

JOB DESCRIPTION

Preliminary Job Information

Job Title	HEALTH COORDINATOR
Reports to	DEPUTY HEAD OF MISSION
Country & Base of posting	IRAQ, ERBIL (WITH MOVEMENT TO ALL BASES)
Creation/Replacement (incl. name)	Replacement
Duration of Handover	2 weeks
Duration of Mission	10 months, until Dec 2016

General Information on the Mission

Context

Première Urgence Internationale (PUI) is a non-governmental, non-profit, non-political and non-religious international aid organization. Our teams are committed to supporting civilians' victims of marginalization and exclusion, or hit by natural disasters, wars and economic collapses, by answering their fundamental needs. Our aim is to provide emergency relief to uprooted people in order to help them recover their dignity and regain self-sufficiency. The association leads in average 140 projects by year in the following sectors of intervention: food security, health, nutrition, construction and rehabilitation of infrastructures, water, sanitation, hygiene and economic recovery. PUI is providing assistance to around 4 million people in 22 countries – in Africa, Asia, Middle East, Caucasus and Europe.

Since the Iraqi Constitution was adopted in 2005 Iraq has been divided into federal regions that handle their own domestic affairs, reporting to Baghdad central government, who is also responsible for international affairs. Additionally, in the North, there is the autonomous region of Iraqi Kurdistan (KRI) which includes three provinces: Erbil; Dohuk & Sulaymaniyah. There are ongoing tensions between KRI government and the Central Iraqi Government over how much authority is devolved and the distribution of finance from the oil found in the region.

Iraq as a whole is facing one of the most critical humanitarian crisis of the moment. Around 8 million people are currently in need of humanitarian assistance across most regions of the country.

In 2014, wide-scale violence and armed conflict erupted in Iraq when the Islamic State insurgency crossed the Syrian border. That same year, the cities Fallujah, Ramadi and Mosul fell in the hand of the terrorist group causing massive population displacement, especially from Anbar, Ninewa and Salah al-Din governorates. The fall of Fallujah and Ramadi in early 2014 pushed people south and west into Baghdad, with 80,600 families fleeing to the area, and the later fall of Mosul in the summer pushed populations both North into KRI and South to the governorates of Kerbala and Najaf.

The majority of the IDP population, nearly 800,000 people, were displaced in August 2014 when hostilities affected the Sinjar region in Ninewa Governorate. By November 2015, the governorates hosting the largest IDP population (1.5 million IDPs) were Anbar, Baghdad and Dohuk. In just over two years, the number of internally displaced population rose to 3.2 million in the country, 9% of this population are currently settled in IDP camps. Dohuk alone has 16 IDP camps. Continuing fighting plus governmental interventions mean that there is still ongoing displacement and a potential offensive against IS-held Mosul could cause displacement of a further 100,000 people, most probably to KRI.

In addition, the Syrian conflict, which has been ongoing for the last 5 years, has pushed over 244,758 Syrian refugees into Iraq. Most of these refugees are Syrian Kurds and as such have settled in Iraqi Kurdistan, with 95,314 individuals are currently in Dohuk.

These displaced populations are highly vulnerable, and the United Nations has declared this a Protection Crisis. A cholera outbreak in the country was confirmed in mid-September 2015 with 2,200 people reported to have been infected. There is a risk that the disease will spread due to heavy rain and lack of basic sanitary infrastructures in remote areas of the country especially in the southern governorates.

PUI's strategy/position in the country

PUI is currently providing large scale comprehensive health interventions in three governorates in both the north and south. Focusing on rural and hard to reach areas, as well as communities with over stretched services, through mobile health and surveillance teams, and outreach networks, and on camps to support and implement a structured health system. In Dohuk PUI have a reach of 50,000 IDPs and 30,000 Refugees, in Ninewa 12,000 IDPs and 7,000 Refugees and in Najaf reaching 24,000 IDPs. WASH care and maintenance in camps, emergency latrine building, tool loan committees and hygiene kit distributions support IDPs and refugees to improve their health outcomes by improving living conditions and hygiene behaviours. In addition psychological support is run through mobile teams, and awareness of

protection issues is being increased through outreach workers. PUI are improving living conditions of urban households implementing community quick impact projects and creating job opportunities (training centres and Professional Tool Kits) for 460 IDPs and returnees.

