



VACANCY ANNOUNCEMENT

Position: Community Engagement Specialist
Contract: Full time (for duration of the project) January 2017 to March 2018
Location: Juba, South Sudan
Project: South Sudan Health Pool Fund Extension (HPF2)

Health Pooled Fund (HPF2) is a two-year multi-donor funded programme in the Republic of South Sudan (RSS) and the British Government's Department for International Development (DFID) will play the role of Lead Donor for the programme. The objectives of the programme are:

- To increase the utilisation and quality of health services, with emphasis on maternal and child health:** Development Partners (DPs) are to contribute to the improvement of access, use, and quality of Primary Health Care (PHC) services and Emergency Obstetric and Newborn Care (EmONC) services.
- To scale up health promotion and protection interventions so as to empower communities to take charge of their health:** DPs were to contribute to increased accountability and effectiveness by working with community mechanisms for improving health and health education.
- To strengthen institutional functioning, including governance and health system effectiveness, efficiency and equity:** DPs will support strengthening key stewardship functions of the MOH including: planning, management, coordination, supervision and monitoring at all levels, in accordance with MOH guidelines and tools that were to be developed.

Background

There have been various community health interventions taking place in South Sudan. Many of these have been at the initiative of the local CHDs and the Implementing Partners (IPs) as is evidenced by the Technical Reports submitted to HPF. This was further confirmed by a study commissioned by the HPF in the July 2014 report "HPF Community Strategy and Operational Plan". However, the study also revealed challenges in the implementation of community empowerment strategies. These challenges were at both national and local levels. For example, while MOH guidance exists, it is either unfinished, outdated or lacks coherent information on community activities. There is also absence of a monitoring mechanism of community activities. At local level there are no clear roles for the health facilities and therefore they are not involved as much as expected. Although the majority of Health Facilities had committees the role of these committees did not involve participation of local health planning.

Specific Tasks

The Community engagement specialist will in particular

- Work in liaison with the NMOH in developing Community Engagement Strategies
- Support States in developing a uniform approach to community empowerment

- Improve community participation and input, in health planning and implementation-at State and county Levels
- Strengthen institutional capacity of relevant departments at State and County levels to support Community Empowerment
- Support Implementing Partners (IPs) to establish a community friendly health service
- Strengthen Health Promotion and Communication for Social Change
- Support the expansion and institutionalisation of the Community Health Committees strengthening initiative
- Support IPs and CHon CEmONC roll roll-out activities at community level, in collaboration with the HPF fields
- Liaise with iCCM programme to achieve the results of the programme
- Monitor and quality control the community level IP training courses.
- Facilitate regular sharing and document of good practices across IPs and other Development Partners

The specialist will be part of HPF2's national health systems strengthening team. He or she will work from the operational base of the programme in Juba, near (or within) the Ministry of Health headquarters. The Community Engagement Specialist should be available to carry out field trips throughout the HPF supported states in the country as required by program activities.

Qualifications and Essential Experience:

- At least a postgraduate degree in Social Studies or in any other relevant discipline;
- Minimum of 10 years' experience in the design, implementation and monitoring of gender-sensitive community engagement interventions to address social exclusion including gender in the region, and including at least five years in development cooperation projects;
- Demonstrable technical expertise and working knowledge of health sector and community engagement preferably in a conflict or post-conflict environment in Africa
- Proven track record of technical input in the area of gender mainstreaming in health, community development programs including participatory and innovative methodologies.
- Ability to lead but also work well with diverse team members, NGOs and government and other stakeholders
- Willingness to work in hard to reach areas and travel to health facilities
- Excellent analytical and reporting skills
- Excellent command of written and spoken English

Desirable:

- Previous working experience in Community engagement in South Sudan or other fragile states
- Understanding of gender and social inclusion issues in the South Sudan context and innovative approaches to community participation and facilitation
- Experience working with Non-Governmental and Faith Based Organisations
- Knowledge of the aid effectiveness agenda and donor harmonisation
- Women are encouraged to apply

Please send a brief cover letter detailing why you think you would be suited to this role and include your annual salary expectation in GBP. Please also send tailored and maximum two-page CV to bdrecruitment@healthpartners-int.co.uk cc roland.kusiima@nftconsult.com

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South Sudanese Nationals are highly encouraged to apply

Applications must be received by 1 December 2016



VACANCY ANNOUNCEMENT

- Position:** Gender Equality and Social Inclusion expert
- Contract:** Full time (for duration of the project) January 2017 to March 2018
- Location:** Juba, South Sudan
- Project:** South Sudan Health Pool Fund Extension (HPF2)

The South-Sudan Health Pooled Fund Programme has been extended for another two years, from April 2016 to March 2018. The two-year programme extension (HPF2) will focus on consolidating gains made during the first phase and laying the ground work for a further phase of support from 2018. HPF2 will continue focusing on Health services delivery and health system strengthening. The objectives of the programme are:

- To increase the utilisation and quality of health services, with emphasis on maternal and child health:** Development Partners (DPs) are to contribute to the improvement of access, use, and quality of Primary Health Care (PHC) services and Emergency Obstetric and Newborn Care (EmONC) services.
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Gender inequality and social exclusion inhibit delivery of health services, access to health services and health seeking behaviour through impact on the community, the health system and the health workforce. The redesign of HPF in this second phase provides an opportunity for increased focus on gender equality and social inclusion with GESI integrated into its overall development programming, from community to policy and planning.

