

SCOPE OF WORK			
Position	: Program Officer		
Department	: Health System Strengthening & Implementation (HSSI) – PHIL Service Delivery		
Employee Type	: Full Time, fixed-term contract (Dec 2026 – Dec 2027)	Revision Date	: October 13th 2026
Location	: Tegal / Brebes (PHIL field office), rotating across UHN Clinic, Puskesmas Margadana and Puskesmas Larangan		

I. CISDI AND OUR CULTURE

CISDI is a full-service *center of expertise* that advances health system strengthening and development. Our vision is to set and implement health system standards, leaving no one behind by driving a systemic, evidence-based transformation of Indonesia's and other countries' health systems. We work in close collaboration with international institutions, governments, donors and private sector partners to support PHC systems and ensure robust and public-oriented policies are set and subsequently implemented.

We are positioned to continue this growth trajectory by expanding into new business sectors with service offerings driven by donors and private client's requests. To ensure we operate internally to the same high standards we perform externally, we embarked on an aggressive organizational-wide transformation aligning our internal policies, processes, procedures and systems to meet these changing market dynamics.

Guided by five mission pillars, our work integrates research, implementation, advocacy, communication, and collaboration into one continuous cycle. We conduct research to generate evidence that drives innovation and advocacy, and translate the evidence into implementation by strengthening primary health care through community engagement. We advocate for better health policy, governance, and right to health, while fostering public participation that turns awareness into collective action. Underpinning all of this is collaboration, through cross-sector partnerships and strategic forums that strengthen the health system as a whole.

Our people are at the heart of this work and contribute directly to our mission. CISDI brings together professionals from diverse disciplines who share a commitment to the public interest. We foster a collaborative environment as “super power” where ideas are valued regardless of position or tenure, where integrity and accountability shape how we use evidence, resources, and continuous learning being part of everyday work. We are committed to an inclusive and safe workplace and to a healthy balance between work and personal life.

We hire highly intelligent professionals who thrive on challenges. Our professionals are given the freedom to express their creativity by solving complex healthcare sectoral issues often working on problems that other organizations may not have tried or have failed. Our people thrive in a collaborative work environment where ideas are heard and acted upon regardless of level or length of employment. Work-Life balance is not just talk but is embedded into our operating models, policies and procedures. It is who we are.

II. SUMMARY OF ROLE

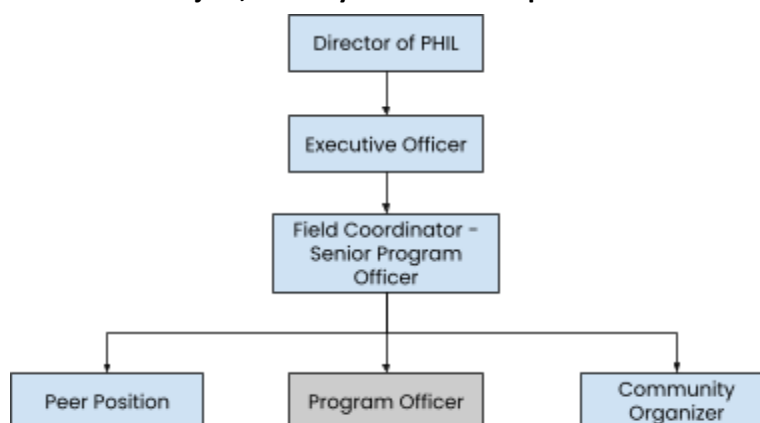
The Primary Healthcare Impact Lab (PHIL) is set to launch a team-based hypertension Model of Care at primary health care facilities in Tegal/Brebes, in which patient navigators support people with hypertension to stay in care. The Program Officer is PHIL's clinical presence in the field: with a medical or nursing background, the role makes sure that health workers and patient navigators at project sites are trained, technically supported, and confident to deliver the model as designed as well as monitor the implementation on a daily basis.

