

UFUQ PROGRAMME

TRACK 3 — INSTITUTIONAL STRENGTHENING

Job Description: Programme Officer, Track 3

Field	Detail
Job title	Programme Officer — Track 3 (Institutional Strengthening)
Accountable to	GHP Senior Program coordinator; works closely with the Specialty technical Committees (STC)
Directly liaises with	Scientific Councils (SC) and Professional Associations (PA) — PA co-ownership level confirmed per specialty, not assumed fixed across four specialties (Emergency Medicine, Obstetrics & Gynaecology, Anaesthesia, Psychiatry); Specialty Technical Committees (STC); International Counterparts; AICPD/Track 1 team; GESI Consultant
Location	Damascus, full-time (in-country)
Contract type & duration	Full-time, fixed-term, aligned to the UFUQ Program contract period (17 months of substantive activity (assuming a November 2026 start), with potential extension depending on the next funding cycle; timing of that decision relative to contract end will be communicated as it becomes clear
Grade / salary band	1100 Euro per month, gross, benchmarked against comparable NGO/INGO roles in the region; additional allowances apply when working outside the home duty station

The UFUQ Programme

The UFUQ Programme supports the rebuilding of postgraduate medical training for Syrian doctors, working across four specialties: Emergency Medicine, Anaesthesia, Obstetrics and Gynaecology, and Psychiatry. It brings together relevant Syrian local stakeholders such as the Scientific Councils along with established international medical colleges and societies, and Global Health Partnerships (GHP), which coordinates the programme together with UOSSM. UFUQ is funded by the European Union; GHP is the employing entity for this role.

The programme has several linked strands of work. One strand (track) delivers postgraduate diploma training directly to trainees. This role sits within Track 3, Institutional Strengthening, which focuses on a different but connected goal: helping each Scientific Council build the internal governance, standards, and continuing-education systems it needs to run its own specialty training over the long term, so that capability remains in Syria once the programme ends.

Track 3 builds on two years of prior work in North-West Syria. Following the liberation and the programme's expansion to cover the whole country, the scope of this work has been revised accordingly. Contracting is complete with two of the four international partners, and is in progress with the remaining two.

The Track 3 Standard Operating Procedures

Track 3's day-to-day work is guided by a single reference document, referred to here as "the SOP". It sets out, step by step, how the three main outputs of Track 3 are produced, reviewed, and approved: an Operational Manual for each Scientific Council, a set of priority Clinical Guidelines, and a framework for continuing medical education. The SOP also sets out who is responsible for each step, how quality is checked at each stage, and how progress and problems are tracked and reported over the programme's life. The SOP will be reviewed on a regular basis

considering emerging needs and priorities of implementation and the position holder will play a key role in informing this iterative development. The SOP and governance structures are themselves being formalised during this contract period, so part of the first few months genuinely involves bedding in a new system alongside Syrian counterparts, not just running an established one.

1. Role Purpose

The Programme Officer, Track 3 is responsible for the day-to-day leadership of the Track 3 activities translating the Track 3 workplan, RACI matrix, and governing templates into consistent, quality-assured practice across all four specialties. The role sits at the centre of Track 3's delivery model — holding the common architecture and quality standard that GHP is responsible for, while ensuring every deliverable is genuinely co-produced and owned by the Scientific Councils and Professional Associations it serves. Per the SOP, each deliverable is a piloted product that embeds institutional capacity in the SC/PA. This is intentionally a single-person role covering all four specialties, matching its seniority and pay grade; the postholder works closely with the Senior Programme Coordinator and GHP's Medical Education Technical Team to take full ownership of these responsibilities. Each Scientific Council has its own secretariat and coordination person handling specialty-level legwork — the postholder's role is to hold the connective tissue together across all four, not to do each specialty's work personally.

The postholder is responsible for keeping Track 3 activity on schedule, for the technical and institutional quality of its three flagship deliverables (Operational Manual, Clinical Guidelines, CME Framework and Plan) in addition to assuring alignment and harmonization with the other tracks and the rest of track three activities, and for the integrity of the monitoring evidence used to assess programme success.

2. Key Responsibilities

2.1 SOP implementation and workplan management

- Own, apply and refine the Track 3 SOP as the context requires for all four specialties, ensuring activities proceed in the sequence, timing, and ownership model it defines. (for example coordinating the stakeholder mapping and conference funding application in collaboration with the technical team)
- Track delivery of the standardised workplan phase by phase (Foundation, Development, Consolidation, plus cross-cutting activities) and flag schedule risk early.
- Coordinate the parallel drafting processes across the four specialties so outputs remain structurally coherent without becoming templated or losing specialty-specific content.
- Ensure Phase 0's Institutional Reality & Mandate Mapping and Legal/Mandate Validation are completed before Manual drafting begins, and keep each specialty's standing committees to a Minimum Viable Governance Structure (2–3 core committees, expanded only where capacity and demonstrated need justify it) rather than the full illustrative list.

2.2 Deliverable oversight and quality assurance

- Lead the standard document-review procedure for all three deliverables: structural/template compliance review, cross-specialty coherence check, coordination of GESI review, STC multi-stakeholder review, and preparation for Scientific Councils/Professional Associations sign-off.

