



## RID-TB Western Province Project

Papua New Guinea Country Program, Centre for International Health

### Position Description

<b>Position:</b>	Field Implementation Co-ordinator
<b>Employment Type:</b>	Long-term contract
<b>Duration:</b>	6-12 months (start February-March 2016)
<b>Location:</b>	Daru, Western Province, Papua New Guinea
<b>Immediate Supervisor:</b>	Field Team Leader
<b>Responsible To:</b>	Project Manager & Technical Director, RID-TB Project (Melbourne based)
<b>Salary &amp; Allowances:</b>	Salary discussed with short listed candidates. Allowances include; Accommodation allowance, mobilisation and demobilisation allowances, leave fares, medical, travel and emergency evacuation insurance and access to project vehicle.

### Background

The Burnet Institute (BI) is an Australian, not-for-profit, unaligned and independent medical research institute. Our mission is to achieve better health for poor and vulnerable communities in Australia and internationally through research, education and public health. Burnet is the only organisation in Australia that has dual accreditation with both the Australian National Health and Medical Research Council (NHMRC) and the Department of Foreign Affairs and Trade (DFAT-Australian Aid). Burnet's approach to addressing complex global health issues is: (1) To generate new knowledge and health intervention tools and (2) To apply the best available evidence to community-level public health programs.

Burnet has specialist expertise in infectious diseases, maternal & child health, high-risk behaviors (especially alcohol, injecting and non-injecting drugs) and sexual & reproductive health. Burnet is Australia's largest medical research and public health institute employing over 380 staff. This includes technical specialists, scientists and researchers based in our Melbourne office and over 150 international staff working through offices in Myanmar (Burma), Papua New Guinea (PNG), Lao PDR and China (including Tibet).

The Centre for International Health (CIH) is an international non-government organisation (iNGO) that leads Burnet's work to improve health in low and middle-income countries. We promote positive health outcomes through implementing or managing programs with community partners, conducting research that informs and strengthens health programs and services, advocating for improved health policies and assisting in their development, providing education for post-graduate public health and development specialists who work in low and middle-income countries, and building the capacity of health and development agencies and workers.

Tuberculosis (TB) is a global public health crisis and the majority of the global burden is in the Asia-Pacific region. This crisis is compounded by the continuing rise of drug resistant TB (DR-TB) including extensively drug resistant TB (XDR-TB). Burnet is committed to addressing both TB and DR-TB. Our close links with public health workers, policy makers, laboratories, clinicians and researchers in the region afford Burnet a multidisciplinary perspective and capability to respond.



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Papua New Guinea Country Program, Centre for International Health

### ***RID-TB Phase IIA Project Context***

The CIH has a long history of collaborating with donors, Government and other partners in particular areas of need in Papua New Guinea. Since August 2014, Burnet has been a partner in the multi-stakeholder response to the major TB epidemic in Western Province. This epidemic is characterised by the emergence and spread of drug-resistant TB (DR-TB) with Daru as the known hotspot of intense transmission of DR-TB. This is a public health emergency with rates of DR-TB that are arguably the highest documented globally at the district level. At the same time, there is limited capacity nationally, and at the provincial level to deliver and sustain an effective response.

Burnet is contributing to the response as the technical lead in the design of an effective response and in monitoring its implementation. Burnet is utilising a partnership approach with Western Provincial Health Office (PHO), Daru General Hospital and other implementing partners such as World Vision. Burnet reports to a multi-stakeholder Provincial TB Core Group and strategic direction for Burnet support is guided by this group. Day-to-day support in alignment with that direction is delivered through close collaboration with the Provincial TB Physician and other members of the provincial TB program and DGH TB services.

In Phase I of RID-TB (August 2014–November 2015) Burnet: built relationships with partners; identified needs, issues, bottlenecks and their solutions; advocated for the need for an effective response; built the capacity of TB case management and programmatic staff in Daru; and contributed to strengthened coordination and governance of the TB program including response planning and budgeting.

The latter component of planning and budgeting has been vital in shaping Burnet's support in Phase IIA. In collaboration with partners, a provincial accelerated response implementation plan was developed in July and August 2015. This plan outlines the priority activities and outcomes for an effective response and guides the respective contributions of all partners. The plan aims to achieve a functional model of patient-centred care for DS-TB and DR-TB in Daru by the end of 2016. Burnet's role is to provide the continued technical expertise and guidance needed for the plan to be implemented. We are contributing to the achievement of the plan's aim in each of the four components of the plan:

1. Establishing and maintaining a functional model of patient-centred TB care for Daru BMU
2. Strengthening health systems building blocks to enable a functional model of TB care for Daru and Western Province
3. Improving service utilisation and TB prevention through community engagement
4. Translating understanding of the epidemic and its responses into effective action.

In Phase IIA, Burnet will focus on designing and monitoring the implementation of standard operating procedures (SOPs) for care of TB patients (DS-TB and DR-TB) in a patient-centred model of care; designing SOPs for needed health systems components underpinning TB care delivery; contributing to efforts to ensure that TB response is aligned with community need; and supporting the identification and conduct of operational research on innovations that will strengthen the response. Across all of these areas, Burnet is responsible for building capacity of health workers, program staff, community members, volunteers and other stakeholders in the skills and knowledge they need to deliver the response. Strong collaborative relationships with provincial and national stakeholders from the level of communities to policy makers will remain fundamental to the delivery of technical assistance within the response.

