

# NEESHA DAS, MPH

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## Sexual & Reproductive Health • Gender-Based Violence • Fragile Contexts

### INTERNATIONAL PUBLIC HEALTH PROGRAMME SPECIALIST

Collaborative public health specialist and project manager with a **6-year rights-focused record of improving access to sexual and reproductive health (SRH) services**, skilling up health professionals and community carers and coordinating frontline support. Respected for putting people first, tackling taboos and acting strategically to improve response.

**Realised 11 SRH Projects in India & South Sudan › Applied International GBV Principles in Conflict Settings  
Led Teams of 20+ Staff & 50+ Community Volunteers › Reported to The Global Fund, UNFPA & USAID  
2 Master's Degrees in Public Health › 5 Peer-Reviewed Journal Articles**

#### TECHNICAL EXPERTISE

Sexual & Reproductive Health • Gender-Based Violence • Public Health Partnerships  
Promotion & Protection of Rights • Women & Youth Empowerment • Advocacy & Community Outreach

#### MANAGEMENT EXPERIENCE

Strategy & Policy Development • Programme Management • Team Leadership • Performance Monitoring  
Stakeholder Engagement • Donor Relations • Mass Volunteer Mobilisation

### EDUCATION

**Master of Public Health (MPH) – Sexual and Reproductive Health** › James Lind Institute, Switzerland, 2023  
Dissertation: *Sexual and gender-based violence services for women and girls affected by conflict in South Sudan – obstacles, opportunities and pathways.*

**Master of Public Health (MPH) – Community Medicine** › University of Lucknow, India, 2019

**Bachelor of Science (BSc Hons) in Anatomy and Human Biology** › University of Liverpool, UK, 2014

### PROFESSIONAL EXPERIENCE

#### GLOBAL CARE FOUNDATION (GCF)

**Programme Manager – Sexual and Reproductive Health and Rights** • Malakal, South Sudan (60% travel) • 2019–2022

Led a team of 20+ staff and 50+ volunteers to improve adolescent sexual and reproductive health (SRH) outcomes and tackle sexual and gender-based violence (SGBV), especially among displaced populations, in Upper Nile and Unity States. Represented GCF with government and in inter-agency meetings, e.g. Protection Cluster, and worked closely with public health personnel, teachers and religious leaders. Donor relations: UNFPA, USAID.

›› **Used big-picture thinking to raise the bar on gender equality, increasing programme resources by 20%.**

- Drafted gender and SRH strategies for the 4-year GCF country plan, focusing on partnerships, equality and dignity.
- Shaped the country office gender policy to strengthen gender mainstreaming in all GCF programmes and policies.

›› **Used resolve to improve the dignity of women and girls in at-risk communities.**

- Reached over 40K women and girls with SRH-related advice and support by mobilising 1,100 staff and volunteers.
- Facilitated the production of 30K locally made dignity kits with hygiene and sanitary items to meet essential needs.

›› **Used perseverance to integrate SGBV response services in 3 hospitals, supporting 1,400 survivors in the 1<sup>st</sup> year.**

- Piloted one-stop SGBV centres in 3 hospitals, establishing SOPs and training staff in victim-centred service.
- Created 10 safe spaces for displaced women and girl victims of violence that offered needs-focused support.
- Set up and oriented state-level SGBV advocacy committees to reduce SGBV incidence and promote service uptake.

## CARE ALLIANCE

### Project Manager – Positive Health • Visakhapatnam, Andhra Pradesh, India • 2016–2018

Directed a project in 5 districts where HIV prevalence was >1% to enhance the retention of people living with HIV (PLHIV) in the care continuum. Partnered with hospitals and care clinics on ART treatment and steered advocacy to increase access to services, lower the HIV transmission risk and promote well-being. Donor relations: Health Global, UNFPA.