Focusing on the current governorates of work, PUI will continue to deliver an integrated package of services with health as the core response, expanding to cover WASH, livelihoods, psychosocial support, and protection as complementary interventions, in both urban and rural areas. Working in Dohuk, Bardarash, Najaf and Baghdad allows a comprehensive, fast, response to movement by IDPs out of Mosel, from Sinjar, and from Anbar in response to IS, to communities choosing, or being forced to return to “liberated” areas, and also to support the needs of refugees crossing the border from Syria. By working through mobile teams in both KRI and South Iraq it is possible to respond to new movements very quickly, to assess needs, and to reach areas that other actors and local government are unable or reluctant to serve. The Mobile health team in Ninewa currently work up to 6 km from the front line. Surveillance teams in the south will allow fast reactions to outbreaks, and planned responses, for example to cholera, will allow populations to be more resilient to communicable diseases.

History of the mission and current programs

PUI has been present in Iraq since 1983. The programming has spanned the sectors of health, WASH, protection, shelter, food security and livelihoods, through an integrated approach, in both urban and rural areas, responding to the changing needs of the local communities.

By 2010 PUI was implementing an integrated multi-sectorial program targeting poor rural villages in Baghdad to help them regain livelihoods and restart agricultural production. Besides training and supplies, this programme emphasizes reconciliation, solidarity and cooperation among villagers. Since 2014, PUI are meeting needs of the displaced population by supporting livelihood projects and promoting access to the job market through Professional Tool Kits and associated trainings. PUI has a focus on the most vulnerable households who would have the greatest benefit from income generating activities.

As the war in Syria increased in severity the influx of refugees crossing into the Kurdistan Region of Iraq increased. PUI opened a Mission in KRI in 2013 to start to respond to these needs. PUI has been operating in Gawilan camp since November 2013, providing a basic package of health care services complimented by a WASH response of active hygiene and sanitation watch out. Based on this successful first experience, PUI was chosen as a key partner by local government and UN to replicate its integrated strategy in additional camps, first in Domiz 2 and, after the IDP crisis, in Bajet Kandala and Bardarash camps.

PUI took a multi-faceted approach to supporting the needs of this newly displaced population focusing on Dohuk, Ninewa and Najaf Governorates, supporting nearly 100,000 IDPs. Firstly working in newly set up camps in KRI, then providing additional health care outside of camps through MHT in the north and a Mobile Surveillance team in the south. Latrines were built both these areas to support IDPs living in unfinished buildings and informal settlements. NFIs distributed in multiple locations, including hygiene kits, reaching people within the first few weeks of displacement.

Current Programming

PUI support the primary health care needs of over 90,000 people across three governorates of Iraq and KRI. In KRI PUI run Primary Health Care Clinics (PHCCs), delivering a comprehensive package of care to the Syrian refugee and IDP communities, in Gawilan, Bajet Kandala and Bardarash camps. Basic health care, including treatment, referral, basic laboratory testing, and pharmacy is provided directly. PUI also oversees the preventive health services which are implemented by UN-funded DoH teams including early vaccination and reproductive health. Additionally 4 Mobile Health Teams provide basic primary health care to hard-to-reach communities of IDPs who have no access to the local health care system, in Dohuk, Ninewa and Najaf Governorates. Treatment, referral and pharmacy services are provided, plus psychological support and health and hygiene messaging.

Teams in Dohuk governorate are linking Syrian refugees to the health service, increasing both awareness of and access to health services, as well as boosting refugees' knowledge of healthcare to support them to improve their own health status, with a specific focus on chronic diseases and pregnant and lactating women. Local health systems are support by donations of medications and embedded focal points for follow up of patients.

