

# TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT



## 1. Title of the assignment:

Technical assistance to conduct end-line assessment of Primary Health Care and Local Health System Strengthening in NTB Province

## 2. Background and Justification:

Global recommendations underscore the substantial benefits of advancing Universal Health Coverage (UHC) in 67 Low and Middle-Income Countries (LMICs) through increased investments of US\$200–328 billion annually in Primary Health Care (PHC)<sup>1</sup>. In Indonesia, PHC transformation is a fundamental pillar of the health transformation agenda and the first point of contact for accessible, continuous, comprehensive, and coordinated people-centered care. Indonesia's Health Law No. 17/2023 mandated local governments to actively govern the primary healthcare (PHC) system at the province and district levels. Therefore, strengthening the PHC system at the sub-national level is vital for achieving Universal Health Coverage (UHC), with Puskesmas as the frontline provider. However, challenges persist in Indonesia, including limited flexibility in financial resource management, maldistribution of health workforce, fragmented health information systems, and inadequate local government capacity, particularly at the district level.<sup>2</sup>

In collaboration with the MoHA and the MoH, UNICEF assisted NTB Province with PHC Strengthening, which was initiated in 2022. Initially, the pilot intervention was conducted in Lombok Barat and Lombok Timur; later, the piloting was expanded to Bima and Sumbawa Barat in 2023. The intervention model translated the operational framework for primary healthcare<sup>3</sup> into the decentralized context. The system capacity has been strengthened with an emphasis on strategic levers, which consists of five areas of intervention:

1. Data utilization for planning and budgeting
2. Strengthening the District Health Strategic Plan
3. Good governance on Non-Profit Public Service Agency of Primary Health Care (BLUD Puskesmas)
4. Supportive supervision system
5. Continuous Quality Improvement and Entrepreneurship for Primary Health Care

The collaborative technical assistance of UNICEF and the Government of Indonesia has been instrumental in reaching 76 Puskesmas in four districts (Lombok Barat, Lombok Timur, Bima and Sumba Barat Daya). This joint effort, which included serial workshops, training, coaching, and supervision delivered to health workers and managers of Puskesmas and district stakeholders throughout 2022-2024, has been a key factor in the program's success. As we design the exit strategy for 2025, we are committed to ensuring the replicability and sustainability of the program. UNICEF Indonesia is seeking an institution/agency with expertise in health systems strengthening to support UNICEF, the MoHA and MoH, in conducting the endline assessment and developing the scaling-up roadmap for the PHC Strengthening program that was piloted in NTB Province.

The information about the program intervention can be accessed in: <https://s.id/PHCNTB>

<sup>1</sup> Stenberg, K., Hanssen, O., Bertram, M., Brindley, C., Meshreky, A., Barkley, S., & Tan-Torres Edejer, T. (2019). Guide posts for investment in primary health care and projected resource needs in 67 low-income and middle-income countries: a modelling study. *The Lancet Global Health*, 7(11). [https://doi.org/10.1016/S2214-109X\(19\)30416-4](https://doi.org/10.1016/S2214-109X(19)30416-4)

<sup>2</sup> Nida, S., Tyas, A.S.A., Putri, N.E. et al. A systematic review of the types, workload, and supervision mechanism of community health workers: lessons learned for Indonesia. *BMC Prim. Care* 25, 82 (2024). <https://doi.org/10.1186/s12875-024-02319-2>

<sup>3</sup> Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020.

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## 3. Purpose of the assignment:

A team of consultants is assigned to conduct a robust assessment and strategic scaling-up roadmap as part of a program exit strategy. The appointed consultants are expected to deliver the following results:

- a) Evaluation Report on the pilot intervention in NTB Province, which covers at least five criteria: relevancy, acceptability, effectiveness, impact and sustainability
- b) Report on cost-effectiveness analysis (CEA) of the pilot interventions
- c) Report on scaling up roadmap at NTB province and national levels considering the local capacity context.

## 4. Scope of Work:

The expected results of this assignment will be accomplished through the scope of work presented below:

Tasks	Deliverable	Timeframe/ duration	Percentage payment
1. Develop evaluation protocol, instrument and workplan	a) Evaluation protocol with clear research question, objectives, structured instrument, and detailed workplan b) Ethical clearance and research permit	20 April 2025	10%
2. Conduct training and socialization for data collection	Training report including the guideline of data collection	10 May 2025	20%
3. Conduct data collection and cleaning (quantitative and qualitative)	Data collection report and presentation of the initial results	10 July 2025	30%
4. Conduct data cleaning, analysis and validation	Draft evaluation report and recommendations	10 September 2025	10 %
5. Conduct consultation meeting(s) and policy dialogue with relevant stakeholders to sharpen the recommendations and scaling up roadmap/modeling	a) Final report and scaling up roadmap/modeling (Bahasa Indonesia and English) b) Policy briefs and advocacy materials (Bahasa Indonesia and English) c) Set of clean raw data directory	30 October 2025	20%
6. Conduct dissemination for the final result	a) Dissemination report b) Draft publication manuscript	10 December 2025	10%

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## 5. Methodology:

The evaluation of this program implementation uses a mixed-method approach to examine various implementation outcomes based on the taxonomy recommended by the WHO<sup>4</sup>, systematically assessing the determinants of program implementation. The evaluation covers at least four criteria: acceptability, effectiveness, impact and sustainability of the intervention. In addition to the implementation evaluation, an impact analysis on cost-effectiveness should also be conducted, such as cost-effectiveness analysis (CEA) or other relevant analysis. The analysis is crucial for assessing the financial implications of the program and informing decisions about scaling up the program. Based on the evaluation, a roadmap on scaling up of the program at the NTB Province level and nationwide levels will be developed to guide local and national governments in developing an exit strategy.

