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**Vacancy Notice - National Consultant - Implementation of Salt Reduction Strategy**

**From :** RAGEL, Kumudini Henrietta <ragelk@who.int>  
**Subject :** Vacancy Notice - National Consultant -  
Implementation of Salt Reduction Strategy

Mon, Mar 18, 2019 05:31 PM

3 attachments

**To :** secretary@health.gov.lk, dghs@health.gov.lk,  
ddgp@health.gov.lk, adsecms1@health.gov.lk,  
adsecms2@health.gov.lk, ddgphs1@health.gov.lk,  
ddgetr@health.gov.lk, ddgds@health.gov.lk,  
adsecpb@health.gov.lk, addsecms1@health.gov.lk,  
addsecms2@health.gov.lk, addsecpb@health.gov.lk,  
sbalwis@hotmail.com, Isomatunga@hotmail.com,  
aludowyke@gmail.com



Dear Sir/Madam,

Appreciate circulating the attached Vacancy Notice at the Ministry of Health and as well as in the provinces.

Also pleased to share herewith the PHF for submission along with the CV.

Thank you.

Kumudini

**Kumudini Ragel**

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Colombo, Sri Lanka  
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SSA VN - NC-Salt Reduction Strategy.pdf  
1 MB

PHF - Blank.doc  
203 KB



## **VACANCY NOTICE**

The Mission of WHO is the attainment by all peoples of the highest possible level of health

Vacancy Notice No: WCO-SRL-2019/02

Date: 18 March 2019

Title: National Consultant – National Salt Reduction Strategy

Deadline for application : 29 March 2019

Contract type: Special Services Agreement

Grade: -

Duration of contract: Initially 12 months (may be extended)

Organization unit: Country Office for Sri Lanka

### **Introduction:**

The government has launched the National Salt Reduction Strategy 2018-2022 of Sri Lanka and the prioritized actions are currently implemented. The WHO Country Office Sri Lanka is a recipient of a LINKS one-time grant to implement a project on "Supporting the Government of Sri Lanka to implement the National Salt Reduction Strategy 2018-2022" over a period of 20 months (April 2019- December 2020). In this regard, a National Consultant (under a Special Service Agreement) will be recruited to assist in achieving the objectives of the project.

### **Objectives of the Consultancy:**

In collaboration with the NCD Bureau and the Directorate Environment and Occupation Health of the Ministry of Health, WHO and other stakeholders, the consultant will coordinate the activities and provide assistance to implement the project

### **Job Description:**

Under the supervision of the WHO NCD Team Leader, the national consultant is expected to coordinate, facilitate and provide assistance in achieving the following project objectives:

1. Development of a communication package to educate and change behavior of people to reduce salt intake
  - Communication package to educate and change behavior of people to reduce salt intake developed by Q1 2020
  - A framework to monitor the implementation of the package to educate and change behavior of people to reduce salt intake developed by Q2 2020
  - A National NCD Advisory Board approved Communication package to educate and change behavior of people to reduce salt intake by Q 4 2020
2. To provide policy/technical support in revising standards, guidelines and regulations related to salt content of foods; and to build the capacity of the government to successfully engage with the food industry to reduce salt content across identified foods
  - current food standards and regulations in Sri Lanka reviewed and relevant revisions identified by Q3 2019
  - key food categories to be reformulated identified by Q3 2019
  - target levels of salt/sodium set for each identified food category by Q4 2019
  - advocacy material developed to engage with the food industry by Q2 2020

- skills of relevant officials of the government of Sri Lanka built to engage with the food industry by Q2 2020
  - A reformulation schedule jointly developed with the food industry by Q4 2020
3. To develop food standards and guidance to promote healthy eating in various settings
- The report of the landscape assessment to determine the current status of food procurement and provision in hospital and schools Q2 2019
  - Set of national standards for identified foods and meals for adults and children developed Q1 2020
  - Guidance and advocacy documents to promote healthy eating in settings of hospitals and schools developed by Q2 2020
  - A framework to monitor the implementation of the guidelines to implement promote healthy eating in settings of hospitals and schools developed by Q2 2020
  - A National NCD Advisory Board approved guidelines to promote healthy eating in settings of hospitals and schools by Q 4 2020

The consultant will facilitate capacity-building opportunities for the government to effectively engage with the food industry.

The consultant is also expected to contribute to the media/communication-related technical work of the WCO SRL, particularly in digital media engagement.

## **Recruitment Profile:**

### Education:

#### **Essential**

Degree in medicine from a recognized university

#### **Desirable:**

Advanced university degree in public health (MPH, Masters); professional training in epidemiology, health programme management, research methodologies or medical informatics

### Experience:

#### **Essential**

At least 5 years of relevant working experience at the national or sub-national level in public health, planning, program management, monitoring and evaluation of programmes related to health systems.

