**Guidelines on UN Clinics (Administered by UNDP)**

**Annex A, B, C, D, E and F**

[Annex A](#Annex_A): Sample Agreement

[Annex B](#Annex_B): General Release from Liability on Account of Provision by the UN of Medical Care in the UN Clinic

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**Annex A**

**Sample Agreement between the United Nations and**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relating to the use of the UN Medical Clinic**

**WHEREAS** the United Nations maintains a medical Clinic (the “UN Clinic”) in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the use of United Nations personnel;

**WHEREAS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has informed the United Nations that the local medical facilities in the country are inadequate to service the health needs of its personnel;

**WHEREAS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has requested that its personnel be granted access to the UN Clinic; and

**WHEREAS** the United Nations is willing to grant such access, subject to the terms and conditions of this Agreement.

**NOW, THEREFORE**, the United Nations and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter collectively “the Parties”) agree as follows:

1. The United Nations agrees to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s personnel access to the UN Clinic, unless such access is otherwise withdrawn in accordance with this Agreement, provided that each person or, in the case of minor children, the head of family/primary caregiver/legal guardian who is allowed access shall:

1. complete and sign the liability release form attached hereto as Annex B, prior to use of the UN Clinic; and
2. pay (at the time of service) the fees charged by the UN Clinic for the medical services rendered, including treatment received and medicines provided.

2. Within \_\_\_\_\_ days of signature of this Agreement, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall provide the UN Clinic with a list of its personnel in the country, together with the signed releases for each of its personnel. Upon receipt of this documentation by the UN Clinic, such personnel will be permitted access to the UN Clinic. If any of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s personnel fails to pay the fees for medical services rendered as and when due, such person may not be permitted further access to the UN Clinic. In such event, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for any unpaid medical fees, which shall be paid immediately upon request of the United Nations.

3. It is understood that the medical services provided by the UN Clinic are basic and include only those services that are normally provided to UN personnel. It is further understood that access to the UN Clinic is being provided to such personnel for their convenience and benefit and that the United Nations is under no obligation to provide such access. The United Nations may withdraw such access at any time, provided an advance notice of 30 days is given, as it may determine in its sole discretion, including for failure to pay the medical fees when due.

4. The United Nations does not warrant opinions or treatment given by medical personnel in the UN Clinic on the medical condition of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s personnel and the United Nations shall not be held liable therefore.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby releases the United Nations, its officials, employees, and agents from any and all liability of any nature arising in connection with the provision of any services to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s personnel and waives any claims that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may have against the United Nations, its officials, employees, or agents arising in connection with the provision of such services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to reimburse the United Nations for any costs incurred by it in connection with this Agreement and to indemnify and hold harmless the United Nations and its officials, employees, and agents for any claim or liability of any nature arising in connection with this Agreement.

**IN WITNESS WHEREOF,** the Parties agree to be bound by the terms hereof and their duly authorized representatives affix their signatures below:

For the United Nations: For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Annex B**

**General Release from Liability on Account of Provision by the UN of Medical Care in the UN Clinic**

I, the undersigned, hereby recognize that all medical care that may be provided to me at the UN Clinic in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pursuant to the Agreement concluded between the United Nations and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is solely for my own convenience and benefit, and may take place in areas or under conditions of special risk. In consideration of receiving such medical care, I hereby:

1. Recognize that the medical services provided to me by the UN Clinic are basic and include only those services that are normally provided by the UN Clinic to UN personnel;
2. Assume all risks and liabilities in connection with the provision of such medical care;
3. Recognize that neither the United Nations nor any of its officials, employees, or agents are liable for any loss, damage, injury, or death that may be sustained by me during the provision of such medical care; and
4. Agree, for myself as well as for my dependents, heirs, and estate, to hold harmless the United Nations and all its officials, employees, and agents from any claim or action on account of any such loss, damage, injury, or death.

Nothing in or relating to this Release shall be deemed a waiver, expressed or implied, of any of the privileges and immunities of the United Nations, including its subsidiary organs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Annex C**

**Sample Terms of Reference for LIACMC**

**Local Inter-Agency Clinic Management Committee (LIACMC)**

1. LIACMC is established to assist the UN RC/UNDP RR in the management of the UN Clinic
2. The Committee should be composed of:
3. WHO Representative, Chair
4. UN Clinic Physician
5. UNDP DRR, Operations (or ARR, Operations)
6. Operations Manager from a UN Agency other than UNDP and WHO, to be nominated by OMT for a period of one year; and
7. A staff representative from a UN agency and to be nominated by the chairs of UN Common System Staff Associations for a period of one year
8. The Committee will:
	1. Review the UN Clinic work plan and budget and submit them to UNCT for approval; regularly report to UNCT on their status and use of the UN Clinic
	2. Review a detailed inventory of all consumables and non-consumables prior to yearly procurement; ensure compliance with standard list prepared by WHO in coordination with the UN Medical Director; review the sourcing of local pharmacies chosen for procurement
	3. Prepare a quarterly review of the list of outdated medicine and recommendation for disposal (first-in/first-out policy)
	4. Review the list of UN Examining Physicians and make recommendations for nomination
	5. Carry out periodic anonymous surveys regarding client satisfaction among all UN System staff
	6. Provide input to performance evaluation of UN Clinic doctor and nurse that are not related to medical-technical issues
	7. Provide any other advice/guidance to UN Clinic activities, as and when required

**Annex D (draft – to be updated)**

**MEMORANDUM OF UNDERSTANDING concerning the Provision and Use of Common Services by the United Nations Development Programme Offices, Programmes and Funds and Specialized Agencies in [insert country name]**

WHEREAS a joint initiative has been established by the organizations of the United Nations System to achieve economies of scale by improving cost-effectiveness in the provision of services that are for the mutual benefit of two or more UN Offices, Programmes, and Funds and Specialized Agencies in a programme country;

WHEREAS the joint initiative (hereinafter the “Common Services” or the “CS”) was established in accordance with the Secretary-General’s call for greater UN harmonization at the Country Office level and the decision of the UNDG Executive Committee (hereafter referred to as “ExComm”) to launch a programme for the global expansion of Common Services, as set out in the letter dated 17 May 2004 and signed by the heads of ExComm agencies;

WHEREAS the planning, implementation, and management of Common Services arrangements shall be governed by the above-referenced Secretary-General’s request and the decision of the ExComm, which will consistently be considered in evaluating the Common Services arrangements;

WHEREAS the United Nations Development Programme Offices, Programmes, and Funds and Specialized Agencies in [insert country name], which are signatories to this Memorandum of Understanding (hereinafter the “Parties”), seek to establish the terms and conditions under which Common Services would be provided in the country;

NOW THEREFORE, the Parties hereby agree as follows:

**1.0 PURPOSE**

1.1 This Memorandum of Understanding (hereinafter referred to as the “MOU”) shall establish the terms and conditions governing the provision of the Common Services set out in by [insert name of UN Agency] (hereinafter referred to as “the Service Provider/Manager”), for the other Parties to this MOU (hereinafter referred to as “the Service Users”).

