

GENERAL INFORMATION

Title: Support Specialist for SMILE Pilot Project in Indonesia (National Consultant) (West Java and DKI area)

Project Name: Health Governance Initiative

Reports to: Health Governance Project Manager

Duty Station: Home Based

Expected Places of Travel (if applicable): N/A

Duration of Assignment: 45 working days within 3 months

REQUIRED DOCUMENT FROM HIRING UNIT

	TERMS OF REFERENCE
(3)	CONFIRMATION OF CATEGORY OF LOCAL CONSULTANT, please select:
	(1) Junior Consultant
	(2) Support Consultant
	(3) Support Specialist
	(4) Senior Specialist
	(5) Expert/ Advisor
	CATEGORY OF INTERNATIONAL CONSULTANT, please select:
	(6) Junior Specialist
(7) Specialist	
(8) Senior Specialist	
X	APPROVED e-requisition

REQUIRED DOCUMENTATION FROM CONSULTANT

X	Completed P11 with at least 3 (three) referees
X	Copy of education certificate
X	Completed financial proposal
X	Completed technical proposal

Need for presence of IC consultant in office:

☒ partial (coordination for program/activity planning, implementation and monitoring)

☐ intermittent

☐ full time/office based (needs justification from the Requesting Unit)

Provision of Support Services:

Office space: ☐ Yes **X No**

Equipment (laptop etc): ☐ Yes **X No**

Secretarial Services ☐ Yes **X No**

If yes has been checked, indicate here who will be responsible for providing the support services:

I. BACKGROUND

Indonesia has a generally well performing immunization programme but there remain important discrepancies within and between regions and according to UNICEF there is a persisting immunization gap of 1.9M children under immunized¹. Access to immunization and adequate coverage is a key element of the Universal Health Coverage which Indonesia is committed to attain by 2019. Central to the immunization programme is the vaccine supply chain. Assessments of the vaccine Supply Chain Management in Indonesia reveal (among other issues):

- Poor visibility and unreliable stock monitoring (no real time stock monitoring) leading to poor planning, unequal distribution and delivery (e.g. demand-supply mismatch) and reactive management;
- Suboptimal cold chain monitoring leading to wastage;
- Substandard reporting, data flow and quality assurance on data;
- Immunization workforce capacity (distribution, skills set, workload, etc)

These issues, in turn, cause delayed progress, limited impact (by constrained coverage and prolonged stock out), stalled new vaccine introduction and suboptimal immunization at population level

Contextual factors negatively impacting the vaccine SCM in Indonesia (and immunization overall) include the decentralization of a complex health system, extreme geography imposing physical and logistical challenges for vaccine supplies and information flow and 'people factors'. The later can be loosely described as including human resources landscape in the immunization programme (supply side) and a range of social determinants comprising varying degrees of community awareness and acceptance of immunization (based on level of education, belief systems, agency and socioeconomics).

Although it is playing a critical role, vaccine Supply Chain has received comparatively little investment. Pressed to meet its commitment to Universal Health Coverage by 2019, Indonesia is in urgent need of innovation to improve vaccine supply chain management.

A pilot project was initiated -with the support from UNDP- in two districts, Bogor and South Tangerang in West Java and Banten Provinces, respectively. The pilot project uses the Electronic Vaccine Intelligence Network technology (eVIN) which transformed the vaccine supply chain in India and therefore looks promising for Indonesia. EVIN has become SMILE in Indonesia, stand for *Sistem Monitoring Immunisasi dan Logistik secara Elektronik*.

In short SMILE uses mobile and web-based applications to allow real time visibility of vaccine cold chain. It does so by digitizing stock supplies and storage temperature across the vaccine cold chain points. SMILE also helps track storage temperature of vaccines through SIM-enabled temperature loggers attached to the cold chain equipment. At the core of the project is a human resources development component supported by a defined supervision plan and a rigorous training regimen.

The system provides an integrated solution to address widespread inequities in vaccine coverage by supporting state governments in overcoming constraints of infrastructure, monitoring and management information systems and human resources.

