Job Description for Community Monitors

Job title:	Community Monitor
Reports to	Field Support Supervisor (direct reporting and supervision)
Project:	Engagement of Recipients of Care (RoC) in Improving Services and Influencing Policies for Integrated Chronic Care Service Delivery
Implementer	ICWEA/HEPS Uganda Consortium, working with UNAIDS.
Duty stations[1]	Fort Portal, Gulu, Jinja, Kabale, Kayunga, Mbarara, Moroto, Hoima, Mubende, Wakiso and Yumbe. Each Community Monitor will be **physically based at the Regional Referral Hospital as their daily duty station** and covering the linked hospitals, HCIVs, HCIIIs and special clinics in its catchment area.
Positions to be filled	11 vacancies
Date of Advertisement	Wednesday 4th November 2026
Working hours	Full time
Main Purpose of the Job	Support the Engagement of Recipients of Care in Improving Integrated Health Services project by linking Recipients of Care (RoC), community networks, the referral hospital and linked facilities in the assigned district/city: generate and validate evidence on integrated HIV, TB and chronic care services; work with Continuous Quality Improvement (CQI) committees to turn RoC feedback into improvement projects; and track commitments through the Feedback-to-Action Tracking Matrix (FATM)/dashboard, while protecting confidentiality and continuity of care. High-level engagement with policy makers is led by the Secretariat team; the Community Monitor supports it with field evidence and inputs to advocacy products. The Community Monitor works with ICWEA and HEPS Uganda technical teams, local CSOs and referral-hospital focal persons, under the day-to-day supervision of the Field Support Supervisor.
Key Responsibilities	**Key Result Area 1: Evidence generation, validation and use** • Collect qualitative and quantitative data at assigned facilities (referral hospital, linked hospitals, HCIVs, HCIIIs, special clinics) and community platforms using approved tools, covering RoC experience, waiting times, continuity of care, referral and linkage, commodity availability, workforce readiness, service integration and financing barriers. • Upload accurate, timely data to the FATM dashboard with data-quality checks, triangulating RoC feedback with authorised HMIS, client-satisfaction and facility records within approved permissions; support baseline confirmation and semi-annual verification. • Analyse and summarise findings for facility and district/city use; monitor agreed integration and UHC milestones and relevant Uganda–US Government MoU issues using project-approved guidance; map local CSOs, RoC networks and QI platforms and keep the stakeholder and facility coverage plan updated. **Key Result Area 2: RoC engagement, community representation and CQI** • Engage PLHIV, people with TB, KPs, youth, AGYW and men to uncover issues affecting HIV and TB service delivery; facilitate feedback and validation meetings with facility teams, CQI committees, Health Unit Management Committees and RoC; and support root-cause analysis, improvement-cycle planning and prioritisation of facility CQI projects. • Strengthen local CSO and RoC network capacity through mentored monitoring, peer learning and reusable tools; support meaningful RoC representation in governance and QI structures, including constituency consultations before and after meetings. **Key Result Area 3: Action tracking and escalation** • Work with facility CQI committees to develop and follow up improvement plans; record each commitment, responsible person, due date, status and verification evidence in the FATM, and

[1] Community Monitors will field based and/or in a designated region/attached to regional or national referral hospitals. Community Monitors will from time-to-time travel to project-supported health facilities and selected community service delivery points in the respective catchment areas. Attachment to the referral hospital supports operational collaboration and does not replace the direct reporting line to the Field Support Supervisor.

	document CQI actions or the escalation decision for every validated priority issue within 30 days of the feedback meeting. • Monitor whether service quality improves; flag overdue commitments and escalate unresolved issues directly to the Field Support Supervisor for technical support and further advocacy. • Promptly refer urgent access-to-care or safeguarding concerns to authorised facility staff and notify the Field Support Supervisor, following approved protocols. **Key Result Area 4: Support to Secretariat-led advocacy and learning** The Secretariat team leads engagement with policy makers at district, city, regional and national levels. The Community Monitor supports it by: • Support secretariate in production of advocacy products such as evidence briefs: supplying validated, anonymised facility and community data; drafting local findings, summaries and case examples; reviewing drafts for accuracy against field evidence; and incorporating Secretariat feedback. • Documenting verified outcomes, best practices, lessons and consent-based RoC stories for the "From Feedback to Action" campaign, and supporting local capacity reviews, post-extension workplans and the secure handover of approved records, tools and outstanding commitments. • Providing local background, mobilising RoC representatives and helping with logistics for Secretariat-led engagements when requested, and following up agreed actions at facility level. **Key Result Area 5: Reporting, finance, admin and M&E** • Submit monthly field reports and workplans to the Field Support Supervisor; take part in supervisory check-ins and quarterly dashboard reviews, tracking commitments, waiting times, tracer commodity availability, staffing actions and data completeness against verified baselines. • Follow financial and administrative procedures, provide timely financial, administrative and M&E reports to the Field Support Supervisor for onward submission to the national project team, and perform other related tasks as required.
Core Competencies and Experience	**Education:** Bachelor's degree in Community Health, Social Work and Social Administration, Social Sciences, Monitoring and Evaluation, Health Information Management or a related discipline. Training in CQI, Recipient of Care engagement or social accountability is an advantage.
	Experience, skills and competencies • Relevant experience in health programmes, social accountability or Recipient of Care/community engagement, preferably in HIV/TB or integrated chronic care, with sound knowledge of PLHIV diversity. • Strong data skills: data collection, validation and triangulation, interpretation of routine health information, and basic MS Word, Excel and Zoom; willingness to learn the FATM/Solstice tool is essential. • Practical understanding of CQI, root-cause analysis and action tracking, with the ability to work with facility CQI committees. • Strong written and verbal communication in English and at least one local language, including clear evidence summaries and reports and facilitation of meetings; local language fluency in the region is an added advantage. • Self-motivated and organised, able to manage a multi-facility workplan with limited supervision, with sound practice in confidentiality, informed consent and safeguarding.
	Application Procedure All interested applicants must submit their applications including -Curriculum vita, cover letter and attach the relevant academic documents via the email: **hr@icwea.org** Applicants must state their preferred district/city and corresponding Regional Referral Hospital (RRH) base and be willing to be stationed at the assigned RRH.
	Application Deadline: Applications must be submitted no later than **Wednesday 11th November 2026 at 5:00 p.m. East Africa Time (EAT)**. ***Note: Only shortlisted candidates will be contacted***