

# TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT



## 1. Title of the assignment:

Institutional consultant to conduct pilot of institutionalization strategy for community health workers at district and village levels.

## 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) and Community Health Worker (CHW) strengthening interventions.<sup>1</sup> CHWs are pivotal in PHC transformation, serving as the first point of contact for accessing healthcare, facilitating continued people-centered healthcare and bolstering community resilience. However, in Indonesia, CHWs remain unorganized and fragmented, and thus undervalued, under-supported, and unappreciated, hindering their empowerment and efficient contribution to the PHC system. Effective planning, budgeting, provision of essential facilities, clear roles, supportive supervision, and continuous capacity building are imperative for enhancing the management system of CHWs in Indonesia.<sup>2</sup>

There has been a call for political commitment to integrate Community Health Workers (CHWs) into the Primary Health Care (PHC) system, as the RPJMN 2025–2029 recognizes CHW institutionalization as a key component of PHC investment. The Indonesian government recently issued regulations—Minister of Health Regulation No. 19/2024 and Minister of Home Affairs Regulation No. 13/2024—to expand the roles of Posyandu and CHWs beyond health services, aiming to achieve the six minimum service standards (SPM). These expanded roles require stronger governance at both national and sub-national levels.

Furthermore, the master plan and operational guideline for Posyandu 6 SPM were launched by the Ministry of Home Affairs (MoHA) through the Decree of the Posyandu Steering Committee (TPP Posyandu) No. 011/KEP/POSYANDU.Pst/IX/2024. To align and operationalize these regulations, UNICEF has been supporting the Government of Indonesia (GoI) in developing an operational guideline for CHW institutionalization at the district level. This guideline outlines six key actions for district governments, including: (1) stakeholder mapping; (2) situation analysis and needs assessment; (3) regulation formulation; (4) integrated work plan development and budgeting; (5) training and mentoring; and (6) monitoring, supervision, and evaluation.

Moving forward, a pilot on the operational guidelines on institutionalization of CHWs at the district level is essential to identify barriers and enabling factors for effective implementation of the community health strategy, as described in Figure 1. UNICEF Indonesia is seeking an institution/agency to support UNICEF, the Ministry of Home Affairs, and the Ministry of Health in piloting the operational guidelines on institutionalization of Community Health Workers at the district and village levels. This will require intensive engagement with relevant stakeholders and experts throughout the planning, implementation and evaluation phases, as well as a strong focus on inclusive stakeholder engagement. Candidate is expected to work closely with the MOHA, MoH, and UNICEF in knowledge exchange activities and engage with sub-national governments and related stakeholders.

<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>

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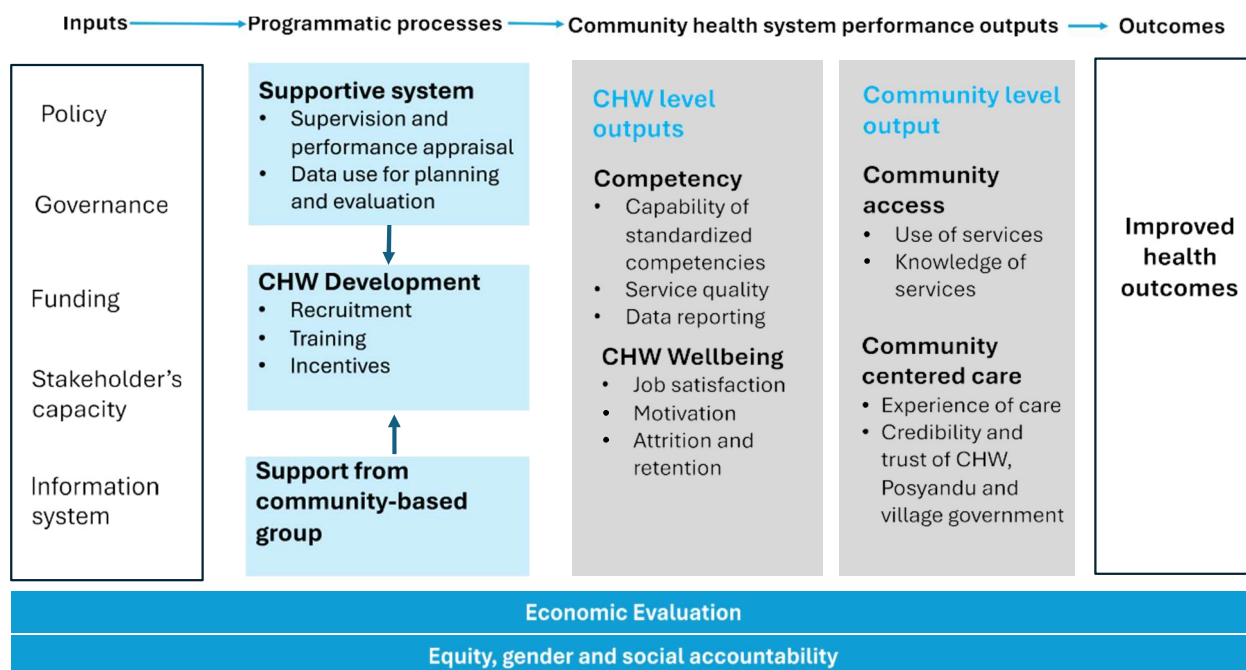