PUI supports IDPs and returnees in Baghdad to improve their livelihood outlook through a package of vocational training and professional tool kit distributions. Greenhouses are being built, including seedlings and tools for growing, in Baghdad for a combination of IDP and host communities to promote community inclusion and provide additional income for vulnerable families. There are 15 greenhouses, in 5 locations, with 20 families benefiting from each one. Distributions of NFI kits are on-going for IDPs in both Najaf and Baghdad delivering cooking kits, water storage containers, hygiene kits, including feminine kits. WASH activities are undertaken in Bardarash and Gawilan camp, with a programme of operation and maintenance, and community teams being created to support the work. Tool loan committees support camp inhabitants to be autonomous and self-reliant.

Configuration of the mission

BUDGET FORECAST 2015	\$8,500,000
BASES	5 BASES (ERBIL (COORDINATION ONLY), DOHUK, BARDARASH, BAGHDAD, NAJAF)
NUMBER OF EXPATRIATES	27
NUMBER OF NATIONAL STAFF	175 (approximately).
NUMBER OF CURRENT PROJECTS	10

MAIN PARTNERS	UNHCR, BPRM, ECHO, CDC, MCC, OFDA, PACA Region, SANOFI, AFD
ACTIVITY SECTORS	Health, WASH, Livelihoods, NFI.
EXPATRIATE TEAM ON-SITE	<p>Erbil Coordination: Head of Mission (vacant); Deputy HoM; Log Co.; Log Support; Finance Co.; HR Co.; Admin Support; Medical Co.; Pharmacy Manager; Programme Co (vacant); AMEA Manager (vacant); Grants Officer</p> <p>Bardarash base: Field Coordinator, 3 Project Managers, Log Base, Admin Base.</p> <p>Dohuk base: Field Co, 3 PMs, Log Base, Admin Base.</p> <p>South Iraq remote cell, Erbil: Field Co, Log/Admin Base, M&E Manager.</p>

Job Description

Overall objective

The Health Coordinator (HC) is responsible for the success of the mission's health strategy and for the quality of current and future health programmes at the planning, implementation and evaluation phases. He/she will support in providing leadership, strategic vision and technical support to all aspects of the health programmes in Iraq. The HC will contribute to the identification of programmatic priorities through needs assessment, the design and direction for health programming in Iraq, as well as any other areas where needs are identified. In addition, the HC will ensure that the health program is implemented in accordance with international protocols, guidelines and best practices, providing support to programme managers and directly to national medical staff. He/she will promote quality of care in all PUI health services. The HC will be an active member of the Country Coordination team, attending meetings and working with senior managers to steer the health programmes in country, as well as representing PUI at national level clusters, to donors and other interested parties.

Tasks and Responsibilities

- ▶ **Strategy:** Working alongside the coordination team, he/she contributes to the development of new health initiatives for the mission. He/She carries out epidemiological monitoring for the country and analyses strengths and weaknesses from the point of view of public health.
- ▶ **Programmes:** He/She ensures that health programme(s) are in line with PUI's health policy and monitors them for quality and efficacy.
- ▶ **Representation:** He/She represents the organisation to partners, authorities and local stakeholders involved in implementing medical programmes, particularly at national level.
- ▶ **Human Resources / Training:** He/She supports the health team (PUI employees), provides support to programme managers for recruiting technical staff and supervises technical training activities on the basis of identified needs.
- ▶ **Logistics and Administration:** He/She ensures the activities for which he/she is responsible comply with logistical and administrative procedures.
- ▶ **Safety:** He/She contributes to compliance with safety rules within the mission and communicates any safety-related information to the Head of Mission. He/She ensures healthcare is provided for expatriate staff involved in the mission.