Gender Equality and Social Inclusion (GESI) Expert will lead specific actions across all counties in 8 (original) states to integrate gender equality throughout both service delivery and in communities – focussing on institutional change and whole community transformation. The GESI Expert will also support the institutionalisation of Gender equality and Social Inclusion into relevant MOH planning and operations.

The approach is likely to include:

- A GESI assessment of all NGO and development partner projects and institutions with the aim of sharing good practice, expertise and experience between partners, and developing an overall programme approach that can be adapted to the different district contexts.
- A synthesis of key research on GESI in the 8 districts and identification of gaps and needs for more research and scoping

- Identification of key women's organisations and CBOs that can support the GESI integration and be strengthened with a view to future empowerment and accountability roles
- A GESI dialogue process with the MoH at policy and operations levels
- GESI sensitisation and training where required
- Integration of GESI into M&E systems
- Integration of GESI into key management and leadership areas and processes
- Development of a programme GESI strategy to encompass the above areas and others

The expert will be part of the programme team based in Juba, near (or within) the Ministry of Health headquarters. The expert must be available to carry out field trips throughout the country as required by program activities.

Qualifications and Essential Experience:

- At least a postgraduate degree in Social Studies or in any other relevant discipline;
- Minimum of 10 years' experience in the design, implementation and monitoring of gender and social inclusion-sensitive interventions to address social exclusion in developing countries, including at least five years in development cooperation projects;
- Demonstrable technical expertise and working knowledge of health sector and community engagement preferably in a conflict or post-conflict environment in Africa
- Proven track record of technical input in the area of gender mainstreaming in health, community development programs including participatory and innovative methodologies.
- Ability to lead but also work well with diverse team members, NGOs and governments and other stakeholders
- Excellent analytical and reporting skills
- Excellent command of written and spoken English

Desirable:

- Previous working experience in integrating gender and social inclusion policy and development programming
- Understanding of gender and social inclusion issues in the South Sudan context and innovative approaches to community participation and facilitation
- Experience of human resource development and training in relation to gender and social inclusion
- Experience working with Non-Governmental and Faith Based Organisations
- Experience of working in conflict and post conflict settings
- Knowledge of the aid effectiveness agenda and donor harmonisation

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VACANCY ANNOUNCEMENT

- Position:** Human Resources for Health (HRH) Specialist
- Contract:** Full time (for duration of the project) January 2017 to March 2018
- Location:** Juba, South Sudan
- Project:** South Sudan Health Pool Fund Extension (HPF2)

The South-Sudan Health Pooled Fund Programme has been extended for another two years, from April 2016 to March 2018. The two-year programme extension (HPF2) will focus on consolidating gains made during the first phase and laying the ground work for a further phase of support from 2018. HPF2 will continue focusing on Health services delivery and health system strengthening. The objectives of the programme are:

1. **To increase the utilisation and quality of health services, with emphasis on maternal and child health:** Development Partners (DPs) are to contribute to the improvement of access, use, and quality of Primary Health Care (PHC) services and Emergency Obstetric and Newborn Care (EmONC) services.
2. **To scale up health promotion and protection interventions so as to empower communities to take charge of their health:** DPs were to contribute to increased accountability and effectiveness by working with community mechanisms for improving health and health education.
3. **To strengthen institutional functioning, including governance and health system effectiveness, efficiency and equity:** DPs will support strengthening key stewardship functions of the MOH including: planning, management, coordination, supervision and monitoring at all levels, in accordance with MOH guidelines and tools that were to be developed.

HRH is a key pillar of HSS around which all the other five pillars are linked. All the HSS work that has gone into HPF1 was meant to build the capacity of the Human Resources for Health in order to provide a skilled workforce to plan, manage and implement health services. HRH is more than just HRIS, which is an information tool to **Plan – Do- Check and Action** (PDCA) in the planning, managing and development of HRH. CGA has been confined to the first two steps (**PLANNING and DOING**) to produce a data base of all the human resources in the MOH. Little has been done on the bulk of the HRH i.e. **CHECKING and taking ACTION** of the cycle so data is generated by technicians but not used for health impact. This aspect requires the skills of a trained HRH specialist. This broader function has been the crux of the work done under the HRH pillar of the HSS through HPI and now needs specialised technical expertise going forward.

The expert will be part of the programme team based in Juba, either near (or within) the Ministry of Health headquarters or in the HPF Office. The expert must be available to carry out field trips throughout the country as required by program activities.