## RID-TB Western Province Project

Papua New Guinea Country Program, Centre for International Health

### **Position Purpose:**

The Field Implementation Coordinator will work with the RID-TB team to design and implement an effective model of care for the management of DS-TB and DR-TB at the facility and community level in Western Province. The position will be responsible for capacity building of provincial TB team staff to deliver high quality patient-centred care for DS-TB and DR-TB, with a focus on case management, patient education and counseling and clinical skills (nursing). The position will work with facility and community-based staff and partners including nurses, community health workers (CHWs), treatment supporters, TB officers and World Vision staff implementing community-based TB care. The position will support the implementation of protocols, procedures and conduct training and on-the-job mentoring.

### **Supervision, Reporting and Relationships:**

This positions' supervisor/manager	Project Team Leader (Supported by Technical Director)
Other positions reporting to this position	None

### **Responsibility Areas**

RID-TB Phase IIA has 4 strategic interventions. The Field Implementation Coordinator is responsible:

- at the field level for delivering support under strategic intervention 1 on nursing care and treatment support for patients at the facility and community level
- for reporting on and coordinating with Field team leader on activities in strategic interventions 2, 3 & 4 that related to case management, patient education and counseling and clinical skills (nursing).

The key responsibility areas (KRAs) are the major outputs for which the position is responsible and are not a comprehensive statement of the position activities.

<b>Key Responsibility Areas</b>	
<b>1. Clinical mentoring</b>	<ul style="list-style-type: none"> <li>• Day-to-day clinical mentoring of TB nursing staff responsibility for inpatient, ambulatory and outreach care.</li> <li>• Facilitate practical training sessions for nurses on topics, agreed upon with the Officer in Charge, TB Medical Officer and TB Nursing and Counsellor Adviser, regarding the effective case management of TB.</li> <li>• Support nursing staff to utilize case management tools.</li> <li>• Support the effective participation of nurses in weekly case management meetings, including the implementation of all recommendations.</li> </ul>

## RID-TB Western Province Project

Papua New Guinea Country Program, Centre for International Health

2.	<b>Implementation support</b>	<ul style="list-style-type: none"> <li>• Support development and implementation of case management systems, tools and protocols for patient monitoring, follow-up and retention.</li> <li>• Train health workers on case management systems.</li> <li>• Support development and implementation of patient information systems and protocols to support the use of patient records/tools.</li> <li>• Provide technical support to Case Managers, Nursing Officers and Counsellors on implementation issues associated with establishing the model of care.</li> </ul>
3.	<b>Other tasks</b>	<ul style="list-style-type: none"> <li>• Conduct audits, field assessments and reports on areas identified by the technical team.</li> <li>• Establish and maintain effective working relationships with donors, implementing agencies and other stakeholders.</li> <li>• Liaise directly with relevant program staff, in both PNG and Melbourne.</li> <li>• As needed, provide support to staff responsible for strengthening governance, data management, supply chain and laboratory systems.</li> <li>• Support and participate in operational research as needed.</li> <li>• Contribute to the completion of project reporting.</li> </ul>

### SECTION C: Key Selection Criteria

Qualifications		Essential/ Preferable
1.	A qualified and registered nurse, midwife or equivalent allied health professional with significant clinical experience	Essential
2.	An additional qualification in education, counselling, tropical medicine, international development, public health or global health	Preferable
<b>Experience / Knowledge / Attributes</b>		
1.	Highly adaptable, ability to work in a challenging environment	Essential
2.	Experience in protocol or guideline design, report writing or publications	Essential
3.	Demonstrated analytical, critical appraisal and problem solving skills	Essential
4.	Fluency in English and demonstrated high level written and verbal communication skills	Essential
5.	Demonstrated ability to meet competing deadlines	Essential
6.	Field experience in the clinical and programmatic management of TB/DR-TB in a resource-constrained setting	Preferable
7.	Proven interest and experience in team management, capacity development / training of local staff in a resource- constrained setting	Preferable
8.	Previous work experience in PNG or the Pacific	Preferable



## RID-TB Western Province Project

Papua New Guinea Country Program, Centre for International Health

### Occupational Health and Safety

The Burnet has a commitment to providing a safe and healthy workplace in accordance with the Occupational Health and Safety Act 2004. All staff are obliged to take all reasonable care to ensure that their actions do not place themselves or others at risk.

### Other Requirements

The Burnet Institute is a child safe organisation. The incumbent of this position may be required to undergo a Police Check or Working with Children Check as a condition of their employment.

### APPLICATIONS

To apply for this position, please complete application details via the Burnet Institute website at [http://www.burnet.edu.au/careers\\_and\\_employment](http://www.burnet.edu.au/careers_and_employment)

- Cover letter , including statement addressing the selection criteria as outlined above
- Resume including the names and contact details of three referees

Applications close **Sunday 24<sup>th</sup> January 2016 at 11:30pm AEDT (GMT+11)**

### Further Information:

For further information, please contact;  
RID-TB Project Manager James Lawson [james.lawson@burnet.edu.au](mailto:james.lawson@burnet.edu.au)

If not available for 6-12 months, please outline availability between February 2016 to June 2017.