**6. Timing/duration of contract:** 8.5 months, from 30 March 2025 to 15 December 2025

## 7. Travel and Standards of Accommodation

Travel is expected as part of the assignment with destination to NTB Provinces, including 4 control and intervention districts. The estimated travel budget must be included in the financial proposal. Travel cost shall be calculated based on economy class travel, regardless of the length of travel and costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates of IDR 1,000,000 per night

MAXIMUM TRAVEL TIME ALLOWED FOR ALL PERSONNEL: 100 DAYS

## 8. Deliverable and Payment Schedule:

No	Deliverables	% of total Contract Value Proposed
1	a. Evaluation protocol with clear research question, objectives, structured instrument, and detailed workplan b. Ethical clearance and research permit	10%
2	Training report including the guideline of data collection	20%
3	Data collection report and presentation of the initial results	30%
4	Draft of evaluation reports and recommendations	10 %
5	a) Final report and scaling up roadmap/modeling (Bahasa Indonesia and English) b) Policy briefs and advocacy materials (Bahasa Indonesia and English) c) Set of clean raw data directory	20%
6	a) Dissemination report b) Draft publication manuscript	10%

<sup>4</sup>Ogundahunsi O, Kamau EM (eds). Implementation research toolkit, second edition. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

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## 9. Qualifications:

1. The institution/agency must be legal entity:
  - Proven experience in health policy development and evaluation, implementation research, health program evaluation.
  - At least 5 years' experience in program or policy evaluation and roadmap development or extensive portfolio of minimum 2 policy or program evaluations at nation-wide.
  - The firm/institution should be nationally registered (in Indonesia under the prevailing law) or having permits to operate in Indonesia.
  - Proven experience of policy research, program evaluation and advocacy activities across diverse stakeholders and regions of Indonesia.
2. Team members should have the following qualifications:
  - Leading national experts with reputable experience on policy development and evaluation, program evaluation, economic evaluation, utilization of mixed methods, experimental research, and those familiar with co-developing strategic planning with government.
  - At least one leading researcher with at least 5 years' experience and minimum 5 publications on health economic and public health research, impact evaluation, and implementation research
  - At least one expert with at least 5 years' experience in public policy and strategic planning, program management and development, capacity building delivery and evaluation.
  - At least one expert with at least 2 years' experience in statistic, data science, data analyst or data management.
  - Strong organizational skills and ability to handle multiple tasks under tight deadlines.
  - Strong communication and advocacy skills, including writing a publication manuscript
  - Excellent project management, finance, and operation

## 10. Evaluation Criteria

CATEGORY	MAX. POINTS	MIN. PASS POINTS
<b>1. MANDATORY REQUIREMENTS (PASS/FAIL)</b>		
1.1 Legal document for operation permit in Indonesia		
<b>2. ORGANIZATIONAL CAPACITY</b>		
2.1 Institution/company profile indicating major work, with the justification of why the institution is well suited to the assignment.	5	
2.2 Detail of relevant experience, including project portfolios and a list of consultancies on public health, and or relevant fields and a list of clients in the last five years, including contact details (name, email address, and phone numbers that can be used as reference)	10	
<b>3. QUALITY OF THE TECHNICAL PROPOSAL</b>		
3.1 Proposed methodology and approach to meet the objectives articulated in the TOR	20	
3.2 Implementation timeline: identify key tasks and appropriate timeline as well as the focal person for each activity/deliverable.	15	

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<b>4. KEY PERSONNEL</b>		
4.1 Names and complete CVs of the institution personnel directly involved in the consultancy, including (but not limited to) the designated Team Leader and project officer.	5	
4.2 Adequate and appropriate staff combination concerning the respective tasks and deliverables (see TOR) and relevant prior experiences of similar scope and complexity.	5	
<b>TOTAL TECHNICAL EVALUATION</b> *Bidder has to meet this minimum passing point for Technical Evaluation to be considered further for Technical Presentation Evaluation	<b>60</b>	<b>45*</b>
<b>TECHNICAL PRESENTATION</b> **Bidder has to meet this minimum passing point for Technical Presentation to be considered further for Financial Evaluation	<b>10</b>	<b>7**</b>
<b>PRICE/FINANCIAL PROPOSAL</b> Financial proposals should be all-inclusive, including costs for fees, travel, sub-contracts, and other necessary expenses.	<b>30</b>	
<b>TOTAL MARKS</b>	<b>100</b>	