» **5,400+ PLHIV retained in the care continuum and 60% increase in partner testing for HIV.**

- Supervised 7 staff and 45+ community volunteers, guiding them on positive health and dignity approaches.
- Inspired 25 HIV patient volunteers to reach out to other PLHIV, enabling 500+ more to obtain support.
- Empowered 9 PLHIV support groups to interface with public health entities and progress towards self-sufficiency.
- Deployed the village savings and loans associations model (VSLA) in 15 villages, directly supporting 1,500 PLHIV.

## INDIAN HEALTH FOUNDATION

### Programme Officer – HIV Prevention & Support • Visakhapatnam, Andhra Pradesh, India • 2014–2015

Created and led a portfolio of community-based HIV programmes aligned to the state HIV/AIDS strategy to prevent HIV infection among high-risk groups, especially youth, pregnant women, sex workers, truck drivers and injecting drug users. Donor compliance: The Global Fund, USAID/PEPFAR.

» **95% of HIV-positive clients enrolled in comprehensive care and treatment services, breaking the stigma barrier.**

- Trained and mobilised 720 peer educators to raise awareness on HIV testing and counselling (HTC).
- Scaled up the provision and quality of HTC services at health units in 5 districts with high HIV prevalence.
- 12,000+ persons received HTC services in 4 months, exceeding expectations by 30%.

## PROFESSIONAL, ACADEMIC & COMMUNITY CONTRIBUTIONS

› **6 presentations delivered at national and international conferences** on sexually transmitted infections (STIs), gender and development, and youth and health development.

› **5 peer-reviewed articles** related to SGBV and HIV prevention in conflict settings published in respected journals.

› **Member of the International Community of Practice** on Sexual and Reproductive Health in Crises (ICPRH).

› **Helped 7,500 persons to receive HTC services in 3 months** as a volunteer for VSO India Trust, Orissa, India (2014).

## PROFESSIONAL DEVELOPMENT

### MANAGEMENT

**Planning and Managing Global Health Programmes**, John Hopkins University

**Managing Gender-Based Violence in Emergency Training for Global Professionals**, USAID

### HEALTH & HUMANITARIAN

**Child Protection in Emergencies**, Humanitarian Leadership Academy

**Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations**, Cadri

**Preventing and Responding to Sexual Exploitation, Abuse and Harassment**, Care Alliance

### STATISTICS/DATA ANALYSIS

Epi Info, NVivo, R, SPSS, Stata

*Committed to leaving no one behind and ready to deliver high-impact SRH interventions.*

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## STRATEGY

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### About the Client

On the verge of obtaining her second Master's degree, Neesha asked me to help transform her resume to appeal to larger international organisations active in sexual and reproductive health (SRH).

Neesha had accumulated some impressive experience over her relatively short career, growing from a programme officer on a single issue (HIV prevention) to a programme manager covering different areas of SRH, especially gender-based violence. On top of that came the complexity of working in a fragile and insecure environment in a foreign country.

What struck me most about Neesha was her resolve and tenacity. She clearly made things happen. She not only worked with people but for people. We both felt this was a positive way to frame her narrative.

### Approach

Since Neesha was targeting international employers, I devoted the first page to the international elements of her profile, namely her tagline, highlights, education and current role in South Sudan. I chose to keep the introductory paragraph short to direct the reader towards her most striking points, which I have highlighted in bold, italics or a different colour.

The lists of technical expertise and management strengths serve to capture keywords and so increase the chances of Neesha's resume being picked up by recruitment software, especially as applying for advertised positions will be her main job-hunting strategy.

For each of Neesha's roles, I have written an achievement statement(s) using a bold blue font to quickly draw the reader to her more remarkable feats. Where possible and feasible, I have included a metric to reinforce Neesha's credibility and potential to achieve more.

The resume ends with a poignant message about leaving no one behind, one that will resonate with her target audience, and a powerful message about Neesha's readiness and ambition.

With terms such as "gender-based violence", "gender mainstreaming" and "at-risk communities", the language used is reflective of the target audience. The page size is A4 since many international organisations use that format, and I have used UK English. Finally, all shading has been done using the shading function – no text boxes or shapes have been used.