- Maintain the checklist evidence log and confirm no deliverable is marked complete without documented GHP quality sign-off from the GHP technical group
- Safeguard the co-production and ownership standard specifically: confirm Arabic-primary drafting on the Operational Manual, SC/PA members named as co-authors, and evidence of at least two co-production workshops per specialty per phase.

2.3 Governance and stakeholder coordination

- Support and, where chaired by GHP, help run the monthly Specialty Technical Committee (STC) meetings, keeping Operational Manual implementation and deliverable status as a standing agenda item. Represent the STC as a GHP-facilitated coordination platform outside the Ministry of Health
- Support facilitating and Coordinating the monthly GHP–International Counterpart bilateral and maintain the joint risk log.
- Coordinate quarterly Track 1 / Track 3 discussions with AICPD on curriculum and accreditation, applying the SOP's baseline-dependent sequencing
- Define and review Dependency & Contingency Matrix so a Track 1 delay is flagged before it cascades into SC endorsement or accreditation-work delay.
- Hold structured, candid conversations with SC and PA members — separately from the International Counterpart — to assess institutional and relational progress, not only outputs.

2.4 Monitoring, evidence and reporting

- Conduct document review against Output indicators and maintain the Success Checklist evidence log on a continuous basis. Treat indicator wording as intentionally general — deliverable content specifics are a floor set by the templates and remain to be agreed with the SC/Syrian Board, not fixed unilaterally by this role.
- Prepare quarterly progress and financial reports, the annual report, and the three structured phase review reports (Month 4, Month 12, Month 18–19).
- Ensure all reporting narrates warning indicators transparently, whether or not yet resolved.

2.5 Risk and warning indicator management

- Identify and log warning indicators as soon as they arise, without waiting for a scheduled review point.
- Raise active warning indicators in the GHP–International Counterpart bilateral and agree specific, time-bound corrective action as per escalation steps in the SOP .

3. Person Specification

3.1 Essential

- Degree in public health, medical education, health policy, international development, health governance, health system strengthening, international relations or a related field; a postgraduate qualification is an advantage.
- Demonstrated experience coordinating multi-stakeholder health or education programmes involving professional or scientific governing bodies, ideally in fragile, conflict-affected, or post-conflict settings.
- Working understanding of postgraduate medical education systems, clinical governance, or CME/CPD accreditation processes.
- Strong document and quality-assurance review skills — able to assess a draft deliverable against a template and a defined standard, and to give structured, actionable feedback.
- Professional fluency in both Arabic and English, written and spoken.
- Excellent facilitation, relationship-management and diplomatic skills, with demonstrated ability to support institutional ownership rather than substitute for it.

- Experience maintaining monitoring and evidence systems (evidence logs, indicator tracking, structured reporting).
- Strong organisational skills and comfort managing several parallel workstreams (four specialties, three deliverables) against a fixed timeline.

3.2 Desirable

- Familiarity with international postgraduate medical education standards (e.g. WFME) and their adaptation to national contexts.
- Experience integrating gender equality and social inclusion (GESI) considerations into programme design and review, rather than as a standalone reporting requirement.
- Prior experience working with Syrian health institutions, diaspora-led medical governance bodies, or comparable emerging professional councils.
- Experience coordinating with a companion programme track or partner organisation delivering an interconnected but separately governed workstream.

4. Key Relationships

Relationship	Nature of engagement
Senior Programme Coordinator (line manager)	Day-to-day direction, escalation of risks; quality sign-off sits with the GHP technical group rather than this role alone
Medical Education Technical Team (GHP)	Close, hands-on support so the postholder can take full ownership of Track 3 responsibilities
Scientific Councils / Professional Associations/Syrian Board	Primary co-production partners; candid structured conversations; follow up on deliverable authorship and sign-off
Specialty Technical Committees	Monthly coordination platform; deliverable review before submission
International Counterparts	Joint delivery of advisory and capacity-building input; monthly bilateral and risk log
AICPD / Track 1 team	coordination on shared curriculum, accreditation , research and other shared areas
GESI Consultant	Coordination of GESI review at defined checkpoints
MEAL Team	Assure needed MEAL activities are conducted to serve the impact measurement

5. How Performance Is Assessed

Performance in this role is assessed against the same three categories used to define Track 3 success, so that the Programme Officer's own effectiveness and the programme's progress are read from the same evidence base:

- Output indicators — deliverables produced to template, on schedule, with complete evidence logged (Operational Manual, Clinical Guidelines, CME Framework and Plan; committee ToRs; STC and bilateral minutes).
- Institutional & relational indicators — genuine SC/PA authorship and growing independence, evidenced through structured conversations and observed meetings, not only through document sign-off.
- Warning indicator management — indicators identified promptly, corrective action agreed and tracked, and timely escalation where an indicator persists.

Probation is 2 months, with a check-in at 4 weeks covering relationship-building progress and workplan familiarity rather than deliverable completion, since deliverables take longer than this to produce. Where a

Council relationship struggles for reasons outside the postholder's control (for example, the Council's own capacity constraints or political disruption), performance review distinguishes between process indicators the postholder controls (meetings held, issues logged and escalated, support offered) and outcome indicators only partly within their control (the Council's pace of authorship), so the postholder is not judged on what they cannot fully drive.