1.2 This MOU shall govern the implementation, the management, the funding commitments, and the transactions concerning the Common Services.

**2.0 SCOPE**

2.1 The Common Services shall be available to the Service Users only. The Common Services shall not be available to the UNDP Offices, UN Programmes, and Funds and Specialized Agencies that are not Parties to this MOU, notwithstanding that they may be represented in the UN Country Team and Operations Management Team, referred to in Sections 4.1 and 4.2 below.

2.2 The implementation of this MOU is subject to the demand for and the availability of the Common Services as well as to the availability of the requisite funding and related resources.

**3.0 EFFECTIVE DATE AND PERIOD OF THE MOU**

This MOU shall be effective upon the date of signature by the Parties and shall remain in effect until it is terminated by one or more Parties in accordance with Section 9.0 below.

**4.0 MANAGEMENT STRUCTURE**

The management structure for the CS arrangements under this MOU and the accountability and roles thereunder shall be as follows. In addition to the provisions of this Section 4.0, the responsibilities of the Parties under this MOU are also set out in Sections 5.0 to 7.0 below.

4.1 The UN Country Team (UNCT) consists of the Resident Coordinator (RC) as the Chairperson and, as the Members, the Heads of the UN Offices, Programmes, Funds and Specialized Agencies operating in the above-named country. The UNCT is the final decision-making body with respect to the CS arrangements.

4.2 The Operations Management Team (OMT) consists of the heads of administrative operations of the UN Offices, Programmes, Funds and Specialized Agencies operating in the above-named country. The OMT, under the guidance of the Resident Coordinator and the representatives of the Parties, is the oversight and management body of the CS arrangements. Its terms of reference include:

* Development of the CS annual work plans
* Review and approval of the related budgets including those submitted by the LIACMC
* Determination of the appropriate executing modality for the Common Services set out in (such as outsourcing)
* Periodic review of the status of implementation of the annual work plans and periodic review of the financial statement
* Review and evaluation of the performance of the Service Provider/Manager, based on the performance criteria set out in hereto.

4.3 The Service Provider/Manager is the UNDP Office or UN Programme, Fund or Specialized Agency, referred to in Section 1.1 above, that will provide the Common Services set out in hereto, either directly or through outsourcing. Its terms of reference include:

* Provision of the CS set out in to this MOU in accordance with its organizational policies, procedures, rules, and regulations
* Submission of the proposals and reports to Service Users in accordance with the terms set out in this MOU
* Ensuring that sufficient support personnel, property, equipment, logistical resources, and managerial oversight are planned and provided for the CS set out in
* Provision to the Service Users of regular maintenance reports on any shared equipment, where applicable, and of any replacement needs and related costs

4.4 The Service Users are the UNDP Offices, Programmes, Funds and Specialized Agencies operating in the above-named country that are Parties to this MOU.

**5.0 FINANCIAL STRUCTURE**

5.1 The costs of the CS to be provided by the Service Provider/Manager shall be calculated, established, and apportioned in accordance with the cost-sharing methodology set out in.

5.2 The financial period for the purpose of the proposed use of resources and the incurring of and accounting for the costs of the CS shall consist of one calendar year.

5.3 The OMT shall finalize and approve the budget for the next financial period no later than 31 December of the preceding calendar year. The proposed annual budget and cost apportionment shall be prepared by the Service Provider/Manager and shall be submitted to the OMT for review no later than the end of November of each calendar year.

5.4 The budget proposal shall set out the proposed expenditures by line item and contain the following information:

* The current year’s approved budget
* Projected final expenditures for the current year
* Proposed budget for the next year
* Proposed apportionment and contributions of the Service Users to the proposed budget including those of future accounting staff costs such as ASHI
* Proposed schedule setting out the payment dates by which the Service Users shall meet their financial obligations

5.5 The budget proposal for the first year when approved by all Service Users shall be incorporated as an Annex to this MOU and shall come into effect as of 1 January of the calendar year to which it refers. Subsequent budget proposals are to be drafted by the OMT and approved by the UNCT.

5.6 Expenditures not provided for in the approved budget shall require the prior written approval of the OMT.

**6.0 FINANCIAL REPORTING**

6.1 The Service Provider/Manager shall provide the Service Users with financial statements reflecting the incurred expenditures and payments received from the Service Users.

6.2 The financial statements shall be provided twice a year at a minimum, namely for the six months ending on 30 June and for the 12 months ending on 31 December. The statements shall be submitted to all Service Users no later than the 15th of the second month following the respective closing date, i.e., 15 August for the 30 June statement and 15 February for the 31 December statements.

6.3 The financial statements shall include:

* Income and expenditure account as of the end date of the period
* Expenditure statement setting out, by line item, the approved budget, the disbursements to date, and the obligations for the remaining period of the financial period
* Statement of contributions due and received from the Service Users
* List of CS Assets

6.4 The financial statements will include the signatures of the Service Provider/Manager’s finance officer and head of administrative operations as confirmation of the accuracy of those statements.

**7.0 RESPONSIBILITIES OF THE PARTIES**

7.1 The implementation of the CS arrangements set out in this MOU shall be governed by the defined responsibilities, the principles of full accountability and transparency, appropriate internal management controls, and the specified oversight mechanisms.

7.2 The Service Provider/Manager shall provide the Service Users with the Common Services set out in hereto, in accordance with the Minimum Performance Standards set out in.

7.3 The Service Users shall discharge all financial obligations under this MOU, including those pertaining to advances, capital assets referred to in Section 7.4 below, contributions and payments for the CS, as well as other forms of joint financing that may be required to operationalize the CS, whether up front or based on periodic billings, in accordance with the schedules and procedures requested by the Service Provider/Manager and approved by the OMT.