#### **Desirable**

- Experience in establishing harmonious relationships with partners, within and outside of government.
- Familiarity with process of international and UN organizations
- Experience in communication and media campaign is an advantage

### Language Skills:

- Excellent written and spoken English, fluency in Sinhala or Tamil.

## Competencies:

- Producing results
- Teamwork
- Respecting and promoting individual and cultural differences
- Communicating in a credible and effective way
- Ensuring effective use of resources

## **Annual Salary & others Benefits:**

### Annual Salary

- Annual salary will be based on UN Salary Band for senior professional

### Others Benefits

#### **WHO Offers locally competitive packages such as:**

- Health Insurance; Accident and illness insurance;
- Annual Leave (30 days per year)
- Sick leave (7 days per year);
- WHO Holidays

### Special Requirement

- Availability to start work in Mid-April 2019.

## NOTE:

- 1) Qualified Candidates will be evaluated and interviewed.
- 2) Applicants should send a brief **Resume** of their relevant experience, explaining reasons for being suitable of the activity, together with duly completed **Personal History Form (PHF) and scanned copies of educational certificates.**
- 3) Please send your applications only via email to: [ragelk@who.int](mailto:ragelk@who.int)
- 4) We regret that due to large volume of applications normally received, applications cannot be acknowledged individually.
- 5) This vacancy is open to all Sri Lankan Nationals (all genders). **Qualified female candidates are encouraged to apply**

**."WHO is committed to workforce diversity". "Any attempt to unduly influence WHO's selection process will lead to automatic disqualification of the applicant."**



*WHO has a smoke-free environment and does not recruit smokers or other tobacco users*

18 March 2019

  
Dr Olivia Corazon Nieves  
Public Health Administrator

18 MAR 2019



|                               |   |  |
|-------------------------------|---|--|
| Attach recent photograph here | <p style="text-align: center;"><u>IMPORTANT</u></p> <p>Please answer each question completely. Type or print in dark ink. All relevant information should be included on this form, but if necessary additional pages of similar size may be attached. You may be requested to supply documentary evidence supporting the statements below. Do not attach any such documents now.</p> <p>If your qualifications meet the Organization's needs, this form will be retained in our active files for two years. Please keep us advised of any changes in address during this period.</p> | Do not write in this space<br><br><br><br><br><br><br><br><br><br><br>Date received: |
|-------------------------------|---|--|

|  |   |       |                  |                    |                            |
|--|---|-------|------------------|--------------------|----------------------------|
| 1 Family name (surname)  | First/other names   | Title | Sex              | Maiden name if any |                            |
| Present nationality  | Date of birth:  | Day   | Month            | Year               | Place and country of birth |
| Has your nationality ever been changed or is it in the process of being changed? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (explain) |       |                  |                    |                            |
| Address to which correspondence should be sent                                   |   |       | Telephone/Mobile |                    |                            |
|  |   |       | Fax              |                    |                            |
|  |   |       | e:Mail           |                    |                            |

|   |  |
|---|--|
| 2 For what type(s) of work do you wish to be considered?  | If you apply for a vacancy announcement state no. or reference   |
| Check period(s) of employment you would accept  | <input type="checkbox"/> Fixed-term (one year or more) <input type="checkbox"/> Temporary (less than one year) |
| Employment by an international Organization may require assignment and travel to any area. If you have any disabilities or reservations which may restrict your activities in this respect, give details. Employment is subject to medical examination. |  |

| 3 <u>EDUCATION</u> Give full details in chronological order. Give the exact name of the institution and title of degrees/certificates in the original language. Exclude primary/secondary school if you have a university degree or equivalent. Include courses and postgraduate studies in your professional or related field and all training and qualifications in teaching/learning methodology. |               |                           |                                |                                      |
|--|---------------|---------------------------|--------------------------------|--------------------------------------|
| From Month/year  | To Month/year | Institution (name, place) | Certificates, degrees obtained | Main field(s) or subject(s) of study |
|  |               |                           |                                |                                      |
|  |               |                           |                                |                                      |
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|---|---|--|--------|-----------------|------------|
| 4 <u>LANGUAGE AND COMPUTER SKILLS</u>                                   |   |  |        |                 |            |
| Mother tongue:  |   | For languages other than mother tongue, enter appropriate number from code below to indicate level of your language knowledge: |        |                 |            |
| CODE  | Languages   | Read   | Write  | Speak           | Understand |
| 1 Limited conversation, reading of newspapers, routine correspondence.  |   |  |        |                 |            |
| 2 Engage freely in discussions, read and write more difficult material. |   |  |        |                 |            |
| 3 Speak, read and write (nearly) as in mother tongue.                   |   |  |        |                 |            |
| List computer skills  | For clerical positions only: Indicate speed in words per minute |  |        |                 |            |
|   | English   |  | French | Other languages |            |
|   | Typing  |  |        |                 |            |
|   | Shorthand   |  |        |                 |            |

5 EMPLOYMENT RECORD Starting with your present or most recent post, list in reverse order positions held. Attach additional pages if necessary.

