

Vacancy Announcement



Local Partner Health Services North & Southwest Activity

Position Title: Community Engagement & PSS Officer (1)

PROJECT SUMMARY:

Local Partner Health Services – North & Southwest Activity is implemented by Joint Clinical Research Centre (JCRC) aimed at supporting the continuation of technical assistance for the implementation of a district-based, integrated package of quality HIV/AIDS and TB services to the beneficiary population in the Nine districts in Acholi sub-region.

The main goal of the activity is to increase the availability, accessibility and utilization of quality, integrated HIV and TB services.

GENERAL POSITION SUMMARY:

The Community Engagement and PSS Officer will provide technical and program oversight in the areas of strengthening community engagement and mobilization in the integrated health project activities including identifying and working with community resources persons, community leaders, CBOs, CSOs, PLHIV, and other community groups.

ESSENTIAL JOB RESPONSIBILITIES:

Case Finding;

1. Support facility teams to line list and map out the eligible clients for APN and ICT; (newly identified HIV clients on ART and clients with non-suppressed viral load. Ensure site teams constitutes, a blend of CHWs, and health workers with both trained and lay HIV testers.
2. Facilitate and oversee HIV Case finding using more yielding modalities like (OPD, IPD, YCC Screening, APN/ICT, SNS, HIV self-testing /Caregivers testing) and Linkages.
3. Track, mobilize and supervise all community activities as planned by site teams to ensure implementation with fidelity.

TB Preventive Therapy and TB Case Finding.

1. Support site team to generate lists of clients completing 3 months on ART, HIV/TB coinfecting completing treatment and PMTCT 3 months post-natal and attach them to the respective CHWs for TPT initiation.
2. Support site team to ensure presumptive patients get GeneXpert tests, HIV tests, contacts including under 5 contacts who meet eligibility criteria for TPT initiation to prevent them from developing active TB disease.
3. Support site team to lists PBCs (inclusive of those for initial contact, contact at 2 months, 5 months and 6 months) with their contacts; map and arrange home visits through the existing community structures like LC1, VHTs after gaining consent from targeted index cases for TB contact tracing.

4. Support the community health workers to mobilize households for contact tracing and community TB screening.
5. Ensure TB screening for all clients in attendance during community activities including CAST+ activities.

PMTCT/EID

1. Support site teams to use the PMTCT/EID audit tool to track and provide timely services for Mother baby pairs; EID testing services for all HEIs in care.
2. Support site teams to link and refer mothers of malnourished infants to existing economic strengthening and livelihood programs for improved food security.
3. Support site team to plan and implement the integrated community outreaches for case finding.
4. Support screening of mothers during ANC for PrEP eligibility and ensure timely initiation of all those that are eligible.

Linkage and Referral:

1. Support the site teams to work with the existing site team to ensure update of the clients' ART cards, contact forms, other HMIS tools and the Audit tools with the services provided to the clients during the visit.
2. Support site teams to track clients' appointment and treatment continuity (MMD, client attachment with evidence on file & contacting, preferred DSDM, client literacy.
3. Support site teams to do meaningful client attachments to peers for community contacting, follow up and return to care for both ART and PMTCT clinics. The Meaningful attachment to CHWs should be evidenced by the audit tools, contact form and client files.
4. Coordinate with site teams to ensure interruption of treatment is minimal, track clients to be initiated on 3rdline ART, VIA positive clients not linked to treatment and clients with suspected cancer referred for further management as well as support integrated referral system able to facilitate, track and document bi-directional referrals.

Viral Load Monitoring.

1. Provide technical support for site teams to conduct facility and community viral load access and provision of IAC for failing clients as well as CAGDOTS and peer support groups.
2. Support site teams to conduct homebased PSS and care givers support to improve treatment literacy among care givers, adolescents and PLHIV.
3. Support institutionalize the implementation of patient centered matrix (PCM) at facility levels; through generating monthly line lists of all non-suppressed clients,

conducting PCM interviews and follow up on implementation of the intervention matrix.

4. Optimize implementation of the community health workers attachment and contact model to ensure client access all services they are eligible.
5. Ensure Advanced HIV disease screening and Management of the non-suppressed for all PLHIV in both ART and PMTCT clinics.
6. Using the Audit tools to line list eligible clients for viral load bleeding then Support site teams to conduct facility and community VL sample collection and referrals to POC and CPHL

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Timely Documentation.

