**Self-assessment skills list for Health Promotion and Community Engagement Manager**

**Applicant’s name (first and family name): Date completed: 31/08/2023 *(change date)***

**Fill in this document based on your work experience and skills. Don’t forget to describe your relevant professional experience in the far-right column!**

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| **Health Promotion and Community Engagement Activity Manager Competencies** | **Theoretical knowledge** | **Practical experience** | **Performed independently**  | **Confident to teach others**  | **Briefly specify your personal experience or provide additional information that is relevant to the topic,****and is not covered in your CV:** |
| *Based on the competency framework* | **(Y/N)** | **(Y/N)** | **(Y/N)** | **(Y/N)** |
| **Part 1: Communication related competencies**  |
| 1.1. | Activity listening – listens to other party’s interest (community, stakeholders, team, colleagues, line manager) |   |   |   |   |   |
| 1.2. | Culturally sensitive communication |   |   |   |   |   |
| 1.3. | Empathises with the other party’s needs  |   |   |   |   |   |
| **Part 2: Teamwork, people management and collaboration** |
| 2.1. | Team management and supervision |   |   |   |   |   |
| 2.2. | Organizing the team’s workflow: implementing work plans, organizing team meetings … |   |   |   |   |   |
| 2.3. | Empowerment and supporting the team: delegation / capacity building (set up of development plan, able to delegate, supervision and coaching) |   |   |   |   |   |
| 2.4. | Recruitment and evaluation |   |   |   |   |   |
| **Part 3: Needs and situation analysis** |
| 3.1. | Able to design and implement rapid qualitative assessment |  |  |  |  |  |
| 3.2. | Able to design and implement quantitative surveys |  |  |  |  |  |
| 3.3. | Able to conduct community mapping and stakeholder analysis |  |  |  |  |  |
| 3.4 | Able to design and facilitate participatory group discussions and focus group discussions |  |  |  |  |  |
| 3.5 | Able to write analytical reports including operational recommendations |  |  |  |  |  |
| **Part 4: Programme management** |
| 4.1.  | Strategy design and planning: define objectives, target population, activities, indicators, chronogram, budget … |   |   |   |   |   |
| 4.2. | Implementation:  |
| 4.2.1 | Able to coordinate the implementation of the set strategy according to the chronogram and resources provided |  |  |  |  |  |
| 4.2.2 | Able to put in place the preparatory steps for implementing an activity (training, supervision, coaching…) |  |  |  |  |  |
| 4.2.3 | Able to develop the community network in a continuous way (coherent with the social mapping) |  |  |  |  |  |
| 4.2.4 | Able to set up and facilitate community collaboration systems / partnerships |  |  |  |  |  |
| 4.2.5 | Able in ensuring the application of culturally relevant and appropriate approaches with people from diverse cultural, socioeconomic, and educational backgrounds |  |  |  |  |  |
| 4.2.6 | Able to find creative solutions and develop creative methods and tools |  |  |  |  |  |
| 4.2.7 | Able to develop new or make use of existing community networks that can support the implementation of activities and attaining the set goals (networking) |  |  |  |  |  |
| 4.2.8 | Able to find opportunities in challenges they encounter. Adopting a problem-solving attitude.  |  |  |  |  |  |
| 4.2.9 | Develop and coordinate production of appropriate, context-adapted program support materials (e.g., audio-visual health education materials, activity guides, topic guides…) |  |  |  |  |  |
| 4.2.10 |  Co-ordinate or carryout pre-testing of program support materials resources (key messages, audio-visual materials …) |  |  |  |  |  |
| 4.3. | Monitoring (setting up monitoring system, analysing monitoring data) |   |   |   |   |   |
| **Part 5: Information management** |
| 5.1. | Capitalisation: able to systematically capitalize and report on lessons learned |   |   |   |   |   |
| 5.2.  | Evidence-based approach: searches and uses existing knowledge/information and applying it in the operations |   |   |   |   |   |
| 5.3. | IT: familiarity with MS Office, GIS tools, Kobo, social media, graphic design tools … |   |   |   |   |   |
| **Part 6: Vertical HPCE technical competencies** |
| 6.1. | Expertise in behaviour change approaches |   |   |   |   |   |
| 6.2.  | Health education: experience in the use of health education techniques and methods; able to lead design and development of health education materials; familiar with pre-testing methods |   |   |   |   |   |
| 6.3 | Expertise on participatory methodology, co-designing, co-creation. |  |  |  |  |  |

Questions on Health Promotion and Community Engagement (HPCE)

*Answers should be a maximum 200-300 words for each question.*

1. Considering your previous work experience, why have you decided to apply for the position of Health Promotion and Community Engagement Manager with MSF now and how does this fit into your general plan of personal and professional choices for the next 2 years?
2. What do you understand by health promotion and its role within MSF as a medical and emergency organisation? What do you understand by community engagement and what role should it play in MSF? What would you consider to be typical HP and CE activities in MSF?
3. What is your experience of community engagement? Can you describe successes, difficulties, and achievements you have faced?
4. What is your experience in working within multidisciplinary approach? Please describe.
5. What is your experience in socio-cultural context analysis and the use of quantitative & qualitative data collection methods and tools?
6. What is your experience in capacity building in the field of health promotion education and health education?
7. What experience do you have in collecting formal and informal feedback from communities (and patients/caregivers) and ensuring that the information is used to adjust/improve responses and activities?
8. Please indicate which of below categories you are most interested working in (1 - high interest |5 - no interest).
9. Assessments, surveys, research analysing data -
10. Community engagement activities (networking, implementation of the integrated participatory strategies) -
11. Development of creative material and methods for HP, prevention, and awareness-raising (graphic designing, drama, music, video, social media etc.) -
12. Designing innovative tools - social media, telephone, websites messaging -
13. Motivating, empowering, building skills for patients and community groups -
14. What experience do you have in team management, training, supervision, evaluation and/or coaching?
15. What is your experience of using social media and digital communication?
16. What kind of experience do you have in developing and implementing of communication and/or education activities, methods and tools targeting neglected, vulnerable communities?
17. Briefly describe your kind of experience do you have in monitoring and/or evaluating health promotion, community mobilization, social communication … activities?

**Case Study: Setting up HPCE activities**

**Mission in Niger**: You are involved in the opening of an MSF project which is focusing on sexual and reproductive health (SRH) in northern Niger. You are the first HPCE Manager in the project. The target population is both the internally displaced communities living in several camps both inside and outside the regional capital of 300.000 inhabitants, and the local population living in the city and its suburbs. Among the displaced there are the communities from the same province as well as the communities who have crossed over from neighbouring Chad. Those recognized as refugees (coming from Chad) live in camps with some level of assistance and camp management, the IDPs from Niger live dire conditions in makeshift camps without assistance.

Your line manager - medical responsible and the project coordinator have asked you to set up a HPCE to support the access to health care, antenatal and postnatal care (ANC and PNC), and family planning for the target population. You have just recruited 2 HP teams. It is a 3-year project. Answer the following questions:

1. What are the first four priority activities that you will carry out?
2. Which obstacles/challenges do you see and what are your proposals to overcome them?
3. What means will you put in a place to ensure the quality follow-up and monitoring of these activities?
4. How will you implement data collection, analysis, and reporting mechanism to translate the findings into operations?
5. How will you engage all the communities to actively participate in the discussion and contribute their feedback to the new HPCE strategy?
6. What mechanisms will you put in place to provide on-going community/patients/stakeholders feedback and how you will you ensure that feedback will be translated into appropriate response and activities?