Reporting to the Lead for Service Delivery and Model of Care, the Program Officer supports facility readiness and training, checks that care follows the agreed pathway and SOPs, coaches navigators and facility staff, and makes sure registers, recall lists, and fidelity data are complete. Field observations from this role feed directly into monthly learning reviews and the Model of Care, helping PHIL build evidence for people-centred primary care that districts and BPJS Kesehatan can adopt.

III. ORGANIZATION CHART

Within CISDI, the Program Officer is based in the Tegal/Brebes field office within the HSSI division and reports directly to the Field Coordinator – Senior Program Officer, under the management oversight of the PHC Manager. The role is subordinate to the Field Coordinator – Senior Program Officer, who coordinates field operations. and to the Technical Officer, who develops Model of Care content. The Program Officer provides supportive supervision and coaching but does not line-manage clinic staff unless HR assigns this. Clinical questions are referred to the technical officer, clinical mentor, or the facility doctor. The Program Officer is responsible for on-site technical mentoring for health workers at the project sites and reports to the Senior Program Officer. The Senior Program Officer manages field operations, district relations, and the BPJS Kesehatan partnership process.

Project, Primary Healthcare Impact Lab



IV. JOB DESCRIPTIONS

Responsibility	Main Activity	Output/Measurement
1. Support recruitment, onboarding and training of frontline staff	- Support Human Capital and the Lead in selecting patient navigators and site coordinators. - Support the training needs assessment for patient navigators and health workers (physicians, nurses, pharmacy, and front-desk staffs on each sites) - Co-deliver training for navigators and health workers with Senior Program Officer, the Technical Officer and training team. - Run competency sign-off and the mock clinic day; deliver refreshers when SOPs or the model change.	- TNA was conducted - Navigators trained and signed off before each site launch (UHN Clinic April 2027; puskesmas May 2027). - Competency sign-off records for 100% of navigators. - Refresher training for Model of Care v2 (October 2027).
2. Lead supportive supervision of patient navigators	Visit each site weekly during launch and every two weeks once stable, using the same supervision checklist and combined with health workers mentoring visits.	- At least 90% of planned supervision visits completed. - Supervision checklist completed for every visit. - Monthly navigator performance summary per site.

Responsibility	Main Activity	Output/Measurement
	• Observe counselling, recall calls, refill reminders and JKN support; review navigator registers and recall lists. • Coach on the spot, agree to one or two fixes per visit and plan retraining where gaps persist. • Escalate clinical concerns to the facility doctor or clinical mentor and operational issues to the Lead.	
3. Support site readiness and day-to-day implementation	• Run readiness checks before launch: BP device calibration, medicine stock, forms, registers and patient flow. • Support pilot of observation tools and forms in coordination with Senior Program Officer and Technical Officer (e.g., scheduling, data collection) • Follow up gap-closure items with facility teams and support BPJS Kesehatan credentialing preparation at UHN Clinic. • Observe staff during real services (e.g., patient flow from front desk to pharmacy, patient tracking) • Solve day-to-day implementation problems with facility leads and record them in the issue log.	• Readiness checklist completed per site before launch. • Tools piloted • Monthly equipment and stock check per site. • Issues logged and closed or escalated within two weeks.
4. Monitor clinical quality and fidelity	• Complete fidelity checklists and BP measurement technique audits at each site: weekly spot checks during the soft launch, biweekly after. • Review patient registers, recall lists, red-flag cases and referral follow-up against the SOPs. • Share findings with the Technical Officer and MEL team; propose navigator SOP revisions.	• Monthly fidelity score per site submitted to MEL. • BP technique audit at each site every month. • Referral follow-up log up to date.