7.4 The Service Users may be required to contribute to the procurement of capital assets required to establish specified Common Services. The amount of each Service User’s contribution shall be decided by the OMT.

7.5 UN Offices, Programmes, Funds and Specialized Agencies that become Service Users subsequent to the entry into force of this MOU shall contribute to the cost of the CS capital assets in accordance with the assessment decided by the OMT.

7.6 None of the Service Users shall be liable for the acts or omissions of the Service Provider/Manager or its personnel, or of persons performing services on its behalf, except in regard to any contributory acts or omissions of the other Service Users.

7.7 With respect to such contributory acts or omissions of the Service Users, the resulting liability shall be apportioned among them or any one of them to the extent of such contributory acts or omissions, or as may otherwise be agreed.

8.0 **PERIODIC REVIEWS AND MONITORING**

8.1 The Common Services arrangements are subject to review at any time upon agreement of not fewer than half of the Service Users. At a minimum, one review shall take place each calendar year.

8.2 The purpose of the review is to conduct a critical assessment of the quality and effectiveness of the delivery of the CS arrangement and to make recommendations on measures for improvement.

8.3 Such review may include:

* Review of the Minimum Performance Standards set out in, including the extent of compliance by the Service Provider/Manager in meeting those standards
* Revisions to the procedural, budgetary and/or reimbursement arrangements; and
* Determination of the need for the continuation, modification or termination of one or more Common Services and of the implications on CS contractual arrangements with third parties.

8.4 CS arrangements shall be monitored by the OMT under the guidance of the Resident Coordinator. Such monitoring applies when the Lead Agency itself is the actual Service Provider or when it is managing the Service Provider.

**9.0 AMENDMENTS, TERMINATION AND WITHDRAWAL**

9.1 This MOU may be amended by mutual agreement of the Parties in writing, which shall be set out as an Annex hereto and incorporated as an integral part of this MOU. Such Annexes shall be signed by the Parties and shall enter into effect as of the date of signature by all the Parties.

9.2 This MOU may be terminated in accordance with the following procedures:

9.2.1 By the Service Provider/Manager, with written notice of not fewer than six (6) months to the Service Users, subject to Section 9.5 below.

9.2.2 By mutual agreement of the Service Users, if they decide to terminate the appointment of the Service Provider/Manager, with written notice of not fewer than six (6) months to the Service Provider/Manager, subject to Section 9.5 below.

9.2.3. By mutual agreement of the Parties, subject to Section 9.5 below.

9.3 A Service User may withdraw from this MOU, with written notice of not fewer than six (6) months to the Service Provider/Manager and the other Service Users, subject to Section 9.5 below. If the six (6) month minimum notice is not given, the withdrawing Service User shall continue to be responsible for its obligations under this MOU for a period of six months from the date that the notice of withdrawal was given to the Service Provider/Manager and the other Service Users, unless otherwise agreed to by the OMT.

9.4 If the remaining Service Users are unable to absorb the obligations of the withdrawing Service User, the CS arrangements set out in shall be re-considered in accordance with that service’s or those services’ provisions/contractual arrangements. The Parties shall also agree on their respective responsibilities resulting from the withdrawal, including sharing of responsibilities under the contractual arrangements made by the Service Provider/Manager with a third party, as applicable.

9.5 Should this MOU be terminated in accordance with the provisions of Section 9.2, the Parties shall agree on the required actions to permit the orderly and prompt conclusion of the activities, including the settlement of accounts between the Parties. The Parties shall also agree on their respective responsibilities resulting from the termination, including sharing of responsibilities under the contractual arrangements made by the Service Provider/Manager with a third party, as applicable.

**10.0. OWNERSHIP, RECORDING AND DISPOSITION OF ASSETS**

10.1 All assets, including equipment, acquired for the purposes of the CS arrangements shall be recorded as such by the Service Provider/Manager in that Agency’s asset inventory records. In addition to the Service Provider/Manager, the Service Users shall retain part ownership of such assets in proportion to their financial contributions as determined by the OMT.

10.2 Disposal of the assets requires the prior [written] approval of the OMT.

10.3 Any proceeds from the sale of the assets, including equipment, shall be shared by the “Parties”, if the Service Provider/Manager also pays for the assets, in proportion to their contribution at the time of procurement.

10.4 The Service Users that withdraw from the CS arrangements set out in this MOU in accordance with Section 9.3 above, [even with the prescribed notice period,] shall not be reimbursed for their contribution to the purchase of the assets at the time of their withdrawal until the disposal of the assets takes place.

10.5 The Service Provider/Manager shall manage the assets in accordance with his/her rules, regulations, policies, and procedures.

**11.0 NOTICES**

11.1 All communications regarding this MOU shall be in writing and/or reflected in official UNCT/OMT meeting minutes.

11.2 A copy of this MOU and any pertinent correspondence, amendments, and/or other transactions pertaining to this MOU shall be provided to the Parties, the UN Resident Coordinator, and the OMT in the country.

**12.0 SETTLEMENT OF DISPUTES**

12.1 Any relevant matter for which no provision is made in this MOU, and any controversy, claim, or dispute regarding the interpretation or application of this MOU, shall be settled by negotiations between and/or among the Parties concerned.

12.2 Any controversy, claim, or disputes that cannot be resolved by negotiations shall be referred to the OMT and, if necessary, to the UNCT. If the OMT and the UNCT cannot resolve the controversy, claim, or dispute within sixty (60) days from the date on which it has been referred to OMT and UNCT, any Party may request that the controversy, claim or dispute be resolved through consultation between the executive heads of each Party.

12.3 If the executive heads of the Parties fail to amicably resolve such controversy, claim, or dispute, any Party may refer the controversy, claim or dispute to arbitration in accordance with UNICITRAL Arbitration Rules. The Parties concerned shall be bound by the arbitration award rendered in accordance with such arbitration as the final adjudication of such controversy, claim, or dispute. The expenses of the arbitration shall be borne equally by the Parties concerned. The foregoing does not apply if the controversy, claim, or dispute is solely amongst Parties falling under the administrative authority of the Secretary-General, in which case the controversy, claim, or dispute shall be submitted to the Secretary-General for final resolution.

