Management of Cholera at ORCs/ORPs, stabilization centers, and District CTUs focusing on the hard-to-reach and vulnerable communities and with multisectoral, gender and disability lenses.

III. Key function, accountabilities and related duties/tasks

Summary of key functions/accountabilities:

1. Provide technical support in all components of strengthening community health systems as it pertains to implementing the multisectoral community health emergency strategy, in collaboration with government and partners.
2. Programme management, monitoring and delivery of results.
3. Networking and partnership building especially with the Provincial Health Offices and District Health Offices and other partners working at the decentralized level.
4. Innovation, knowledge management and capacity building for health care workers and Community based Volunteers (CBVs) and other actors within the community structures such as Neighborhood Health Committees (NHCs), among others.

1. Support the MoH to strengthen the implementation of the Cholera outbreak response through the community health system and platforms.

- Guide and ensure quality implementation of outbreak response actions including oral rehydration corners (ORCs), community surveillance, referral facilitation, RCCE and WASH including ensuring continued delivery of the package of integrated high impact essential MNCH services during the emergency response.
- Support the MoH in organizing capacity building for all actors (CBVs, CBV supervisors and CBV trainers, CBV competency assessment and certification) in key topics of community level emergency health response with specific focus on Community Case Management of Cholera

- Support mapping of all Community health Actors in targeted provinces for a coordinated targeting of UNICEF support and hence an efficient response.
- Support MOH and stakeholders in developing/updating any missing core normative and process documents, including coordination/linkage mechanisms between various government and community groups/structures.
- Support the establishment of functional and self-sustained accountability mechanisms at Provincial and District levels including social accountability mechanisms at community level - community dialogue groups, including young people and women groups, using data and information from the RCCE pillar. Ensure capacity building of community actors:
 - Support the MoH and partners to conduct regular practical and in-service skills training through mentorship and coaching skills in the workplace.
 - Contribute to production of simplified community health worker tools/job-aids, training on formative supervision at all levels.
 - Ensure community case management of Cholera is initiated and integrated in the cholera response case management referral chain. Support intra response programme reviews and other data collection initiatives
 - Support the development of concept notes and funding proposals for the implementation of community health programmes in emergencies and manage any related programme performance indicators.
 - Develop annual and mid-year reports for community health emergency programmes at provincial and district level.
 - Document best practices on community emergency programmes as relevant
 - Support Health and HIV Programme for any other needs as may be required.

2. Programme management, monitoring and delivery of results.

- Plan and/or collaborate with internal and external partners to establish monitoring benchmarks, performance indicators, and other UNICEF/UN system indicators and measurements to assess and strengthen performance accountability, coherence and delivery of concrete and sustainable results for community health programmes.
- Participate in monitoring and evaluation exercises, programme reviews and annual sectoral reviews with the government and other counterparts to assess progress and to determine required action/interventions to achieve results.
- Prepare and assess monitoring and evaluation reports to identify gaps, strengths and/or weaknesses in programme management, identify lessons learned and use knowledge gained for development planning and timely intervention to achieve goals.
- Actively monitor programmes through field visits, surveys and/or exchange of information with partners/stakeholders to assess progress, identify bottlenecks, potential problems and take timely decisions to resolve issues and/or refer to relevant officials for timely resolution.
- Monitor and verify the optimum and appropriate use of sectoral programme resources (financial, administrative and other assets) confirming compliance with organizational rules, regulations/procedures and donor commitments, standards of accountability and integrity, ensuring timely reporting and liquidation of resources.
- Prepare regular and mandated programme reports for management, donors and partners to keep them informed of programme progress.

3. Networking and partnership building

- Build and sustain effective close working partnerships with health sector government counterparts, national stakeholders, as well as global partners, allies, donors, and academia. Through active networking, advocacy and effective communication, build capacity and

<p>exchange knowledge and expertise to facilitate the achievement of programme goals on child rights, social justice and equity.</p> <ul style="list-style-type: none"> • Prepare communication and information materials for CO programme advocacy to promote awareness, establish partnerships/alliances, and support fund raising for health programmes (maternal, neonatal and child survival and development).
<p>4. Innovation, knowledge management and capacity building</p> <ul style="list-style-type: none"> ▪ Apply and introduce innovative approaches and good practices to build the capacity of partners and stakeholders. ▪ Support the implementation and delivery of concrete and sustainable program results. • Keep abreast and conduct research to provide evidence for implementation of best and innovative practices in health. • Assess, institutionalize, and share best practices and knowledge learned. ▪ Contribute to the development and implementation of policies and procedures to ensure optimum efficiency and efficacy of sustainable programs and projects. • Organize and implement capacity building initiatives to enhance the competencies of stakeholders to promote sustainable results on health-related programs.

<p>IV. Impact of Results</p> <p>The efficiency and efficacy of support provided by the Health Emergency Specialist to Community health program 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 program services to protect the rights of children in all situations including emergencies, and to promote greater social equality to enable them to survive, develop and reach their full potential in society.</p>

<p>V. UNICEF values and competency Required (based on the updated Framework)</p> <p>i) Core Values</p> <ul style="list-style-type: none"> • Care • Respect • Integrity • Trust • Accountability <p>ii) Core Competencies</p> <ul style="list-style-type: none"> ▪ 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:

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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 in the following areas is required: public health/nutrition planning and management, maternal and neonatal health care, or health emergency/humanitarian preparedness.
- Good understanding of health system and community health and community system, MNCH, knowledge of primary health care and health in developing countries
- Good knowledge of the application of the equity lens and human rights perspectives to programming.
- Good ability to support translation of analytical findings and evidence into a cohesive programming.
- Excellent communication (writing and oral), negotiation, and other human relation skills.
- Excellent ability to collect, aggregate, analyze and use data for decision making. Advanced computer literacy expected in Word, Excel and Power Point.
- Excellent oral and written communication and report & proposal writing skills.

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Language Requirements:

- Fluency in French is required. Knowledge of another official UN language (English) or a local language is an asset.