Figure 1. Framework for Strengthening Community Health Workforce Within Primary Health Care Systems (Agarwal, et al., 2019)<sup>3</sup>

### 3. Purpose of the assignment:

The candidate is expected to pilot the operational guidelines on institutionalization of community health workers at the district and village level. The detailed tasks of the consultancy are:

- Develop implementation protocol for strengthening the operational guidelines on institutionalization and governance of community health workers at district and village level.
- Conduct a baseline assessment of the current planning, governance and budgeting structure for the CHW program at the district & village level, including assessment of the capacity of the stakeholders in managing their expected roles under the operational guidelines.
- Conduct a pilot to implement the operational guidelines including relevant capacity building of stakeholders.
- Conduct routine monitoring and supportive supervision of the pilot to track the progress of intervention with the involvement of key stakeholders
- Conduct an endline assessment of the pilot and develop a scaling up plan.
- Hold a dissemination event to inform policymakers and practitioners about the results of pilot. This should include policy and technical briefs and presentations in formats suitable for policymakers and practitioners (e.g., policy and community dialogues, briefings, media bites, videos and/or podcasts). Teams will also be encouraged to use digital formats creatively.

### 4. Scope of Work:

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

<sup>3</sup> Agarwal S, Sripad P, Johnson C, et al. A conceptual framework for measuring community health workforce performance within primary health care systems. *Hum Resour Health*. 2019;17(1):86. Published 2019 Nov 20. doi:10.1186/s12960-019-0422-0

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Tasks	Deliverable	Timeframe/ duration	Percentage payment
1. Develop the implementation protocol and consult with relevant stakeholders to finalize the protocol	a. Implementation protocol which consists of situation analysis, logical framework, workplan, monitoring and evaluation framework, and communication strategy b. Ethical clearance	20 April 2025	15%
2. Conduct baseline assessment of the pilot at selected districts of intervention and control	Report of baseline assessment, project risk assessment & mitigation plan, data management platform/indicator tracking table	20 Mei 2025	15%
3. Conduct a pilot to implement the operational guidelines including relevant capacity building of stakeholders	a. Certified module and capacity-building kits (trainer guide, training materials/learning media, and evaluation guide). b. Mid-term report of implementation, including capacity-building activities.	30 September 2025	35 %
4. Conduct routine monitoring and supportive supervision with the involvement of key stakeholders	Report of monitoring, supervision and consultation activities, including documentation of the implementation process (video, human interest story, or other creative documentation format)	30 October 2025	10%
5. Conduct an endline assessment of the pilot	Report of endline assessment and scaling up modeling/roadmap	30 November 2025	15%
6. Hold dissemination event and policy dialogue	a. Final project report and draft manuscript for publication b. Communication and advocacy materials which are suitable for policymakers and practitioners (e.g., policy brief, media bites, videos and/or podcasts, or other creative digital formats) c. Set of clean raw data directory from monitoring and evaluation activities	20 December 2025	10%

## 5. Methods

The pilot will implement a community-based experiment in two control districts/cities and two intervention districts/cities in NTT. The recommended inclusion criteria (open to other alternatives) are as follows: (1) currently implementing integrated primary health care for at least six months; (2) an average village index score of 69.35%–79.62% in 2024 (categorized as an Advanced Village/Desa Maju); (3) received revenue-sharing funds from tobacco product excise (Dana Bagi Hasil Cukai Hasil Tembakau) in 2025; (4) has not received CHW-related interventions from other parties.