**IN WITNESS WHEREOF**, the undersigned, duly authorized representatives of the respective Parties have signed this Memorandum of Understanding in the English in [include the number of signatories] copies.

|  |  |  |
| --- | --- | --- |
| **UNDP** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **UNICEF** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **UNFPA** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **WFP** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[Add, as additional signatories, all UN Offices, Programmes, Funds and Specialized Agencies operating in the above-named country that wish to participate.]

**Common Service Details**[[1]](#footnote-1)

|  |  |
| --- | --- |
| **Common Service No. 1:** | **[Name/Type]** |
| Nature of Common Service: | [ ]  In-House  | [ ]  Outsourced  |
| Cost-Sharing Methodology:[Does this provide sufficient detail on cost-sharing arrangements?] | [ ]  Per space occupied  | [ ]  Per number of staff  | [ ]  Other |
| Other: [describe] |
| Service Provider/Manager | [Name of Service Provider/Manager] |
| Participating Service Users | [If all signatories of the MOU will participate, state “All Service Users”. For other circumstances, state the agency, programme, etc.] |
| Minimum Performance Standards  | [The minimum performance standards are to be determined prior to the signing of the MOU.] |

**Common Service Parties**

[Please set out the addresses of the Parties.]

**Annex E**

**MINIMUM REQUIREMENTS TO EQUIP AN AMBULANCE**

·       Undo the rear seats to accommodate one stretcher
·       Equip the stretcher with a vacuum mattress
·        Permanently strap one oxygen tank in the vehicle
·        Prepare one standard red trauma bag in the vehicle
·        Allocate one portable multi-parameter monitor with defibrillator in the vehicle

The [National Association of EMS physicians](http://www.naemsp.org/) divide equipment into basic life support (BLS) and advanced life support (ALS).

BLS is further subdivided into:

·        Ventilation and airway equipment
·        Monitoring and defibrillation
·        Immobilization devices
·        Bandages
·        Equipment for communicating with dispatchers

Required equipment for advanced life support includes:

·        Airway and ventilation equipment
·        Vascular access
·        Cardiac medications
·        Other advanced equipment

Ventilation and airway equipment include:

·        Portable and fixed suction apparatus with a regulator
·        Portable oxygen apparatus capable of metered flow with adequate tubing, portable fixed oxygen supply equipment (with a variable flow regulator), oxygen administration equipment (adequate length tubing for adults and children)
·        Bag-valve masks (manual resuscitator)
·        Nasopharyngeal (16F-34F; adult and child sizes)
·        Oropharyngeal (sizes 0-5; adult, child, and infant sizes)
·        Pulse oximeters with both paediatric and adult probes should be on hand

Monitoring and defibrillation:

All ambulances should be equipped with an [automated external defibrillator](http://www.medwow.com/used-external-automated-defibrillator-equipment/194.med) (AED) unless staffed by advanced life support personnel who are carrying a monitor/defibrillator.

·        The AED should have paediatric capabilities that include child sized pads and cables.

Immobilization devices:

The ambulance should carry cervical collars rigid for children two years and older and for adults (small, medium, and large).

Backboards are recommended for immobilization of patients with suspected back injuries.

Bandages and tourniquets are recommended for bedside treatment of fractures and wounds.

Obstetrical kits should include:

·        Towels

· 4 x 4 dressing
·        Umbilical tape
·        Sterile scissors
·        Thermal absorbent blanket

For infection control, stock should include:

·        Eye protection
·        Face protection
·        Shoe covers
·        Disinfectant solution for cleaning equipment
·        Standard sharps containers

For more intensive management, ALS requirements include:

· Airway and ventilation equipment that includes Laryngoscope handles with extra batteries and bulbs. Laryngoscope blades should be sizes 0-4, straight (Miller); sizes 2-4, curved (Macintosh)

. For resuscitation, ambulances should carry crystalloid solutions: Ringer’s lactate and Normal saline

. Medications used on advanced-level ambulances should be compatible with current guidelines.

Cardiovascular medications:

·        1:1,000 epinephrine
·        Atropine
·        Antiarrhythmic
·        Calcium channel blockers
·        Beta-blockers
·        Nitro-glycerine
·        Aspirin
·        Vasopressor
·        Albuterol

Antiepileptic medications:

Diazepam or midazolam, in case of status epilepticus or delirium tremens.

Optional advanced equipment includes:

·        Respirator
·        Blood samples tubes
·        Automatic blood pressure devices
·        Needle cricothyrotomy kit

**Annex F**

**Generic Classified Job Descriptions for Clinic medical staff**

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|  | **UNITED NATIONS DEVELOPMENT PROGRAMME****GENERIC JOB DESCRIPTION** |

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| **I. Post Information** |
| Post Title: **Health Manager, UN Clinic Physician**Post Number: GenericDuty station: Organizational Unit:Supervisor/ GradePost Type: Source of Funding: **UN Agencies’ Cost Shared** | Post Category: Current Grade: **N/A**Proposed Grade:  **P3**Approved Grade:Post Classified by: ODU/OHRClassification Approved by: |

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| II. Organizational Context  |
| UN field personnel are exposed to various health and security hazards that may result in disease; psychological trauma and life threatening injuries. Dedicated, effective primary health, occupational health and emergency medical services may mitigate negative outcomes of trauma, injuries and health complications providing better chances for saving lives as well as for faster and better recovery.The Health Manager, UN Clinic Physician, is part of the UN common services of the UN country team in (duty station) and administered by UNDP.The Health Manager, UN Clinic Physician will attend to the UN Clinic on a full time basis and provide medical services to staff members and their dependents. In addition, he/she will facilitate for medical evacuations and cooperate with headquarter offices on all related matters. The Health Manager, UN Clinic Physician is responsible for the day to day running of the UN Clinic and he/she manages the UN Clinic staff and physical assets (equipment and inventories), ensures consistent delivery of high quality medical services to the UNCT. The Health Manager, UN Physician will also be responsible for medical examinations of staff, a responsibility he/she will share with other designated UN Physicians. (The UN Clinics operate, with regard to technical matters only, under the general supervision of the UN Medical Director and with and with UNDP on regards of all administrative matters)Under the overall supervision of the UN Resident Coordinator with regards to all administrative matters and the general supervision of the UN Medical Director with regards to technical matters, the Health Manager, UN Clinic Physician, will provide clinical services including medical consultations and emergency care, and supervise the work of the medical staff (including nurses, lab technician and pharmacist). The incumbent will promote proactive occupational health policies and best practices and procedures in the medical services in conjunction with Administration. This will include outreach to staff and dependents in the areas of preventative health. The Clinic doctor is expected to take part in the HIV work in the UN work place as outlined in UN Cares and UN Plus. S/he is part of the emergency response team and will as such work closely with DSS in implementing case-vac and mass casualty response. |

