JOB DESCRIPTION
JUNIOR PROFESSIONAL OFFICER

Post (IMIS) No.: **58917**	Grade: **P-2**
Post Title: **Nutrition Officer**	CCOG:
Organization Unit: **Health and Nutrition**	UNICEF Code:
Duty Station: **Dili, Timor-Leste**	Classification Result:
Duration of Appointment: **2-3 years**	JD Prepared: **10 April 2010**

SUPERVISION:

Direct supervision by:

Name : Faraja Chiwile

Title : Nutrition Specialist

Level, (IMIS#) : L-3, 58915

During absence of 1st reporting officer, who will provide the backup:

Name : Md. Monjur Hossain

Title : Chief, Health and Nutrition

Level, (IMIS#) : L-4, 16245

Supervision to be given (what & how):

Supervision and guidance will be provided on a day-to-day basis by the Nutrition Specialist. Annual work plan will be prepared by discussion between the Supervisor and the Supervisee. This annual plan forms the basis of performance measurement. Weekly section meetings (participated by all staff including Programme and Project Assistant) are held for close follow up and supervision of all activities of the section. Weekly priorities and tasks are identified for all section members. In absence of the supervisor on missions or during leave the Chief Health

and Nutrition will provide guidance and supportive supervision. Weekly programme meetings are also held where tasks of the past week are reviewed and tasks for the coming week are discussed. This is done primarily to encourage inter-section collaboration. The weekly programme meeting is expected to forge link between various programme sections.

Since many interventions of Health and Nutrition programme are cross-cutting, the incumbent will also work closely with the Chiefs and Project Officers of Education, Protection, Water & Sanitation, Planning Monitoring and Evaluation (PME) and Communication sections for their technical inputs to the H&N programme.

The specific nature of tasks to be accomplished will be explained and discussed prior to commencement of duty. Further guidance and support will be provided through regular technical meetings and sharing of information related to major duties and responsibilities. This will be reinforced and complemented through undertaking joint field visits.

PURPOSE OF THE POST:

The overall purpose of the post is to contribute to planning, implementation, monitoring and evaluation of the Nutrition interventions aimed at achieving the goals and targets set in the Government of Timor-Leste and UNICEF programme of cooperation, 2009-2013. The incumbent will assist the Nutrition Specialist in establishing nutrition surveillance system with a comprehensive data-base and information management system for improved programming, monitoring, review, evaluation and reporting. The incumbent will also work with relevant government departments (Nutrition, MIS & Surveillance, Health Promotion) in the Ministry of Health and the National Directorate of Statistics to institutionalize the information system. The routine work involves collecting and analysing data; preparing various programmes and projects concept papers, plans, proposals and reports including the donor reports; information sharing and liaising; programming and monitoring; and coordinating within UNICEF.

MAJOR DUTIES, RESPONSIBILITIES AND OUTPUT EXPECTATIONS

No.	Major Duties and Responsibilities	Output (Achievement) Expected	Percentage
1	Ensures accurate and timely input of programme information in the computerized programme system, and issuance of status reports for monitoring and evaluation purposes.	Data base for health and nutrition information is established.	20%
2	Contributes towards the preparation of the Situation Analysis of women and children including trends with respect to nutritional status of women and children. This includes presentation of results in tables, graphs and power-point.	Nutrition profile of children and women including trends over time is documented and presented in a manner that it can be used for	15%

		advocacy and programming.	
3	Measures outcomes related to achieving the objectives of nutrition programme with focus on selected districts identified to demonstrate success model for reduction of maternal and child under-nutrition through an integrated package of community-based health & nutrition interventions.	Capacity of Nutrition staff and team to manage Nutrition Surveillance developed with regular generation of nutrition information from the project site and demonstrate able results is established.	15%
4	Contributes to the design of data collection methodologies and research related to health and nutrition interventions including nutrition surveillance and surveys.	Methodologies for data collection established	15%
5	Undertake field visits to programme areas and interview service providers & beneficiaries of the health and nutrition programme and document findings.	Best practices and lessons learned in implementation of health and nutrition interventions are well documented.	15%
6	Participate in Health and Nutrition Programme reviews (mid-years, annual reviews, mid-term reviews) and meeting with partners. Support the review processes through analysis and evaluation of data to ensure achievements of objectives, preparing programme plans and proposals and reports for the office and donors.	Information is made readily available to support programme reviews, planning and reporting. H&N section is available with relevant draft documents and donor reports.	10%
7	Contributes to the development of monitoring and evaluation framework of the integrated community based health & nutrition package.	Health and nutrition information is systematically collected and recorded and made available for programme reviews and decision making.	10%

Qualifications and experience

Education: Advanced university degree in social sciences preferably in social statistics and public health or nutrition. Knowledge of computer and application of soft wares for data analysis and presentation is essential.

