

## Preliminary Job Information

<b>Job Title</b>	<b>HEALTH “EMERGENCY RESPONSE MECHANISM” ADVISOR</b>
<b>Reports to</b>	<b>EMERGENCY COORDINATOR</b>
<b>Country &amp; Base of posting</b>	<b>KABUL, AFGHANISTAN</b>
<b>Duration of Handover</b>	NA
<b>Duration of Mission</b>	4 months

## 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 190 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 5 million people in 20 countries – in Africa, Asia, Middle East, Eastern Europe and France.

Afghan mission is the oldest PUI mission, with first medical intervention launched in 1980 just after the Soviet Invasion. Since then, the country has mostly been in conflict, with both national armed groups and international forces, causing mass casualties and massive movements of population, within or out of the countries: out of the 30 millions in country population, 805.000 are registered as IDPs 272 000 since January 2015, 3.703.000 Afghan refugees are registered in foreign countries (UNHCR, 2015).

The achievements realized by the international community following the post-2001 intervention are now endangered by the expansion of conflict and violence and fragile governance. With the armed opposition slowly expanding its area of influence the number of civilian casualties reaches new high every year. Despite continuous extended military, financial and political support, the still fragile Government of Afghanistan struggle to impose its vision of development.

Economical stagnation, unemployment and increased pressure on the delivery of services due to high rates of internal displacement and return are pushing many Afghans to risk their lives fleeing to Europe, as they see no future in Afghanistan; In this scenario, with elevated pressure on aid actors, attacks have not spared the humanitarian community: only earlier in 2017 workers from humanitarian organizations had been killed and kidnapped in several parties of the country, jeopardizing the capacity to deliver to the most in need in remote areas. There is then an humanitarian crises looming as actors are overstretched and resources oriented to other crises and access on field is jeopardized by conflict and presence of armed opposition groups. The humanitarian caseload is increasing on a yearly basis and this requires high organizational capacity to deliver aid in such a complex environment

### PUI's strategy/position in the country

PUI strategy is to address the fundamental needs of the Afghan population in respect with all humanitarian principles. Indeed, Neutrality and impartiality are key principles to respect in order to enable humanitarian access to the affected populations.

PUI has a strong health expertise in the country that can be used as an entry point to implement an integrated approach to support the population to regain their most basic needs and also to their self-sufficiency. Indeed, such problems as malnutrition and undernutrition request a multi sectoral and comprehensive response in order to decrease the prevalence of the phenomenon.

In parallel to a long effort in the reconstruction and consolidation of the health system with BPHS/EPHS systems, in recent years PUI initiated a more tailored emergency response to the different needs of the civilian population.

Since the beginning of 2013, interventions started on emergency preparedness and medical interventions for conflict-affected populations. With constant increasing of civilian casualties during from January 2014 to June 2015 (4.900 registered during the first 2015 semester), it is indeed crucial to have health staff prepared and equipped for mass casualties, and also to implement responses to population displacements.

From end of 2016 a larger multi-sector emergency response approach has been put in place, following a surge in return from Pakistan. Interventions in WASH and NFI have been initiated in the Eastern Region specifically, with the aim to develop such capacity at national level as well and expand similar activities to other areas where needs are present.

Following years of development efforts, and the strengthening of the health system; there is now the need to return to more sustained humanitarian emergency interventions following the recent IDP and returnees crises, with the need to deliver integrated

multi-sector interventions.

## History of the mission and current programs

Prior to the Première Urgence - Aide Médicale Internationale (PUI) merger, AMI had been present among local populations in Afghanistan since 1980 for health programs. Currently, the organization is running the following programs:

### **BPBS/EPHS Project:**

Since 2003, PUI has been implementing the Basic Package of Health Services (BPBS) and the Essential Package of Health Services (EPHS) in collaboration with the Afghan Ministry of Public Health, in different provinces. Currently, PUI implements the BPBS and EPHS in Kunar running in total 49 health facilities and 1 Provincial hospital, and employing more than 700 health and support staff.

### **Emergency life-saving intervention in Kunar and Nangahrar provinces:**

This program funded by ECHO started in May 2013. Preparing for a possible escalation of the conflict in the province, senior medical staff are trained on emergency medical care and will replicate the trainings to the staff of the BPBS health facilities. Specific operational plans with definition of early warning systems are developed. With the evolution of the context PUI is scaling-up its emergency activities in Nangarhar as well, extending the successful interventions in Kunar and with additional tailored activities in assistance to IDPs. The partnership with ECHO has been recently extended until end of March 2017.

Although Afghanistan has been almost continuously at war for the last 3 decades (exception of the Taliban Regime 1995-2001) with high trauma caseload and indiscriminate targeting between civilians and fighters, Psychosocial First Aid is very little developed.

This can be explained by the overall destruction of the Health system after soviet invasion, and the many challenges linked with the rebuilding enterprise throughout BPBS and EPHS services. Linked with continuous fights in the areas and increasing pressure from AOGs on strategic axis and locations, trauma caseload has been increasing as well.