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| III. Functions / Key Results Expected |
| Summary of key functions:* Clinical Duties
* Medical Administrative Duties
* Supervisory Administration

Coordination of UN Cares activitiesEmergency medical response |
| 1. **Clinical Duties:** * Attend the United Nations Clinic on a full time basis
* Respond to acute emergencies in line with international protocols such as advanced trauma life support management and advanced cardiac life support. or Pre Hospital Trauma life support
* Be able to do triage and primary stabilization
* Undertake day-to-day clinical duties, e.g. walk-in clinic, pre-placement and periodic medical examinations and immunizations;
* Provide health education;
* Participate in addressing work environment and occupational health issues
* Undertake medical examinations for UNDP and UN Agencies international and local staff and dependents.
* Diagnose and recommend treatment to all staff visiting the Clinic on a daily basis.
* Be on call during and outside office hours to observe and treat emergencies in the UN Clinic. Undertake house calls when required
* Responsible for entry and periodic medical examinations for United Nations staff members who choose to use the UN Clinic for their examinations; Already included above
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| 2. **Medical Administrative Duties:** * Liaise with other dispensaries, host-nation medical facilities and medical facilities abroad to coordinate medical evacuations.
* Follow the United Nations established policies and procedures regarding medical clearances, sick leave and medical evacuations.
* Recommend medical evacuation when required to RR (the doctor recommend as the medical expert, submit evacuation request to UN medical Director for authorization and facilitate medical evacuations of UN staff and their dependents). Responsible for all paper work and reporting procedures for medical evacuations in line with UN Rules and procedures.
* Ensure proper follow up on all cases
* Application of terms of reference in UNDP POPP for rules and regulations regarding UN Clinic operations
* Responsible for establishing good relations with reliable hospitals, private medical facilities and blood banks and local physician, including UNEP if available.
* Keep constant contact with the United Nations Designated Examining Physicians to facilitate their availability as and when required;
* Ensure that proper medical records are kept in a strictly confidential manner.
* Maintain emergency medical supplies and equipment to be used in case of emergency situation;
* Replenish first aid kits and other essential medical supplies kept in other duty stations within the country
* Recommend procurement of vaccines, medical supplies and equipment, and ensure that inventory is kept.
* Maintain medical records of all United Nations personnel and advise health precautionary steps to new staff members; already include above
* Prepare and send periodic (quarterly) reports of functions, visits, medical evacuations and treatments at the UN Clinic to the United Nations Medical Service; included below.
* Advise on health precautionary steps to be undertaken at the duty station, and perform any other duties as considered necessary by the United Nations medical Director and/or the UN Resident Coordinator
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| 3. **Supervisory Administration:** * Supervise, distribute work to the nurse (s) and other staff of the United Nations Clinic; included below
* Manage day-to-day mission medical support operations by ensuring availability of supplies and proper functioning of medical equipment;
* Ensure that appropriate training programs are implemented in order to maintain and develop the medical capabilities (e.g. health education, HIV/AIDS prevention, first aid and CPR).
* Responsible for regular reporting on dispensary activities, medical facilities available locally and other statistical information as may be required.
* Responsible for the supervision and distribution of work for the nurse(s) and other staff of the UN Dispensary.
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| **4. Coordination of UN Cares Activities:*** Planning and organization of training of focal points and peer educators;
* Arranging the dissemination of UN policies on HIV/AIDS;
* Conducting an education and information campaign;
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| IV. Impact of Results  |
| The key results have an impact on the general well-being of all UN staff in at the duty station. They relate to the medical assessment of cases and on the suggested course of treatment, referral, etc. The services rendered and the decisions taken can have a direct and vital effect sound physical and mental health of UN staff at the duty station. |

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| **V. Competencies:**  |

* **Professionalism:**  Knowledge of clinical, occupational and tropical/travel medicine. Formal training in CPR and, preferably in BCLS and ACLS or equivalent emergency medical care. Shows pride in work and in achievements; demonstrates professional competence and mastery of subject matter; is conscientious and efficient in meeting commitments, observing deadlines and achieving results; is motivated by professional rather than personal concerns; shows persistence when faced with difficult problems or challenges; remains calm in stressful situations. Takes responsibility for incorporating gender perspectives and ensuring the equal participation of women and men in all areas of work.
1. **Communication**: Speaks and writes clearly and effectively; listens to others, correctly interprets messages from others and responds appropriately; asks questions to clarify, and exhibits interest in having two-way communication; tailors language, tone, style and format to match audience; demonstrates openness in sharing information and keeping people informed.
2. **Teamwork**: Works collaboratively with colleagues to achieve organizational goals; solicits input by genuinely valuing others’ ideas and expertise; is willing to learn from others; places team agenda before personal agenda; supports and acts in accordance with final group decision, even when such decisions may not entirely reflect own position; shares credit for team accomplishments and accepts joint responsibility for team shortcomings.
3. **Planning& Organizing**: Develops clear goals that are consistent with agreed strategies; identifies priority activities and assignments; adjusts priorities as required; allocates appropriate amount of time and resources for completing work; foresees risks and allows for contingencies when planning; monitors and adjusts plans and actions as necessary; uses time efficiently.
4. **Accountability**: Takes ownership of all responsibilities and honours commitments; delivers outputs for which one has responsibility within prescribed time, cost and quality standards; operates in compliance with organizational regulations and rules; supports subordinates, provides oversight and takes responsibility for delegated assignments; takes personal responsibility for his/her own shortcomings and those of the work unit, where applicable.
5. **Creativity**: Actively seeks to improve programmes or services; offers new and different options to solve problems or meet client needs; promotes and persuades others to consider new ideas; takes calculated risks on new and unusual ideas; thinks “outside the box”; takes an interest in new ideas and new ways of doing things; is not bound by current thinking or traditional approaches.
6. **Client Orientation**: Considers all those to whom services are provided to be “clients” and seeks to see things from clients’ point of view; establishes and maintains productive partnerships with clients by gaining their trust and respect; identifies clients’ needs and matches them to appropriate solutions; monitors ongoing developments inside and outside the clients’ environment to keep informed and anticipate problems; keeps clients informed of progress or setbacks in projects; meets timeline for delivery of products or services to client.
7. **Commitment to Continuous Learning**: Keeps abreast of new developments in own occupation/profession; actively seeks to develop oneself professionally and personally; contributes to the learning of colleagues and subordinates; shows willingness to learn from others; seeks feedback to learn and improve.
8. **Technological Awareness**: Keeps abreast of available technology; understands applicability and limitation of technology to the work of the office; actively seeks to apply technology to appropriate tasks; shows willingness to learn new technology.