The approach is likely to include:

1. **Designing the HRIS to increase its planning, management and HR development functions** like training and performance management, quality of workforce, employer and retirements. This will be built on the current HRIS data whose data quality remains low, is not analysed, and presented and disseminated at policy level to inform HRH better planning, management and development. While continuing with the HRIS data capturing and limited analysis (which has been the current main area of emphasis), through the design work which was initiated during HPF1 by and STTA from HPI. This will be finalised during HPF2 to include the integration of HRIS with HMIS and payroll system.

2. **Specialist technical skills and advice to the MOH in the operationalization of the Task Shifting Policy.** In order to increase access to quality midlevel workforce and to improve MNCH outcomes, especially in CEmONC services a Task Shifting Policy was developed in HPF1 by the HSS team under the leadership of the MOH and in collaboration with other partners. Implementation of the policy will rapidly upgrade the skills of health works.
3. **Build capacity for HRH management and development to sustain HRH gains beyond the HPF project**– There is little support to HR managers at the national, state and CHD levels to improve their HRH management capacity on key HRH functions like recruitment, deployment, appraisal, in-service training, leave management, incentives and motivation, among others. The HRH specialist is expected to build capacity on these essential HRH functions at all levels of the health system
4. **Support to the quality of pre-service training** by coordinating the Health Development Partners and MOH to buy into the gap analysis report and plan of action of the Health Training Institutes for the improvement of the infrastructure, management, and quality of tutors and learning materials in these institutes. This will also include a) Support for the Quality Assurance Framework for Health Training Institutions, and b) Capacity building of tutors to improve the quality of the graduates from these Health Training Institutes.
5. **Be a catalyst for Policy dialogue for change and impact** – HRH issues deep rooted and strongly linked to the control of power and influence thus requiring high level engagement to solve them. HPF1 supported the MOH to organise a dialogue session of stakeholders that included Parliamentarians, State Ministers, the University, FBOs, Health Training Institutes and senior MOH managers to resolve on key strategies to address key HRH issues affecting the supply, management and retention of HRH in the country. The HSS specialist will carry forward this dialogue and support coordinated advocacy to address these deep rooted issues

Qualifications and Essential Experience:

- At least a postgraduate degree in Human Resources or in any other relevant discipline;
- Minimum of 10 years' experience working in Human Resources and at least three years working at National Level in Human Resources for Health
- Demonstrable technical expertise and working knowledge of the health sector preferably in Africa
- Proven track record of technical input in the area of Human Resources Information Systems and integration into other systems like Payroll and HMIS will be an added advantage.
- Ability to lead but also work well with diverse team members, NGOs and governments and other stakeholders
- Excellent analytical and reporting skills
- Excellent command of written and spoken English

Desirable:

- Previous working experience in building capacity of tutors and health managers
- Experience of working in conflict and post conflict settings
- Knowledge of the aid effectiveness agenda and donor harmonisation

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Approved
Hte
17/11/2016



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A robust Health Management Information System (HMIS) is the foundation for planning and managing health services. Without an HMIS in place it is impossible to monitor and evaluate programmes for their achievement towards set results. The redesign of HPF in this second phase provides an opportunity for increased focus on HMIS for informing the integration of all programmes from community level up to county, state and national levels to achieve project results.

The HMIS Specialist will lead specific actions across all counties in the eight former states of EES, WES, CES, WBG, NBG, Warrap, Unity and Lakes to ensure a rigorous system of data collection, compilation, analysis and display throughout both service delivery and in communities – focussing on use of the information collected for planning and managing the health services at local level. The HMIS Specialist will be part of the HSS team of experts and work closely with the M&E Manager.

The approach is likely to include:

- Liaise with programmes so as to identify possible bottlenecks in the successful execution of the HMIS in the eight former states and at national level
- Provide advice re integration of all current vertical programme information data sets into a harmonized HMIS for improved programme planning
- Support the implementation of DHIS2 at national level with customising Dashboards

- Develop national level reports for program managers
- Assess Data Quality and provide feedback
- Assess Use of Information and provide recommendations for training
- Support the implementation/functioning of the Hospital HMIS and identify bottlenecks and make recommendations
- Liaise with HMIS and M&E to ensure smooth overlap and functioning within HPF2

Qualifications and Essential Experience:

- At least a degree in Health Informatics or equivalent, or MPH
- Minimum of 5 years' experience working in HMIS, with at least 2 years working at national level
- Demonstrable technical expertise and working knowledge of the health sector preferably in Africa
- Ability to lead but also work well with diverse team members, NGOs and governments and other stakeholders
- Excellent analytical and reporting skills
- Excellent command of written and spoken English

Desirable:

- Previous working experience in training health workers with low academic levels
- Used to working in the field under difficult conditions
- Experience of working in conflict and post conflict settings
- Knowledge of the aid effectiveness agenda and donor harmonisation

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