Work experience: Minimum of 2 years of progressively responsible experience in the field of health and nutrition data management, monitoring, research and evaluation.

Language: Fluency in English and another UN language required. Knowledge of the local working language of the duty station is an asset

Skills and Competencies:

- Knowledge of current theories and practices on Health and Nutrition
- Analytical and conceptual ability; communication skills.
- Planning and monitoring skills; ability to organize work and projects.
- Knowledge of computer management, Microsoft applications, use of internet and other office software application. Preferably advanced knowledge of MS Excel and basic knowledge of statistical packages for data management
- Ability to analyse and present data
- Demonstrated ability to work in a multi-cultural environment, and establish harmonious and effective working relationships both within and outside the organization.

Learning Elements

During the tenure of his/her assignment, the JPO will be exposed to continuous learning and training opportunities. Upon arrival at the duty station, and together with the supervisor, the JPO will develop an Induction and Orientation plan, using UNICEF orientation guidelines, to guide his/her learning during the assignment. The plan will include elements of self-study (using existing CD-ROMS, briefing meetings, on-the-job training, and participation in a number of learning/training workshops relevant to the JPO's area of work.

Some learning activities include, but not limited to, the following:

- receive and complete the 'Programme Process (PP) CD-ROM' during the first 3 months of his/her arrival at the duty station.
- attend a regional workshop based on PP training. The time and venue of this training is determined by the Regional Office.
- receive and complete the 'Basic Security in the Field CD-ROM'. The course can be completed on line www.intranet.unicef.org/dhr/learningweb

After the 2 years of assignment the JPO will be able to:

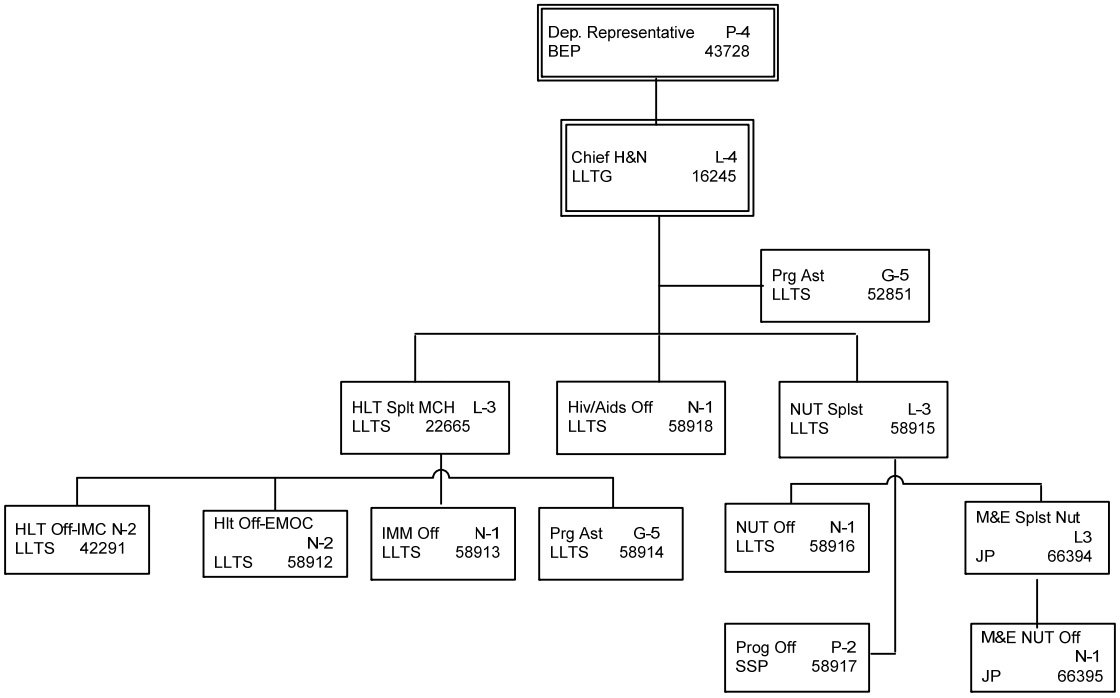
- Be knowledgeable of UNICEF's visions, policies and strategies as well as of its modus operandi, including Rights-Based and Result-Based approaches and programming
- Have a good understanding of overall development challenges and the role of development support and especially the role of multilateral organisations
- Document H&N profiles of children and women including trends over time;
- Document best practices and lessons learned in health and nutrition programme and information will be readily available for use in programming and advocacy.