Responsibility	Main Activity	Output/Measurement
5. Ensure quality of field data	- With research assistants and MEL, check completeness of enrolment, consent, visit and recall records. - Check dashboard data against registers and resolve discrepancies with facility staff.	- At least 95% complete registers at each monthly review. - Data issues resolved within two weeks.
6. Support facilities –community linkage	- Work with the PHIL Community Organiser on Posbindu and kader links and on tracing people lost to care. - Bring patient and community feedback to the Community Advisory Board through the community team.	- Monthly list of patients lost to follow-up, with tracing status. - Field inputs to each Community Advisory Board meeting.
7. Coordinate field logistics and reporting	- Plan site visits, trainings, launches and workshops with the Senior Program Officer. - Write weekly field notes and a monthly supervision report; document activities for communications with consent.	- Weekly field update to the Lead. - Monthly field plan - Monthly supervision report by the fifth working day of the next month.
8. Contribute to learning and model refinement	- Present field observations at monthly learning reviews. - Provide inputs to SOP v1.1 after the UHN soft launch and to Model of Care v2. - Document lessons learned on training and mentoring (what worked or where staff struggled) to improve training and mentoring quality	- Field observation input for every monthly learning review. - Documented proposals for navigator SOP revisions. - Documented training and mentoring lessons

V. WORKING RELATIONS

Type	Stakeholder	Purpose of Interaction
Internal	Service Delivery & Model of Care Lead	Line management; priorities, supervision approach, escalation and performance.

Type	Stakeholder	Purpose of Interaction
	PHC Manager; Chief, HSSI	Management oversight and escalation of site-level issues.
	Senior Program Officer	Supervisor of field logistics, schedules, reporting and district relations.
	Technical Officer	Peer coordination on SOPs, tools, training content and fidelity findings.
	PHIL Community Organiser; Community Health Lead	Community links, Posbindu and kader, tracing people lost to care.
	Director of PHIL	Strategic direction of PHIL; field updates and site visits with partners when requested.
	Executive Officer PHIL	Workplan and milestone tracking, field progress updates, and coordination of visits and events.
	MEL team; research assistants	Fidelity data, register quality and monthly learning reviews.
	Human Capital; Finance	Navigator recruitment, field administration and expense reporting.
External	UHN Clinic, Puskesmas (heads, doctors, nurses, pharmacy, front desk)	Daily implementation, readiness, training, on-site technical mentoring and supervision visits.
	Patient navigators and site coordinators	Supportive supervision, coaching and retraining.
	District Health Offices; BPJS Kesehatan (Tegal branch)	Field coordination and credentialing logistics, when assigned.
	Kader, Posyandu and community actors	Linking patients to care and follow-up.

VI. QUALIFICATIONS

Minimum Qualifications

- **Education:** Bachelor's degree or professional degree in Medicine (dokter) or Nursing (Keperawatan); a degree in midwifery with NCD experience may be considered.
- **Work Experience:** At least two years of clinical or programme work in primary care, ideally including NCD or hypertension services, supervision of health workers or cadres, or quality improvement. Experience organising or facilitating training for health workers (adult learning) is preferred.

- **Specialized Knowledge:** Hypertension management and BP measurement, Puskesmas services and ILP, JKN/BPJS and referral; supportive supervision and coaching.
- **Language:** Fluent Indonesian; Javanese (Tegal dialect) is an advantage; working English for reading guidelines and writing short reports.
- **Certification:** Valid STR is preferred; training in supportive supervision, health coaching or counselling is an advantage.
- **Other:** Based in or willing to relocate to Tegal/Brebes; able to travel daily between sites (driving licence and own motorbike is an advantage); non-smoker or willing to stop; not a civil servant (ASN).

B. Competencies

- **Technical Competencies**
 - Hypertension and NCD care in primary care
 - Supportive supervision and coaching
 - Training facilitation for health workers and navigators
 - Fidelity checks and BP technique audits
 - Record keeping and data quality
 - Community engagement
 - Clinical mentoring and feedback to health workers
- **Behavioral Competency**
 - Integrity and the ability to represent CISDI in the field
 - Teamwork and conflict resolution
 - Clear communication with health workers and patients
 - Works with minimal supervision
 - Resilience and problem solving
 - Attention to quality