Parallel to the medical response developed at community or health facility level, PUI has been developing, first as a pilot project, provision of Psycho-social First Aid as integrated to the trauma care services.

### **Provision of life-saving healthcare and multi-sector assistance for returnees – CHF/UNOCHA (Nangarhar):**

Following a surge in returns from Pakistan at the end of 2015 (120'000 returnees, both documented and undocumented from July to October 2016) Nangarhar province experience an emergency to assist such a huge caseload of vulnerable population. Following a number of coordinated assessments PUI developed and is implementing a tailored integrated response to assist the returnee population with emergency and transitional assistance. 4 Mobile Clinics are delivering primary healthcare in areas of high return, where health facilities are overloaded. Additionally a distribution of hygiene kits and NFI kits is ongoing to assist returnees households settle in Nangarhar in a dignified manner, reducing risks of epidemics and the impact of the harsh Afghan winter on the health profile of the population.

### **Nutrition programme in Kunar province:**

While Chronic Malnutrition is a major health public issue at the national level (55% of the young children suffering from stunting according to latest National Nutritional survey in 2013), Global Acute Malnutrition also is a major challenge for health stakeholders. PUI then receives the support of the World Food Program, for the distribution of food in the network of health facilities in Kunar.

## Configuration of the mission

<b>BASES</b>	KABUL, ASADABAD (KUNAR), JALALABAD (NANGHAHAR), NILI (DAYKUNDI)
<b>NUMBER OF EXPATRIATES</b>	11
<b>NUMBER OF NATIONAL STAFF</b>	840 (with MoPH staff)
<b>NUMBER OF CURRENT PROJECTS</b>	6
<b>MAIN PARTNERS</b>	MOPH of Afghanistan, ECHO, CHF, WFP
<b>ACTIVITY SECTORS</b>	Health, Nutrition, WASH, NFI
<b>EXPATRIATE TEAM ON-SITE</b>	1 HoM – 1 Emergency Coordinator - 1 Finance & Administrative Coordinator –1 Base Logistician 1 Grants Officer – 1 PFA Advisor-

## Job Description

### Overall objective

The Health ERM Advisor is responsible to prepare and set up actions within PUI intervention in order to increase humanitarian access and to anticipate rapid humanitarian assistance to the immediate needs of communities affected by natural disaster and conflict causing displacements and acute vulnerabilities to the displaced households.

The health ERM advisor will work closely with the Emergency Coordinator and the Deputy Medical Head of Mission in assessing,

implementing and following-up all health ERM preparation and interventions in the mission.

## Specific objectives and linked activities

### 1. DATA COLLECTION and MONITORING OF CRISIS:

- ▶ The Health ERM advisor will be responsible to collect information in the public health system and to assess its capacity to respond to an unexpected crisis. He/she will be responsible to build a comprehensive network of data collection and alert thresholds, which will trigger the launching of an assessment.
- ▶ In addition to regular data collection on population movements due to man-made or natural crisis, the Health ERM advisor will be responsible to monitor the following data, from all health implementers:
  - Increase in OPD (>10%) for 2 weeks in a row
  - Unusual epidemiological events (as an increase of crude death rate, increase of acute diarrhoea and acute respiratory tract infection and measles outbreak in displaced population settlements).
- ▶ The Health ERM advisor will be responsible to put in place a hotline between H-ERM management team and BPHS/EPHS implementers. The hotline will be activated to collect key information within the hour or day of the occurrence. For that purpose, the Health ERM advisor will have to develop a comprehensive format and guidance note.

### 2. NEED ASSESSEMENT:

- ▶ The Health ERM advisor will be responsible to work on Needs Assessments in order to respond in the best way possible to any emergency response needed. Because of its specific catchment area approach, the H-ERM will rely on a 3 fold assessment:
  - Household survey / HEAT: H-ERM will work on the integration of basic health assessment questions in the HEAT form used by the ERM partners for household survey.
  - Interview of key stakeholders: PUI H-ERM team will conduct interviews of key stakeholders in the health sector at field level (estimated areas of settlement of displaced population). Key stakeholders will include director of MoPH at provincial and district levels, BPHS/EPHS implementers. Interviews can be conducted over the phone to allow first-hand information that will help decision to send assessment field team on the ground for health facility and HEAT assessments.
  - Health facility assessment: In addition to the HEAT assessment, PUI H-ERM team will conduct an assessment of the health facilities in the catchment area of the settlements of displaced people.

The Health ERM advisor will work with ERM partners and the Health cluster to amend the HEAT questionnaire. Inclusion of basic health household assessment will be based upon PUI experience using rapid health assessment methodology as developed by WHO and MSF among others.

In case of sudden crisis leading to massive displacements in limited locations, the Health ERM advisor in collaboration with the emergency coordinator will be responsible to launch immediately a needs assessment without waiting for the collection of data at field level, in case of official request from provincial public health department or governor office.

