



Paediatric capitalization and training expert for TACTiC – Treat, Avoid and Cure TB in Children F/M

Médecins Sans Frontières, an international medical humanitarian association created in 1971, provides medical assistance to populations whose lives are threatened: mainly in the event of armed conflicts, but also of epidemics, pandemics, natural disasters or exclusion from care. The French section of MSF is present in about thirty countries.

In the context of a project opening, we are looking for a Paediatric capitalization and training expert for TACTiC – Treat, Avoid and Cure TB in Children F/M.

Mission

Children with tuberculosis (TB) are underdiagnosed and undertreated, leading to high mortality and morbidity. Almost all MSF projects, in almost all contexts see patients with TB and struggle with the challenges of diagnosing TB, especially amongst children. In March 2022, the World Health Organization (WHO) Global Tuberculosis Program published new recommendations for children with TB including an integrated treatment decision algorithm to diagnose pulmonary TB, a shorter 4-month treatment for non-severe TB and shorter treatments for TB prevention. These recent WHO recommendations present a unique window of opportunity that cannot be missed to transform the way that children with TB are diagnosed and treated across MSF projects, and to have a truly meaningful impact on mortality and morbidity from TB in this population.

In order to achieve this, MSF has built a project to scale up the use of the new recommendations, both within MSF projects and beyond, as well as to provide evidence to ease their further use and improvement.

All MSF operational sections are involved in this multidisciplinary, inter-working groups, transversal and integrated project which will roll out along **3 main axes of work**:

1. **Implementation** : Offering support and guidance to MSF teams and their partner Ministries of Health/National TB programs (MoH/NTP) to assess, plan and design adapted management of pediatric TB incorporating WHO recommendations. Strengthening the capacities of medical and paramedical staff in setting and projects not specialized in TB through training and development of tools.
2. **Operational research (OR)** : In some contexts, MSF projects will conduct operational research (OR) on the feasibility, acceptability, and validation of new recommendations in different contexts and populations.
3. **Advocacy** : With Access Campaign, developing evidence-based advocacy at international, national and local levels, for the implementation and scaling-up of the recommendations, as well as for enhanced access to diagnostic tools and the development of cheaper, more adapted ones.

The project should be user-centered (MSF teams, MSF/MoH clinicians and other health staff) and have a special focus on patient experience and coordination/continuity of care, anticipating dialogue with populations at every stage and inform what is left to do beyond medical needs. The main deliverables are a toolkit for implementation and advocacy and a roadmap for scale up.

MAIN RESPONSABILITIES

The main role of the pediatric capitalization and training expert will be to develop tools to support projects in the implementation of the WHO recommendations. In particular, he/she will be responsible for development of a comprehensive **implementation toolkit** including training tools to support successful field implementation of the WHO recommendations building on previous experiences of missions supported by TACTiC and to allow larger scale roll-out and support field team capacity. In addition, the capitalization officer will actively contribute to the development of a **roadmap** for effective global scale up across MSF, including an impact analysis.

1. Capitalization work:

The pediatric capitalization and training expert will:

- Develop elements of an **implementation toolkit**, based on the experiences of projects and technical referents already implementing the new recommendations and the documentation done as part of the operational research in some sites. The tools will support the projects in the i) needs identification, ii) preparation and adaptation to local context, iii) planification of needed resources, iv) implementation of the WHO recommendations (training, kickoff of activities, integration into the business-as-usual), and v) monitoring framework, for a continuous improvement of the

management of pediatric TB incorporating WHO recommendations. It will provide project teams enough guidance for autonomous preparation, deployment, and adoption of the WHO recommendations (with usual support from HQ referents and cells).

- Develop an adapted **learning package with training tools and contribute to a learning strategy**, in collaboration with relevant internal and external actors (for example WHO, EGPAF, Union) (medical referents, learning and development (L&D) units, TACTiC national and international implementation officers), targeting initial training and continuous learning, adapted to the local staff skills. These training modules/tools should be easy to transpose to as many contexts as possible. A methodology to measure the trainees' progress and to collect their feedback should also be developed.
- Prepare an **analytic report on implementation** in targeted sites which can be used for capitalization. Tools will be built by preparing a compilation of and by improving upon any existing and relevant tools (trainings, supporting tools, local advocacy etc.) collected from targeted sites and the documentation done as part of the operational research in some sites. The implementation report will include an analysis of the impact of the implementation of the recommendations as well as identifying common barriers and potential solutions. Note that some sites are participating in operational research which is documenting the implementation and the impact of implementation. **The capitalization officer will work in close collaboration with the OR team to transform this work into practical tools.**
- **Contribute to the broader roadmap** development with the project team that will be developed for the effective scale up of recommendations within MSF through the report on implementation and a summary of the learning experiences.
- Contribute to the **Monitoring and Evaluation framework** of the project in order to i) continuously document the projects inputs and outputs, ii) regularly evaluate the effects of the implementation in the targeted countries (number of children diagnosed, number of children put on timely and effective treatment, prevention of new cases etc.) iii) evaluate the impact of the intervention on staff confidence. This work will be conducted in collaboration with operation, medical and L&D departments, and with external institutions working on management of pediatric TB, seeking opportunity for harmonization in indicators and methodology. Developing tools for record keeping and data collection, improving the data structure, defining key indicators, and developing visualization tools to make them easily accessible to both supervisors and health workers, will support monitoring activities.