PRESENT OR MOST RECENT EMPLOYMENT

| 5.1 Period (Month/Year) |    | Total annual professional income |             | Exact title of your post/duty station |
|-------------------------|----|----------------------------------|-------------|---------------------------------------|
| From                    | To | Starting                         | Most recent |                                       |

|  |  |
|--|--|
| Give details of substantial allowances or fringe benefits (if any) | Number and type of employees supervised by you, if any |
|--|--|

|                              |                              |
|------------------------------|------------------------------|
| Name and address of employer | Name and title of supervisor |
|------------------------------|------------------------------|

Reason for wishing to change employment

Description of your duties and responsibilities

|  |  |
|--|--|
| Have you any objections to our making inquiries of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you now in Government employ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If you are offered an appointment, how soon thereafter can you report for duty?

| 5.2 Period (Month/Year) |    | Total annual professional income |       | Exact title of your post/duty station |
|-------------------------|----|----------------------------------|-------|---------------------------------------|
| From                    | To | Starting                         | Final |                                       |

|  |  |
|--|--|
| Give details of substantial allowances or fringe benefits (if any) | Number and type of employees supervised by you, if any |
|--|--|

|                              |                              |
|------------------------------|------------------------------|
| Name and address of employer | Name and title of supervisor |
|------------------------------|------------------------------|

Reason for leaving

Description of your duties and responsibilities

| 5.3 Period (Month/Year)                         |    | Exact title of your post/duty station | Number and type of employees supervised by you, if any |
|---|----|---------------------------------------|--|
| From  | To |                                       |  |
|   |    |                                       |  |
| Name and address of employer                    |    | Name and title of supervisor          |  |
| Reason for leaving                              |    |                                       |  |
| Description of your duties and responsibilities |    |                                       |  |

| 5.4 Period (Month/Year)                         |    | Exact title of your post/duty station | Number and type of employees supervised by you, if any |
|---|----|---------------------------------------|--|
| From  | To |                                       |  |
|   |    |                                       |  |
| Name and address of employer                    |    | Name and title of supervisor          |  |
| Reason for leaving                              |    |                                       |  |
| Description of your duties and responsibilities |    |                                       |  |

| 5.5 Period (Month/Year)                         |    | Exact title of your post/duty station | Number and type of employees supervised by you, if any |
|---|----|---------------------------------------|--|
| From  | To |                                       |  |
|   |    |                                       |  |
| Name and address of employer                    |    | Name and title of supervisor          |  |
| Reason for leaving                              |    |                                       |  |
| Description of your duties and responsibilities |    |                                       |  |

|  |            |                                    |                                    |                                   |
|--|------------|------------------------------------|------------------------------------|-----------------------------------|
| 6 Length of stay at present place of residence | in country | Marital status                     |                                    |                                   |
|  | in city    | <input type="checkbox"/> Single    | <input type="checkbox"/> Married   | <input type="checkbox"/> Divorced |
|  |            | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Separated |                                   |

7 Give names of spouse and any dependants

| Name | Date of birth | Relationship | Name | Date of birth | Relationship |
|------|---------------|--------------|------|---------------|--------------|
|      |               |              |      |               |              |
|      |               |              |      |               |              |
|      |               |              |      |               |              |

Give details of any near relatives who are employed by WHO or other international organizations.

| Name | Relationship | International Organization |
|------|--------------|----------------------------|
|      |              |                            |
|      |              |                            |
|      |              |                            |

8 If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars

|  |  |
|--|--|
|  |  |
|--|--|

9 REFERENCES List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under AEmployment record.

| Name | Full address (telephone, fax, e:Mail if known) | Occupation, business, title |
|------|--|-----------------------------|
|      |  |                             |
|      |  |                             |
|      |  |                             |

10 State any additional skills and relevant facts which might help to evaluate your application

|  |  |
|--|--|
|  |  |
|--|--|

If you are now holding or if you have held a fellowship, state place, date and duration of fellowship, and by whom awarded.

|  |  |
|--|--|
|  |  |
|--|--|

Can a copy of your personal history form be transmitted to:

other UN Org.     national govt. (including yours)     other

- ATTACH LIST OF YOUR SIGNIFICANT PUBLICATIONS OR PAPERS IN YOUR PROFESSIONAL FIELD AND NAMES OF JOURNAL, ETC. IN WHICH THEY APPEARED (DO NOT ATTACH THE PUBLICATIONS THEMSELVES).

-ATTACH LIST OF PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER AND ACTIVITIES IN CIVIL, PUBLIC OR INTERNATIONAL AFFAIRS

11 I certify that the statements made by me on this form are true, complete and correct. I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer of appointment or the cancellation of any contract of employment with the Organization.

Date and place \_\_\_\_\_ Signature \_\_\_\_\_

|   |                  |
|---|------------------|
| Home address (if different from address as given on page 1) | Telephone/Mobile |
|   | Fax              |
|   | e:Mail           |