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| VI. Recruitment Qualifications |
| Education: | * Advanced University Degree in Medicine, from an accredited University and currently licensed to practice within home country or other national jurisdiction;
* Valid certification in Advanced Trauma Life support, Advanced cardiac Life support OR Pre hospital trauma life support is required;
* Certification in HIV care OR VCCT is desirable.
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| Experience: | * At least five (5) years progressive experience and practice in general medicine in developing countries or countries in conflict, of which at least one year should be in Trauma and Emergency care and two years in Internal Medicine;
* Surgical, ICU, aeromedical or anesthetic experience is an advantage;
* Experience in Tropical Medicine,
* Previous UN medical system/international medical experience is desirable.
* Experience in the usage of computers and office software packages (MS Word, Excel, etc.) is expected
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| Language Requirements: | * Fluency in English and /or French is required. Knowledge of local language highly desirable.
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|  | **UNITED NATIONS DEVELOPMENT PROGRAMME****Generic JOB DESCRIPTION** |

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| **I. Position Information** |
| Job code title: UN Clinic NursePosition number: **Generic**Department: Supervisor : **UN Clinics Physician** | Approved Grade: **ICS 7**Classification Approved by: ODU/OHR**Effective: November 2013** |

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| II. Organizational Context  |
| The UN Clinic Nurse performs the functions under the immediate supervision of the UN Medical Physician with regards to technical matters only and the overall supervision of the UN Resident Coordinator for all administrative matters. The technical supervision of the physician and the medical personnel in the field as well as the technical performance evaluation will be executed by the UN Medical Director or his nominee. In order to ensure that UNDP should facilitate external access to its Performance Development and Management system to MSD. |

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| III. Functions / Key Results Expected |
| **Clinical Technical Duties**Within delegated authority, the Nurse shall be responsible for the following duties: * Attend the UN Clinic on a full time basis;
* Assist the UN Physician in the performance of his/her duties
* Responds to emergency calls during outside office hours when necessary and assists Medical Doctors in providing adequate care;
* Give first-aid and advice to the staff and their recognised dependents;
* Ensures effective liaison between patient and private doctor, paramedics, family members, and colleagues as appropriate;
* Documents case findings.
* Performs diagnostic and screening tests such as: ECG, x-rays, laboratory (blood and urine), and other tests as required.
* Performs clinical assessment of patients visiting the walk-in clinic;
* Facilitates referral to the UN Medical Doctor or to an outside physician, as required.
* Ensures preparedness of staff travelling on missions or reassignments, including administration of appropriate vaccine, instructions on malaria prophylaxis and other travel-related ailments.
* Instructs on the content and potential uses of the travel kit.
* Assists in providing health education and health promotion programs;
* Participates in work environment assessment, e.g. office ergonomics, and addresses other occupational health issues.
* Coordinates medical evacuation and cooperates with Medical Services Division in N.Y. and the receiving facilities in home countries;
* Assists in providing medical support during evacuation and repatriation;
* Advises evacuees on the requirements for evacuation and/or escorts patients if needed;
* Concludes or closes medical evacuation files to enable staff members to submit claims;
* Assist in arrangements for the deceased;
* Designs and implements outreach programs for mission personnel;
* Plans and organizes preventive and promotes medical fairs;
* Perform medical briefing for incoming staff and conduct first aid training;
* Assess needs of clients visiting the walk-in clinic, provides care/advice (e.g., the benefits of preventive medicine etc.) accordingly and facilitates referral to the UN Medical Physician or to an outside physician, as indicated;
* Administer minor “outpatient” treatment and immunization requirements;
* Assists in maintaining records of patients' medical data including consultations and treatment;
* Maintain strict confidentiality with regards to patient’s medical records; patient management and treatment.
* Perform medication, injection, dressing, stitching, foreign body extraction and so on as needed;
* Performs other related duties as required

**Administrative duties*** Maintain the UN Clinic in good order and keep the inventory of medical supplies and equipment up-to-date and be prepared for disaster;
* In consultation with the UN medical physician, maintain a 24-hour roster of available specialists for referral and treatment;
* Coordinate and supervise the work of other UN Dispensary personnel i.e. Ambulance Driver and Cleaner;
* Check equipment and supplies on a daily, weekly, monthly and yearly basis and maintain them in working order;
* Ensures that medical instruments are properly sterilized and maintains hygiene and cleanliness of the dispensary;
* Through a monthly check, ensures that medical instruments and equipment in the UN ambulance are maintained in a working order, and replaced after use;
* Enter medical data of patients into register, patient's file, and electronic databases;
* Schedule consultations with the UN Physician for eligible staff and dependents;
* Maintain a 24-hour roster of available specialists for referrals and treatment when necessary;
* Ensure a proper and safe disposal of hazardous material and medical waste in close coordination with the Medical Physician, Lab technicians , and Pharmacists
* Identifies and plans clinics’ material, supplies and equipment requirements and raises requisitions accordingly;
* Liaises with Procurement Section and Supply Section to establish essential contracts for the mission;
* Develops logistic plans to support field satellite clinics, and follows up on implementation;
* Draws and implements duty roster for clinic personnel;
* Maintains and medical inventory and supplies and distributes medical supplies to outstations;
* Arranges medical appointments and examinations to mission personnel;
* Updates the monthly medical reports.
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| IV. Impact of Results  |
| Quality nursing services that contribute to the good physical and mental health of staff are provided.The key results have an impact on the efficiency of the dispensary. Accurate analysis and presentation of information, thoroughly researched and fully documented work strengthens the capacity of the UN Clinic at the duty station, and facilitates subsequent action by the supervisor. Incumbent’s own initiative is decisive in results of work and timely finalization. |