The pediatric capitalization and training expert may also contribute to but not be responsible for:

- the development of the communication strategy to engage communities/patients in the intervention, including information on patients' rights, in collaboration with relevant working groups (health promotion, health education etc.)
- the development of advocacy tools to support project teams to engage with MoH/NTP for the implementation and scaling-up of the recommendations.

2. Project level implementor role:

In order to become familiar with the implementation process firsthand, the pediatric capitalization and training expert will travel to the project to support the implementation of the WHO recommendations in at least one project site as per the needs of the hosting MSF Mission/Project. The implementor works closely with an appointed TB focal point from the project with the goal of training, mentoring, and supporting the TB focal point who will be responsible in the long term for support to TB activities in the project. Therefore, all activities as described below are performed in collaboration with the project teams and TB focal point:

1. Preparation phase (estimated time required: 1 month – preparation can start before departure)

- A brief assessment, including:
 - a mapping of current practices (i.e. diagnosis, treatment and prevention of TB in children) in the MSF project and in the wider context of the country relevant to the project for MSF (all sections), MoH/NTP and other key implementation partners,
 - the identification of barriers to implementation of the WHO recommendations both at MSF and MoH/NTP levels, the identification of solutions to overcome those barriers,
 - the identification of the routine indicators on TB already followed up by the MSF project.
- Development of a plan of action for the implementation of the WHO recommendations with the team, including:
 - a projected timeline and evaluation of what resources and tools would be needed,
 - in collaboration with the MSF HQ pediatric advisor, MSF Mission's Medical Coordinator and/or Project's Medical Referent, and MoH/NTP relevant representatives, a proposition of where the TB diagnostic algorithms articulate with the current pediatric algorithms, and how to integrate the two,

- a plan for advocacy at local level as pertinent
- In coordination with the MSF HQ TB, pediatrics and diagnostic advisors, the MSF Mission/Project medical management team and the MoH/NTP focal point and other relevant key stakeholders (MSFeCARE, etc.), the development of user-centered training and support tools, or the adjustment of existing ones, to facilitate the implementation in the targeted project as well as in other MSF/MoH projects in the country.

2. Implementation phase (estimated time required: 1 month - can include follow up after a period of implementation)

- Active support as required and requested by the MSF Coordination/Project for dialogue with MoH/NTP and other key external stakeholders on the introduction of the WHO recommendations, including, where relevant, participation to the organization and animation of inclusive design workshops.
- Organization, animation, follow-up and potential adjustment of inclusive (MSF, MoH) training sessions for targeted health and other staff, including the measurement and analysis of training outcome, e.g. (projected) effect on practice.
- Feedback on training and first days/weeks of implementation outcomes (staff practice, patient's adherence, etc.) and impact (link to programmatic indicators: number of patients diagnosed, treated, followed-up, etc.). Lessons learned and identification of adjusting measures if/where relevant.
- In coordination with MSF sections active in the country, identification of and support to additional MSF implementing sites in country through:
 - Transposition of training and support tools for tailored use in additional sites
 - Where possible, direct on-site training and/or training of trainers
 - Identification of peer-to-peer support possibilities from "pilot" site to subsequent sites in country

The time estimated for supporting kick-start of implementation is project dependent but can be estimated as 8 weeks on average.

DELIVERABLES

- Implementation package/toolkit including contribution to M&E framework
- Adapted training /learning package/tools
- Analytic report on implementation in targeted sites.
- Compilation of relevant tools (training, support, local advocacy) collected from targeted sites.
- Contribution to broader roadmap for scale up in MSF

ORGANIGRAM

Hierarchical manager : The Project Manager will supervise the pediatric capitalization and training expert to ensure a good integration with key MSF internal stakeholders, respectful of the project's objectives, scope and budget.

The project leader will guide the capitalization office in the type and content of the tools developed and their transposability to other projects and will be the link with the technical groups.

The research coordinator will facilitate the work of the pediatric capitalization and training expert to leverage the documentation done a part of the operational research in the tools.

Compétences professionnelles

EXPERIENCE

- Management of sick children in MSF contexts, required (at least two to three missions)
- Experience developing training and implementation tools.
- Experience of capitalization: writing of analytic report, extracting lessons learnt and transforming these into concrete tools
- Experience with implementing new recommendations a strong asset.
- Experience of diagnosing and treating children with tuberculosis an advantage but not essential

EDUCATION

- Medical profile: medical doctor degree

KNOWLEDGE AND SKILLS

- Excellent analytical skills
- Good knowledge of children's health: previous work experiences in MSF paediatric projects
- Knowledge of tuberculosis a strong asset

LANGUAGES

- Fluent written and spoken English C1 required.
- Good written and spoken French B2 required.

Qualités requises

- Rigor, autonomy and organization
- Team spirit, sense of initiative and cooperation
- Good communication
- Excellent training skills
- Excellent reporting skills

Spécificités du poste

Status: The post is 4 months based in country with MSF representation but with the possibility to work according to Central European Time zone and ability to travel to the field.

Salary conditions: According contracting section MSF

Position to be filled: Current October 2024

Our wish is to promote inclusion and diversity. We also wish to improve the representation of people with disabilities in our workforce.

Type de contrat : CDD

Durée du contrat : 4 mois

Salaire (€) : Salary according contracting section MSF

Date limite de dépôt des candidatures : 09/10/2024