Specific objectives and linked activities

1. MONITOR AND UPDATE HEALTH STRATEGY

- ▶ He/She contributes to the development of the mission's operational health strategy in line with PUI's health policy and the country's national health policy.
- ▶ He/She contributes to all proposals for the development of new health activities in new areas of operation in collaboration with the HQ health advisor. He/She ensures that the health activities of the mission's programmes comply with PUI's health policy and operational framework.
- ▶ He/She ensures tools and practices across the whole of the mission are harmonised and capitalised in relation to PUI tools and helps to update them in conjunction with the HQ health advisor.
- ▶ He/She ensures that epidemiological data, medical protocols, national health policy and assistance programmes from key players in the healthcare sector (WHO, UNICEF, UNFPA, UNAIDS, etc.) for the country are monitored and analysed in conjunction with the HQ health advisor.
- ▶ He/She promotes the production (publication) of research documents relating to the mission where appropriate, in conjunction with the HQ health advisor.
- ▶ He/She attends coordination meetings as an active contributor. He/She organises annual reflection and strategic development workshops with the mission's health staff as necessary.

2. MONITOR THE MISSION'S HEALTH PROGRAMME(S)

- ▶ He/She provides continuous information to the Deputy Head of Mission, the coordination team and project managers on new

directions on health policies at a national level and within PUI.

- ▶ He/She ensures reports on health activities, in particular in relation to epidemiological data, consumption of medical supplies, indicators and results of the mission's health programmes are monitored and analysed.
- ▶ He/She supervises the operation of health activities, including project and site visits, monitoring the quality of care, meeting medical staff and organising meetings and training for medical staff.
- ▶ He/She provides technical support for programmes by responding to technical questions, analysing health strategy and identifying solutions to problems.
- ▶ He/She contributes to adapting implementation and monitoring methods for health activities on projects run by the mission.
- ▶ He/She ensures that orders for medical equipment, medicines and consumables are appropriate to programme requirements and local constraints (country certification, health monitoring, etc.).
- ▶ He/She communicates internal and external reports to the Deputy Head of Mission and HQ health advisor in line with internal approval timescales (situation report) and external contractual deadlines (project reports).

3. SUPERVISE THE HEALTH TEAM

- ▶ He/She is familiar with PUI's Internal Regulations in relation to the mission and ensures these are understood and complied with by his/her team.
- ▶ He/She draws up job descriptions for the members of the health teams, has them approved by the Deputy Head of Mission/Field Co, and plays an active role in recruitment (interviews, tests, etc.). He/She participates in the decision to terminate the employment contract of members of the teams in conjunction with the relevant PM and Field Co.
- ▶ He/She introduces coordination mechanisms specific to his/her team and organises team supervision.
- ▶ He/She identifies training needs the health staff and supplements this through the provision of organisational, methodological and technical support, organising training, etc.
- ▶ He/She participates in defining all health positions for the mission (recruitment, training, monitoring, setting objectives, support and assessments for local staff) in conjunction with the relevant PM and Field Co.

4. ENSURE LOGISTICAL AND ADMINISTRATIVE MONITORING OF HEALTH PROGRAMME(S)

- ▶ He/She participates in analysing orders for medicines, consumables and medical equipment placed by project technical managers.
- ▶ He/She contributes to analysing bids made by suppliers for purchases with stringent technical specifications.
- ▶ He/She provides all the information needed to produce a cash flow forecast for his/her own department to the Administration and Finance Coordinator on a monthly basis.
- ▶ He/She ensures up-to-date budget monitoring for the department for which he/she is responsible on a monthly basis and participates in analysing, identifying any discrepancies and proposing adjustments to the Administration and Finance Coordinator.

5. REPRESENT PUI TO KEY PLAYERS IN THE HEALTHCARE SECTOR

- ▶ He/She represents the association to key national and local players (NGOs, health authorities and institutional stakeholders) involved in implementing medical programmes and ensures good relationships are maintained with each of them (ensuring compliance with PUI's principles of neutrality and independence).
- ▶ In the event of a visit by a donor, he/she plays an active role in preparing and managing the visit.