- Document Health and Nutrition programme outputs;
- Be familiar with UNICEF overall programming in Health and Nutrition.

Background information

UNICEF Timor-Leste is a country programme of cooperation with approximately 80 staff members, including internationals and national. All staff members are located at the Country Office in Dili. Under the guidance of the Representative, the Deputy Representative is responsible for overall programme coordination and management, including Health and Nutrition. The Health and Nutrition section has a total of 11 posts, including the JPO post, as outlined below. The next five year country programme (CP) cycle of Government of Timor-Leste and UNICEF will start in January 2009. The CP will have five core programmes: Health & Nutrition; Basic Education; Water, Sanitation & Hygiene; Child Protection; Adolescent and Youth Participation. The support services for planning, M&E, communication and project operations will come from Planning, Monitoring & Evaluation (PME); Communication; Human Resources, Supply and Logistics, Information and Communication Technology (ICT) and Admin and Finance units.

Organizational Structure (H&N):



Programme Outline/History:

The Health and Nutrition programme seeks to address the problems of high rates of maternal, neonatal and child mortality, morbidity and under nutrition, and the potential threats of exacerbating HIV/AIDS transmission, especially mother to child transmission through three inter-related projects: (i) Maternal and Child Health (MCH); (ii) Nutrition; and (iii) HIV /AIDS.

The programme will focus on: (a) ensuring that basic maternal and child health care – including emergency obstetric care, effective management of childhood illnesses that targets pneumonia, diarrhoea and malaria, and improved quality and coverage of immunization – is available in all community health centres; (b) improving infant and young child feeding practices including micro-nutrient supplementation and community management of severe acute malnutrition through the use of Ready to Use Therapeutic Food (RUTF) linked with supplementary feeding programme; and (c) building health service capacity to address HIV and AIDS and children through a comprehensive approach of prevention of mother-to-child transmission, paediatric care, and education and social mobilization for prevention of HIV among young people.
The programme will strengthen the capacity of health systems at national, district and sub-district levels to increase access to and utilization of services and provide a timely response to emergencies, and improve the availability and use of data from health management information systems, including through DevInfo. UNICEF will support the Ministry of Health to implement the Basic Services Package of the country's Health Sector Strategic Plan, together with an integrated set of health and nutrition interventions targeting young women prior to their first pregnancy. This will include iron-folate supplementation, iodized salt, insecticide-treated malaria nets and anti-malarial drugs, a birth preparedness plan, and communication and counselling to prevent adolescent pregnancy and promote delayed birth spacing. Based on the lessons learned in implementing the family health promotion programme, UNICEF will support the Ministry of Health to institutionalize and strengthen the implementation of Integrated Community Health Services, in collaboration with WHO, UNFPA and other partners.

UNICEF H&N section will continue partnering with WHO to expand the health surveillance system; with UNFPA on safe motherhood and birth spacing; with WFP on supplementary feeding; and with FAO on food security. UNICEF will continue its partnership with bilateral donors like Government of Japan on improving maternal and child health, and collaborate with the World Bank and AusAID in health sector strategic plan support project (HSSP-SP) to ensure that scaling-up of the evidence-based essential interventions take place to reach more children and women. Partnership with NGOs, Church-based organisations, and other civil society organisations will also be mobilised.