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| V. Competencies  |
| **Corporate Competencies:****Professionalism:** Knowledge and experience in clinical/occupational nursing. **Planning and Organising:** Develops clear goals that are consistent with agreed strategies; ability to establish priorities and to plan and co-ordinate own work plan; allocates appropriate amount of time and resources for completing work; foresees risks and allows for contingencies when planning; monitors and adjusts plans and actions as necessary; uses time efficiently.**Commitment to continuous learning:** Initiative and willingness to keep abreast of new skills in the nursing field. **Technology Awareness:** Proficiency in relevant medical software packages.**Teamwork**: Good interpersonal skills; ability to work in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity.**Communication:** Ability to write in a clear and concise manner and to communicate effectively orally.**Client Orientation:** Reports to internal and external clients in a timely and appropriate fashion. Organizes and prioritizes work schedule to meet client needs and deadlines.Establishes, builds and sustains effective relationships within the work unit and with internal and external clients. Responds to client needs promptly.  |

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| **VI. Recruitment Qualifications** |
| Education: | Registered Professional Nurse and first level degree from an accredited Baccalaureate Nursing Programme (University) or equivalent such as an accredited Diploma Programme (4 years). Certificates in ECG, CPR or Basic Life Support and ACLS or equivalent emergency medical care is an asset.Recognized additional training in primary health care and midwifery is desirable;HIV/AIDS Management training is desirableNational registration and license is a requirement.  |
| Experience: | Minimum 5 years of continuous clinical experience in nursing preferably in a multicultural environment;Intensive Care and health administration. Supervisory experience in a UN field operation is an asset. Knowledge and understanding of relevant UN administrative policies and procedures is desirable.Experience in Trauma and Emergency care is desirable; Experience in the usage of computers and office software packages (MS Word, Excel, etc.) is desirable.  |
| Language Requirements: | Fluency in oral and written English; knowledge of other official UN languages is an advantage. |

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| **VII. Signatures- Post Description Certification** |
| Incumbent *(if applicable)*Name Signature Date |
| Supervisor: Name / Title: Signature Date |
| Chief Division/SectionName /Title: Signature Date |

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|  | **UNITED NATIONS DEVELOPMENT PROGRAMME****GENERIC JOB DESCRIPTION** |

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| **I. Position Information** |
| Job code title: PharmacistPosition number: **New Post**Department: **UNDP** Supervisor : **UN Clinics Physician** | Current Grade: New PostRequested Grade: **G7** Classification Approved by: ODU/OHR**Effective: November 2013** |

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| II. Organizational Context  |
| The UN Clinics operate, with regard to technical matters only, under the general supervision of the UN Medical Director and with and with the UNDP Operation manager on regards of all administrative matters.Under the supervision of the UN Medical Doctor, the pharmacist is responsible for effective delivery of pharmaceutical services. The pharmacist ensures timely availability of medicines and related supplies in a cost effective manner.  The pharmacist is directly responsible for procurement /purchase of all Medicines, Diagnostic equipment and Medical Supplies for UN clinic at the duty station.Through both technical knowledge and discretion, the Pharmacist is responsible for gaining the trust and confidence of each patient seen and maintaining trust within the entire UN community served, ensuring reliable, timely, accurate and confidential pharmacy services. The incumbent will ensure appropriate management and storage of drugs and consumables at the duty station following international standards and manage the administrative aspects of the Pharmacy in accordance with established policy procedure.  |

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| III. Functions / Key Results Expected |
| Summary of key functions: |
| Within delegated authority and under the guidance of the Medical Doctor, the incumbent is responsible for the following duties: Medico-Administrative Functions:* Developing, updating and implementing a mission list for drugs and medical consumables, based on generic drugs produced according the World Health Organization (WHO) standards;
* Develops and maintains a system for ongoing inspections of drug safety in all duty station medical facilities;
* Offers day-to-day advice on pharmaceutical issues including evaluating different antibiotics for impact on the local microbiological situation, and secures that mission personnel do not unnecessarily influence the ecological balance through the use of antibiotics;
* Responsible for advising the Medical Doctor in the specification of drugs to be requisitioned, and for offering a prudent scale of issue for the planning of re-supply;
* Through proactive planning and facilitation of an unimpeded supply of drugs, medical supplies, medical consumables, vaccines, condoms (male and female) and blood in the field mission.
* Prepare Annual Procurement Plan for procurement of medicines, Diagnostics and medical supplies and supervise its implementations
* Monitoring the consumption of drugs, laboratory reagents, medical and surgical consumables at the UN Dispensary;
* Assisting the health team in the treatment and side effect monitoring;
* Dispensing valid prescriptions and medical supplies to patients of UN Clinic;
* Storing and record keeping of stocks; following international standards
* Accounting for the applicable medical supplies and equipment according to recommended guidelines;
* Participating in logistics operations pertaining to the management of expired supplies and re-distribution of medical supplies in the UN clinic;
* Ensures that supplies contracts are prepared, signed and issued to winning parties.
* Carries out post award activities of establishing import declaration forms and forms of payment to suppliers.
* Prepares timely and accurate reports
* Ensure a proper and safe disposal of hazardous material and medical waste in close coordination with the Medical Doctor and Nurses and Lab technicians,
* Performs other duties as required.
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| IV. Impact of Results  |
| The key results have an impact on the efficiency of the unit. Incumbent’s own initiative is decisive in result of work and timely finalization. |

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| V. Competencies  |
| **Corporate Competencies:****Professionalism -** Knowledge and hands on experience in pharmaceutics; commitment to implementing the goal of gender equality by ensuring the equal participation and full involvement of women and men in all aspects of peace operations.**Planning and Organising -** Ability to establish priorities and to plan, coordinate and monitor own work plan. Teamwork - Strong interpersonal skills and ability to establish and maintain effective working relations in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity.**Communication -** Good interpersonal, and oral and written communication skills.**Accountability**: Takes ownership of all responsibilities and honours commitments; delivers outputs for which one has responsibility within prescribed time, cost and quality standards; operates in compliance with organizational regulations and rules; supports subordinates, provides oversight and takes responsibility for delegated assignments; **Commitment to Continuous Learning -** Willingness to learn and keep abreast of new developments in the medical field. **Technological Awareness -** Solid computer skills and good knowledge of relevant medical databases.**Client Orientation:** Reports to internal and external clients in a timely and appropriate fashionOrganizes and prioritizes work schedule to meet client needs and deadlinesEstablishes, builds and sustains effective relationships within the work unit and with internal and external clients. Responds to client needs promptly. |