6. ENSURE THE SAFETY OF PROPERTY AND PEOPLE

- ▶ He/She ensures the safety plan is understood by the team for which he/she is responsible and that safety rules are respected.
- ▶ He/She contributes to gathering information relating to safety in his/her area of operation and disseminates this on a regular basis or *ad hoc* in the event of an emergency.
- ▶ He/She ensures that the medical teams have access to safety equipment appropriate to their activities (e.g. PEP kits, gloves, etc.).
- ▶ He/She participates, as necessary, in managing medical evacuations in conjunction with the Administration and Finance Coordinator, Head of Mission and Head Office.

7. CONTRIBUTE TO THE DEVELOPMENT OF NEW PROPOSALS

- ▶ He/She participates in and/or supervises exploratory missions in conjunction with the Deputy Head of Mission.
- ▶ He/She provides monitoring of the healthcare coverage provided by health authorities and NGOs in the country.
- ▶ He/She participates in identifying healthcare needs in conjunction with the project teams.
- ▶ When defining new operations, he/she works with the project teams to prepare and draft project proposals for health-related activities.
- ▶ He/She participates in drafting the mission's annual action plan.

Focus on 3 priority activities related to the context of the mission

- ▶ Evaluate, monitor and support the needed increase in quality of the health interventions in collaboration with project managers
- ▶ Ensure quality and analysis of health data collection and produce epidemiological data analysis for the mission and donors
- ▶ Coordinate pharmacy management, working in close collaboration with logistic coordinator and Field Co, plus HQ to ensure medical supply follow up and support

Team Management

Number of staff to manage and their position (expatriate / local staff)

- ▶ Direct management: pharmacy manager

- ▶ Indirect management: central pharmacist, store keeper, assistant store keeper

Other relationships

- ▶ Functional : health project managers
- ▶ Internal: with the HQ health advisor
- ▶ External: with local authorities, donors, partners

Required Profile

Required knowledge and skills

	REQUIRED	DESIRABLE
TRAINING	Medical training or Paramedic training + Public health Medical internship	5 years post-secondary education in Pharmacy Public health Project management
PROFESSIONAL EXPERIENCE		
▶ Humanitarian	X (previous experience with NGO)	
▶ International	X (previous working experience abroad)	
▶ Technical	X (in managing health related projects)	
KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> ▶ Good written communication skills ▶ Knowledge of project management 	▶ Knowledge of procedures of institutional donors OFDA, ECHO, AAP, UN agencies, etc.)
LANGUAGES		
▶ French		X
▶ English	X	
▶ Other (please specify)		Arabic
SOFTWARE		
▶ Pack Office	X	
▶ Other (please specify)		SPSS, Epi Info

Required Personal Characteristics (fitting into the team, suitability for the job and assignment)

- ▶ Ability to work independently, take the initiative and take responsibility
- ▶ Strong commitment in humanitarian principles
- ▶ Resilience to stress
- ▶ Diplomacy and open-mindedness
- ▶ Good analytical skills
- ▶ Organisation and ability to manage priorities
- ▶ Proactive approach to making proposals and identifying solutions
- ▶ Ability to work and manage professionally and maturely
- ▶ Ability to integrate into the local environment, taking account of its political, economic and historical characteristics

Other

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Conditions

Status

- ▶ **EMPLOYED** with a Fixed-Term Contract

Salary package

- ▶ **MONTHLY GROSS INCOME**: from 1 980 up to 2 310 Euros depending on the experience in International Solidarity + 50 Euros per semester seniority with PUI

Costs Covered

- ▶ **COST COVERED**: Round-trip transportation to and from home / mission, visas, vaccines...
- ▶ **INSURANCE** including medical coverage and complementary healthcare, 24/24 assistance and repatriation
- ▶ **HOUSING** in collective accommodation
- ▶ **DAILY LIVING EXPENSES** (« Per diem »)
- ▶ **BREAK POLICY** : 5 working days at 3 and 9 months + break allowance
- ▶ **PAID LEAVES POLICY** : 5 weeks of paid leaves per year + return ticket every 6 months