OM07100O
COMMUNITY ENGAGEMENT MANAGER

Level 10

Reports to (Hierarchical)
Project Coordinator

Reports to (Functional)
Project Medical Referent / Project Medical Coordinator

Job Family
Operations

Main Purpose
Understanding that community and patient engagement should be embedded in all MSF activities as part of a People Centred Approach (PCA), and in close collaboration with the Field Coordinator and PMR, the objectives of the Community Engagement Manager (CEM) are: To establish regular participatory dialogue with key stakeholders (different segments of the community, patients, staff, ..) to involve them in the definition of problems and identifica-tion of potential solutions- as an ongoing process & an approach (not just part of initial as-sessment). To design and deliver contextually adapted health promotion and health education that supports communities and patients' agency, demonstrates respect for the local culture and that responds to the project's objectives and priorities as well as the community's critical needs. To ensure timely analysis and communication to coordination team (PM, PMR, Log, ad-min/HR manager) of detected changes/concerns or requests from pa-tients/groups/community which may lead to an adaptation of strategy/improvement of services.

Accountabilities
Development and implementation of the community engagement and health promotion strategy and action plan:

- Co-Defining (updating) the Community Engagement and Health Promotion strategy
- Considers all key stakeholders (communities, patients/caretakers, staff, MoH, other actors)
- Ensures cohesiveness between CEHP strategy and key project components (e.g., crisis monitoring, security management, medical packages/activities (curative and preventative), WASH, protection, ...)
- The drafting and validating of the strategy is a collaborative process lead and facilitated by CEM ensuring input from PC, PMR, LTL and admin/HR manager, the CEHP strategy is validated by the PC.

Together with FC and PMR, build and maintain relationships with the communities/ key stakeholders, patients and caregivers (using a variety of methods) in order to:

- Involve the community in the identification of priorities, the definition of problems and the identification of potential solutions (participatory assessment and/or problem solving), ensuring that the perspectives/interests of the various segments of the population are taken into account.
- Ensure communities/patients/caregivers' perspective and participation in the process of monitoring, evaluation, learning & continuous improvement (formal and informal feedback)
- Improve acceptance, accountability and trust
- Enhance collaboration with key stakeholders
- Knowledge of individuals/groups /associations (networking/actors and service mapping) -> share with FC and Ass FC and update the relevant tools

Contribute to the deepening of the understanding of the context, culture and populations' needs

- Implement a system of data collection (quantitative and qualitative) and knowledge management and that draws from different categories of information and that is received through a variety of channels (formal and informal) using agreed tools and standards
- Detect risks/safety concerns (for the population and for MSF) and changes in relation to critical needs
- Identify existing protective factors, positive practices, strengths/coping mechanisms and resilience
- Identify factors of vulnerability and how they affect different segments of the community
- Identify and address barriers of access of all segments of the community to MSF services (in terms of ethnicity, religion, gender, age, various vulnerabilities, etc.)
- Further the understanding of community dynamics, health seeking behaviour, cultural practices, demographic and geographic specificities, and how the crisis is impacting the population

Health promotion, health education and services promotion

- Ensure the cultural adaptation and the local relevance of the MSF response (based on the understanding of local beliefs and practices around health, wellbeing, birth, death and dying, violence, identification of strengths and coping mechanisms, improved tracking of the evolution of perceived needs and priorities)
- In collaboration with medical teams, develop culturally adapted HP/HE materials according to project needs and operational priorities
- Design participatory methodologies to deliver key messages adapted to audience (consider age, gender, literacy level…). Consider locally used methodologies for transferring knowledge (oral, through stories, theatre, songs…) finding balance between creativity, innovation and local preferences
- Ensure pre-testing of activities, methodologies and tools to ensure adequacy, relevance and cultural adaptation

Proactive problem solving:

- Proactively contribute to the detection of issues/concerns/gaps that require active engagement with patients, a given segment of the community or another key stakeholder (either to resolve the issue or to identify a potential solution which then leads to an action/adaptation/improvement of the MSF response).
- Ensure that data collected is analysed in a timely manner, that it is channelled to the people in the team that need to know, that it contributes to project reporting, and that it is used to inform key strategic decisions

Transversal collaboration and strategic contribution

- Actively contribute to ongoing strategic exchange/sparring with the project coordination team
- Regular collaboration and coordination with the PMR and MSF medical team, to (1) ensure the optimum delivery of Health promotion and health education activities throughout the continuum of care (2) ensure optimum articulation of community engagement in DMC activities and at any other medical actions done at community level (e.g. vaccination campaigns, surveillance)
- Collaboration with logistic teams to ensure optimum engagement with communities around WASH, NFI, distribution and/or other logistical activities in the community and in MSF facilities
- Support the Project Coordinator in stimulating transversal collaboration
- Suggest topics for discussion (and assist in the framing of the conversation) in project coordination meetings
- Contribution to strategic design, monitoring/evaluation, learning and continuous improvement

Team supervision, training and role in broader coordination of community-based teams/activities

- Supervising the CE/HP team and their activities, in and outside health facilities, reporting difficulties and progress as well as adapting format and content when necessary in close collaboration with medical and logistical teams (depending on the content). Planning and supervising the HR associated processes (recruitment, training, evaluation, development and internal communication) of the CE / HP staff of the project. This will be done in close coordination with the HR department, the administration manager, PMR

and project coordinator and according to MSF vision, values and procedures.
- Regular training/coaching of MSF teams (and where relevant also MoH staff) on community/patient engagement to integrate the PCA approach transversally in all positions (the curiosity, the empathy, the listening, the accountability, etc.)
- Proactively contribute to the coordination of all community-based teams to maximize synergies, avoid duplication, improve duty of care and simplify management (even if individual team members are hierarchically under different activity managers/coordinators)

On request

- Participate in field assessments or exploratory missions (focus on understanding the consequences of the crisis on the population, their priorities and preferences as well as strengths and coping mechanisms)

Education
Either (1) a university degree in social sciences, social communication, health promotion or related studies, or (2) sufficient relevant work experience to develop the necessary expertise to fulfill the role (which would include community engagement and/or project management experience)

Experience
Essential, working experience of in related jobs (community engagement, project coordination, social research) Demonstrable background in the development of strategies and workplans. Experience in quantitative and qualitative data analysis

Languages
Mission Language essential; Local Working Language Desirable

Knowledge
Essential computer literacy (word, excel and internet)

Competencies
• People Management and Development L2

• Commitment to MSF principles L2

• Behavioral Flexibility L3

• Results and Quality Orientation L3

• Teamwork and Cooperation L3

Generated at 2026-11-03 15:46:23 +0000

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