Living Conditions and Working Environment:

Timor-Leste makes up half of the island of Timor. The country's population is estimated at around 900,000 in

2004. Its population is mostly Roman Catholic, having been a colony of Portugal. Following the popular consultation of 1999, widespread violence ensued and resulted to murders and destruction of property while a large portion of the population were forced to move to the mountains or seek refuge in nearby countries or islands. Since then, peace has been restored under United Nations supervision. The country has been generally calm although widespread poverty and unemployment remains.

Due to the mountainous and varied geography, the weather differs dramatically across Timor-Leste. The climate is hot and very humid in Dili and the coastal regions and lowlands, ranging from 19 degrees C to the high 30s. Most days the temperature sits at around 30degrees C. In the mountains the climate can be cool to cold in the mornings and evenings and hot during the day. There are two seasons – the dry season from May to October and the wet season from November to April.

The currency of Timor-Leste is the US Dollar. Credit cards are not accepted in most shops but can be used in high-end hotels. Three commercial banks operate in Dili: the ANZ Banking Group, Banco Nacional Ultramarino (BNU) and Bank Mandiri (Indonesian). All offer telegraphic transfer facilities. The ANZ also operates Automatic Teller Machines (ATMs) which dispense US dollars using credit/debit cards that are Cirrus/Maestro linked.

The main health threats are insect borne diseases, namely malaria, dengue and Japanese encephalitis, contaminated food or water, infections and heat strokes. The medical facilities are limited and are not fully equipped, hence preventive measures must be observed. Hence, to avoid being bitten, one must cover up and apply mosquito repellents on exposed skin. One must use only bottled water. Avoid eating cooked food if it is not hot or has not been freshly prepared. Gastro-intestinal problems are very common in this hot and humid country.In Dili, there is a wide range of hotels and guesthouses that offer air conditioned rooms and restaurants. Some have generators as the power goes out daily from midnight until 5am. If you are coming for a longer period of time you may want to rent a room in one of the many houses rented out to foreigners by Timorese families. The prices range from $200 to $1,500 depending on furnishings available. However, great care must be exercised when seeking private housing as property ownership remains a serious issue.

Voltage is 220. Power surges and blackouts are common. Fittings tend to be the two-round-pin European fittings or Australian three-pronged fittings. Because of the frequent power failures, a small torch or flashlight is invaluable.

Over the last 12 months there has been increasing numbers of incidents of burglary and theft on foreigners, happening between midnight and 6am. Exercise protection of valuables and avoid displaying jewelry. Do not carry large sums of cash. Stay in accommodation that is secure at night with barred windows and/or security guards. It is not advisable for women to travel alone at night as there have been several incidences of attacks over the last few years. If you are going out at night, arrange a lift home with someone you trust. There are few taxis after 10pm and avoid using them alone. Taxis late at night often charge more than three or four times the usual fare. Maintain a high level of personal security awareness at all times.

Driving conditions in the country are difficult due to narrow roads, blind corners, mountainous terrain, visibility problems, and unpredictable weather. Driving in Timor-Leste is somewhat chaotic, like many Asian cities. The speed limit in Dili is 45km although many drivers travel much slower, and drive on the left side of the road. Driving conditions are frequently hazardous and traffic is frenetic in Dili. Road rules are few, and nobody gives way when one is normally expected to. There are many motorcyclists (often with the whole family onboard) as well as cars, trucks and pedal cyclists, wandering pedestrians and animals. The push-bikes often don't have any lighting so they are very hard to see at night. Outside Dili, the roads tend to be narrow, often winding with steep drops to one side, and with potholes that will sink you to the axels. It is advisable to drive slowly, stop quickly and beep your horn as you approach the

many blind corners. If you accidentally run over a dog, pig, goat, chicken or other livestock, you will be expected to pay.

Telecommunication facilities have now been restored and one can make overseas calls to any part of the world. Mobile phones are widely used and follow the GSM standard.

The UNICEF office is housed together with almost all UN Agencies in Timor-Leste aptly called the UN House. UNICEF is considered a small office with 22 international staff members and 50 national staff members. It is one of the new UNICEF Country Offices having been established as a fully-fledged country office only in 2002. The office is fully equipped with telecommunications and transport facilities, IT equipment and most if not all of the required office equipment.