1. Support site teams to document in primary data tool (NSVL register, APN, PEP, Contact Tracing register, SNS, PSS section of ART card) facility community register etc.
2. Support site pre-clinic preparations and ensure all services checklists are fully updated to ascertain services clients are due for before the clinic day.
3. Support site teams to document all services offered and referrals for PEP services and ensure weekly/monthly Quarterly and Annual reports are submitted.
4. QI documentation

Coordination and Capacity Building;

1. Strengthen the performance management and capacity building mechanism for community resource persons and peer group structure that the project engages to implement the integrated project and service layering to minimize missed opportunities during activity implementation.
2. Work closely with District Health Educators and Community Development Office to strengthen community-based structures to create demand for TB/HIV/AIDS prevention, care and treatment and act as a major platform for referrals and linkages to enhance access to all services.

3. Support site teams, OVC, CSOs and CBO to hold review weekly meetings for Audit tools and develop action points to manage PLHIV and support community models inclusive of the CAGDOTS.
4. Manage project finances, work plan and supervisory support in relation to the implementation of activities in the assigned district in line with the project's finance guidelines.
5. Contribute to identification and documentation of promising practices and success stories that will contribute to the body of knowledge in the area of provision of integrated health services at the community level and strengthening community engagement.
6. Design, monitor and report on key activities related to HIV/AIDS/TB Prevention, Care and Treatment scale up in the DBT areas.
7. Support Mentorship and coaching activities for HCWs in relation to comprehensive HIV/AIDS/TB prevention, care and treatment in the Cluster areas.
8. Provide call/distance Technical Assistance support for the handling of complicated cases
9. Support Quality Assurance of HIV/AIDS/TB services at facilities and recommend corrective action
10. Oversee monitoring and evaluation as well as Quality Improvement approaches in the cluster areas
11. Take lead in documentation of best and promising practices for sharing at District, Cluster Regional, national and international forums for program learning and improvement. Oversee the day-to-day planning and coordination of Cluster-level activities.
12. Perform any other duties assigned by the supervisor

Maternal & Newborn Child Health

1. Mobilize communities to increase uptake of key MNCH services, including ANC, 1st Trimester ANC, PNC, immunization, and child health services through outreaches and other community events.
2. Strengthen community facility linkages through identification, referral, and follow-up of pregnant women, newborns, and children requiring health services.
3. Support community health education and behavior change activities on maternal, newborn, and child health, including danger signs, nutrition, breastfeeding, and immunization.
4. Support community-level MNCH data collection, reporting, follow-up of referrals, and coordination with VHTs, health facilities, and district health teams.
5. Perform any other duties assigned by the supervisor

QUALIFICATIONS, KNOWLEDGE AND EXPERIENCE:

- The ideal candidate must hold a Bachelor's Degree in social sciences or Community Development or Community Health or Nursing.
 - Possession of a postgraduate in Public Health, Sociology or Community Health would be an added advantage
 - At least three years' experience in PEPFAR HIV/TB projects community work with experience gained through serving within a government institution or NGO with proven ability to coordinate activities of different stakeholders at district and or sub national level.
 - 3 years' experience training community health workers
- and/or CBOs in MNCH, FP, HIV and TB interventions
 - Skills in at least two or more of the following technical areas: Strengthening service delivery programs, supporting referrals and linkages between and among communities and health facilities; performance and quality improvement, psychosocial support, and integrating health service delivery into community structures.
 - Proven ability to coach, mentor and develop technical capacity in national programs and technical staff
 - Excellent written and verbal communication or interpersonal skills is a must.

How to apply: All applications must be addressed to; The Head Human Resources, Joint Clinical Research Centre, Plot 101 Lubowa Campus off Entebbe Road, P.O Box 10005, Kampala-Uganda. Email: jobs@jcrc.org.ug **The application deadline is Sunday, 16th August 2026 at 05:00 pm.** Strictly two documents combined in one PDF are required (Application letter and CV not exceeding 6 pages).
Note: JCRC is an equal opportunity employer. Any attempts of influencing the recruitment process will lead to automatic disqualification.