### 3. RECRUITMENT OF H-ERM TEAM

- ▶ The Health ERM advisor will be strongly involved in the recruitment of technical members of the H-ERM team: H-ERM MHT Medical Doctor, Nurse/Vaccinator, Midwife and PFA Provider

### 4. TRAINING:

- ▶ Upon validation of the updated basic health household assessment form, the Health ERM advisor will be responsible to conduct training of the ERM partners' provincial field teams on health section to make sure all receive proper training and can collect quality field data.
- ▶ Health ERM advisor will be in charge of internal trainings of PUI's H-ERM team members

### 5. PREPOSITIONNING OF STOCKS FOLLOW UP:

- ▶ The Health ERM advisor will be responsible to follow up the pre-positioned emergency drugs stock in country (ready to use kits for primary health care and obstetric care). Order of ready-to-use kits is ongoing and is expected to be in the country within 4/6 weeks.
- ▶ The health ERM advisor will be responsible to build with major health actors in Afghanistan – WHO and UNFPA, more coherence and synergy between their interventions and capacities and the H-ERM.

### 6. EMERGENCY RESPONSE PLAN PREPARATION:

- ▶ The Health ERM will be responsible to prepare a health emergency response approach to implement different levels of response based on the different levels of possible crisis following different scenarios approach on the different response mechanisms already defined by PUI mission in Afghanistan .

### 7. COORDINATION:

- ▶ The health ERM advisor will participate to the H-ERM in the existing coordination mechanisms with other ERM

<p>partners.</p> <ul style="list-style-type: none"> <li>ERM monthly meetings</li> <li>Quarterly steering committee meetings. The Steering Committee meetings have objective to ensure policy coherence between ERM partners, setting priorities for joint advocacy and identifying areas of increased strategic cooperation.</li> <li>Health cluster meetings</li> </ul>
<p><b>8. ENSURE THE SAFETY OF PROPERTY AND PEOPLE</b></p> <ul style="list-style-type: none"> <li>S/he ensures the safety plan is understood by the team for which he/she is responsible and that safety rules are respected.</li> <li>S/he 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.</li> <li>S/he ensures that the medical teams have access to appropriate personal protective equipment (e.g. PEP kits, gloves, etc.).</li> <li>S/he ensures that the procedures and supply for expatriate medical care and evacuation are in place, regularly updated and known by the expatriates in the mission. When necessary, he/she participates in managing medical evacuations in conjunction with the Logistic Coordinator, Head of Mission and Head Office.</li> <li>He/She provides technical inputs for the update of the health policy for national staff</li> </ul>
<p><b>Focus on 3 priority activities related to the context of the mission</b></p>
<ol style="list-style-type: none"> <li><b>DATA COLLECTION and MONITORING OF CRISIS</b></li> <li><b>NEED ASSESSEMENT</b></li> <li><b>COORDINATION</b></li> </ol>
<p><b>Team Management</b></p> <p>The H-ERM team is made of: 1 expatriate technical PM to develop the H-ERM methodology and tools, 1 H-ERM coordinator, 1 H-ERM deputy PM/M&amp;E, 1 medical purchaser, 2 team leaders, 2 short-term trainers.</p>
<p><b>Other relationships</b></p> <ul style="list-style-type: none"> <li>Internal: supervised by the Emergency Coordinator.</li> <li>Collaboration with the medical Department, Logistic Department and the Finance / Administration Department</li> <li>External: Health stakeholders and MoPH</li> </ul>

<b>Required Profile</b>		
<b>Required knowledge and skills</b>		
	REQUIRED	DESIRABLE
<b>TRAINING</b>	Medical degree + Master in Public Health	Minimum 2 years' experience on the design and implementation of health programs in developing countries, with experience in conflict-affected and protracted crisis.
<b>PROFESSIONAL EXPERIENCE</b>		X
<ul style="list-style-type: none"> <li>Humanitarian</li> <li>International</li> <li>Technical</li> </ul>	<ul style="list-style-type: none"> <li>X</li> <li>X</li> </ul>	
<b>KNOWLEDGE AND SKILLS</b>	<ul style="list-style-type: none"> <li>Good written communication skills</li> <li>Knowledge of project management</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge of procedures of institutional donors</li> </ul>
<b>LANGUAGES</b>		X
<ul style="list-style-type: none"> <li>French</li> <li>English</li> <li>Other (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>X</li> </ul>	
<b>SOFTWARE</b>		
<ul style="list-style-type: none"> <li>Pack Office</li> <li>Other (please specify)</li> </ul>	<ul style="list-style-type: none"> <li>X</li> </ul>	
<b>Required Personal Characteristics (fitting into the team, suitability for the job and assignment)</b>		
<ul style="list-style-type: none"> <li>Ability to work independently, take the initiative and take responsibility</li> <li>Resilience to stress</li> <li>Diplomacy and open-mindedness</li> </ul>		

- ▶ 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

## Proposed terms

### Status

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

### Compensation

- ▶ **MONTHLY GROSS INCOME:** from 1 815 up to 2 145 Euros depending on the experience in International Solidarity + 50 Euros per semester seniority with PUI

### Benefits

- ▶ **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