The intervention design focuses on inputs and programmatic processes, as illustrated in Figure 1. Systemic capacity building is required not only at the individual level but also at the institutional, system, and community levels at the sub-national level (e.g., pyramid capacity building<sup>4</sup>). Routine monitoring will assess the implementation of input and process aspects, while the endline evaluation will assess outputs and outcomes

<sup>4</sup> Potter, C., & Brough, R. (2004). Systemic capacity building: a hierarchy of needs. *Health policy and planning*, 19(5), 336–345. <https://doi.org/10.1093/heapol/czh038>

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based on the taxonomy of the TDR Implementation Research Toolkit<sup>5,6</sup>. At a minimum, it will cover five aspects: acceptability, adoption, feasibility, cost-effectiveness, and sustainability. The evaluation results will be used to develop province- and nationwide scaling-up roadmaps at the end of the piloting activity.

**6. Timing/duration of contract:** 9 months, from 30 March 2025 to 30 December 2025

## 7. Deliverable and Payment Schedule

No	Deliverables	% of total Contract Value Proposed
1	a. Implementation protocol which consists of situation analysis, logical framework, workplan, monitoring and evaluation framework, and communication strategy b. Ethical clearance	15%
2	Report of baseline assessment, project risk assessment & mitigation plan, data management platform/indicator tracking table	15%
3	a. Certified module and capacity-building kits (trainer guide, training materials/learning media, and evaluation guide). b. Mid-term report of implementation, including capacity-building activities.	35 %
4	Report of monitoring, supervision and consultation activities, including documentation of the implementation process (video, human interest story, or other creative documentation format)	10%
5	Report of endline assessment and scaling up modeling/roadmap	15%
6	a. Final project report and draft manuscript for publication b. Communication and advocacy materials which are suitable for policymakers and practitioners (e.g., policy brief, media bites, videos and/or podcasts, or other creative digital formats) c. Set of clean raw data directory from monitoring and evaluation activities	10%

## 8. Qualifications

- The institution/agency must be legal entity:
  - Proven experience in health and community development, implementation research, health program management and evaluation, capacity building design, and co-creation program implementation with national or sub-national governments
  - At least 3 years' experience in program development, primary health care and community engagement or extensive portfolio of minimum 1 project with scaling up buy in from government
  - The firm/institution should be nationally registered (in Indonesia under the prevailing law) or having permits to operate in Indonesia
  - Proven experience of project management and advocacy activities across diverse stakeholders of Indonesia.
- Team members should have the following qualifications:
  - At least one senior expert with minimum 10 years' experience on program delivery, monitoring and evaluation, familiar with co-developing solutions with government, with portfolio on implementation research
  - At least one member with minimum 5 years' experience in human resources for health and capacity

<sup>5</sup> Ogundahunsi O, Kamau EM (eds). Implementation research toolkit, second edition. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO

<sup>6</sup>Brownson, R. C., Colditz, G. A., & Proctor, E. K. (Eds.). (2018). Dissemination and implementation research in health: translating science to practice. Oxford University Press.

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building delivery and evaluation (specifically for sub-national government), with portfolio on capacity building strategy and module development

- At least one member with minimum 3 years' experience in public policy communication, stakeholder engagement, advocacy and communication products development
- Strong organizational and leadership skills
- Strong communication, forum management and advocacy skills, including writing and presentation skills
- Excellent project management, finance, and operation, as well as capable to manage project on Microsoft environment and power BI/ other data management platform.

## 9. 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	
<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>	<b>60</b>	<b>45*</b>
*Bidder has to meet this minimum passing point for Technical Evaluation to be considered further for Technical Presentation Evaluation		
<b>TECHNICAL PRESENTATION</b>	<b>10</b>	<b>7**</b>
**Bidder has to meet this minimum passing point for Technical Presentation to be considered further for Financial Evaluation		
<b>PRICE/FINANCIAL PROPOSAL</b>	<b>30</b>	
Financial proposals should be all-inclusive, including costs for fees, travel, sub-contracts, and other necessary expenses.		
<b>TOTAL MARKS</b>	<b>100</b>	