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| **VI. Recruitment Qualifications** |
| Education: | Advanced University degree (Master’s degree or equivalent) in pharmaceutical sciences or related fields. A first level university degree with a relevant combination of academic qualifications and experience may be accepted in lieu of the advanced university degreeAt least be a holder of Bachelor of Science in Pharmacy (Pharmacy) degree from an Accredited University.The length of technical studies is expected to be at least three years; Diploma/certificate in a relevant health-related field, e.g. Public Health, Pharmaceutical Sciences, Health Economics or equivalent is desirable. Registered with Pharmacy Council; Computer literate. |
| Experience: | 2 to 5 years’ experience. Experience in the usage of computers and office software packages (MS Word, Excel, etc.) |
| Language Requirements: | Fluency in spoken and written English or French; knowledge of a second UN language is an advantage. |

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| **VII. Signatures- Post Description Certification** |
| Incumbent *(if applicable)*Name Signature Date |
| Supervisor: Name / Title: Signature Date |
| Chief Division/SectionName /Title: Signature Date |

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|  | **UNITED NATIONS DEVELOPMENT PROGRAMME****GENERIC JOB DESCRIPTION** |

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| **I. Position Information** |
| Job code title: UN Clinic Laboratory TechnicianPosition number: **Generic**Department: Supervisor : **UN Clinic Physician** | Current Grade: **New Post**Requested Grade: **ICS 6** Classification Approved by: ODU/OHREffective: **November 2013** |

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| II. Organizational Context  |
| The UN Clinic laboratory Technician performs His/her functions under the direct supervision of the Medical Physician In-Charge of the UN dispensary. The UN Clinics operate under the general supervision of UNDP on regards of all administrative matters.The technical supervision of the physician and the medical personnel in the field and theperformance evaluation will be executed by the UN Medical Director or his nominee. In order to ensure that UNDP should granted access to MSD for its performance appraisal report.  |

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| III. Functions / Key Results Expected |
| **Clinical Duties**Under the overall supervision of the Medical Doctor or his/her nominee within delegated authority, the Laboratory Technician will be responsible for the following duties: * Management of the UN dispensary laboratory to ensure smooth operation of the day-to-day functions;
* Regular maintenance of all laboratory equipment following the technical specifications of the manufacturers of the equipment.
* Fast and efficient resolution of all problems related to laboratory performance:
* Proper reporting of problems to the manufactures' customer service,
* Proficient communication and coordination with maintenance technician and prompt facilitation of an on-site service if needed;
* Ensure safe handling of bio-hazardous materials in compliance with the international standards and practices;
* Draws blood samples applying international sterilization and bio safety standards.
* Collects and labels urine, stool and sputum samples for different tests following international bio safety standards.
* Perform all laboratory tests as requested by the Medical Doctor in promptly and professional matter
* Autoclave and sterilize the instruments and containers following international standard of bio safety.
* Assist in organization and implementation of health promotion/monitoring programmes;
* Perform diagnostic and screening laboratory tests using the available equipment and instruments;
* Report in a timely fashion results of tests to the Medical Doctor;
* Ensure that the reports are managed in timely, promptly and confidential manner.
* In close coordination with the national HIV advisor and the Medical Doctor, organized the VCT at the laboratory, following the guidelines of ONISIDA.
* Ensure that the results for the patient using the services of CVT are managed in confidential and timely manner.
* Ensure appropriate disposal of the hazardous material following international standards of bio safety in coordination with the Medical Doctor, Nurse and Pharmacist,

**Administrative duties*** Ensure proper management of reagents stock; Keep an inventory of laboratory supplies and ensures that the supplies are always replenished and adequate.
* Make arrangements for outside laboratory tests for UN staff when required;
* Keep records of all work done in the laboratory and provide statistical report in regard to laboratory activities.
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| IV. Impact of Results  |
| The incumbent analyzes and produces laboratory results with maximum precision leading to reliable results. This will assist in timely diagnosis of ailments.The key results have an impact on the efficiency of the UN dispensary. Accurate, safe, cost effective and timely execution of the fully documented results strengthens the capacity of the UN Clinic at the duty station, and facilitates subsequent action by the supervisor.  |

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| V. Competencies  |
| **Corporate Competencies:****Professionalism**: Demonstrated competence in laboratory testing and modern laboratory technology. Commitment to implementing the goal of gender equality by ensuring the equal participation and full involvement of women and men in all aspects of work. **Planning and Organizing**: Effective organizational skills and ability to prioritize and to plan own work.**Teamwork: Good interpersonal skills;** ability to establish and maintain effective working relations in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity. Informed and transparent decision making.**Commitment to continuous learning:** Initiative and willingness to keep abreast of new skills in the nursing field. **Technology Awareness:** Proficiency in relevant laboratory equipment.**Communication:** Ability to write in a clear and concise manner and to communicate effectively orally.**Client Orientation:** Reports to internal and external clients in a timely and appropriate fashion**.** Organizes and prioritizes work schedule to meet client needs and deadlinesEstablishes, builds and sustains effective relationships within the work unit and with internal and external clients. Responds to client needs promptly.  |

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| **VI. Recruitment Qualifications** |
| Education: | Medical Laboratory Technician Diploma required.  |
| Experience: | 5 years of experience as a laboratory technician is required. Experience in the usage of computers and office software packages (MS Word, Excel, etc.) is desirable.  |
| Language Requirements: | English and French are the working languages of the United Nations Secretariat. Fluency in oral and written English or French is required. Knowledge of a second official UN language is desirable. |

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| **VII. Signatures- Post Description Certification** |
| Incumbent *(if applicable)*Name Signature Date |
| Supervisor: Name / Title: Signature Date |
| Chief Division/SectionName /Title: Signature Date |

1. Annex D should be tailored to the specific Common Service and shall be copied for each Common Service. [↑](#footnote-ref-1)