As of July 2018, the system has been set up in 54 Puskesmas (community Health Care Center) in the two Provinces, Banten and West Java. The project engages with stakeholders at all levels: Ministry of Health (MoH), Provincial Health Office (PHO) and District Health Office (DHO). Cold chain data and vaccine stock (utilization) data is simultaneously updated in the SMILE application and uploaded on a cloud server which can then be viewed by program managers at district, province, and national level through online dashboards.

¹ UNICEF

To ensure successful of SMILE pilot project in Indonesia, UNDP intend to looking for Vaccine Logistic and Cold Chain Manager who responsible for implementing and monitoring for all cold chain projects.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

The general purpose of this ToR is engagement of the VCCM that would serve as to support :

1. Capacity Assessment for vaccines management and information technology system at Primary Health Care and District Health Office;
2. Collect metadata for new facilities in West Java Province and DKI Jakarta;
3. Support the District Immunization Officer in all the activities pertaining to vaccine logistics and cold chain management in the districts;
4. Building a partnership in district and Puskesmas level;
5. Facilitating capacity building and assistance for local government;
6. Monitor and evaluate the implementation system of SMILE in piloting area;

Expected deliverables/outputs:

Expected deliverables	Estimated number of working days	Completion deadline	Review and Approvals Required
1. Report on metadata collection of DHO facilities in DKI Jakarta Province	15 working days	30 October 2019	Project Manager for HGI
2. Report on monitoring SMILE in West Java and DKI Province	15 working days	29 November 2019	Project Manager for HGI
3. Final Report for implementing SMILE	15 working days	30 December 2018	Project Manager for HGI

III. WORKING ARRANGEMENTS

Reporting

The Consultant shall report to the Health Governance Project Manager, for any queries and assistance on deliverable based.

Duration of Assignment

The duration of the assignment is 45 working days within 3 months, renewable subject to availability of funds.

Payment The consultant will be paid on a daily rate (based on the number of days worked) and on the approved report and Certificate of Payment.

Travel

In the event of unforeseeable travel not anticipated in this TOR, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between the respective business unit and the Individual Consultant, prior to travel and will be reimbursed by UNDP.

The fare will always be “most direct, most economical” and any difference in price with the preferred route will be paid for by the expert.

Travel costs shall be reimbursed at actual but not exceeding the quotation from UNDP approved travel agent.

No	Destination	Frequency	Duration/days
1	Bandung, West Java	2 times	2 days

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS	
I. Academic Qualifications:	<ul style="list-style-type: none"> Bachelor Degree in Business Administration/ public health/ social science/ Information Technology/ English literature or related field from a recognized institution.
II. Experience:	<ul style="list-style-type: none"> Minimum 3 years of combined working experience in managing, implementation, monitoring and evaluation; Experience in working with national and subnational, development agencies, and or international agencies in health; Preferably has experience on health program information in cold chain management;
III. Language:	<ul style="list-style-type: none"> Strong written and spoken in English.

I. EVALUATION METHOD AND CRITERIA		
Individual consultants will be evaluated based on the following methodologies:		
<p><u>Cumulative analysis</u></p> <p>When using this weighted scoring method, the award of the contract should be made to the individual consultant whose offer has been evaluated and determined as:</p> <p>a) responsive/compliant/acceptable, and</p> <p>b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.</p> <p>* Technical Criteria weight; 70%</p> <p>* Financial Criteria weight; 30%</p> <p>Only candidates obtaining a minimum of 70 point would be considered for the Financial Evaluation</p>		
Criteria	Weight	Maximum Point
<u>Technical</u>		100

Criteria A: qualification requirements as per TOR:	70	70
1. Bachelor Degree in Business Administration/ public health/ social science/ Information Technology/ English literature or related field from a recognized institution.		15
2. Minimum 3 years of combined working experience in managing, implementation, monitoring and evaluation;		20
3. Experience in working with national and subnational, development agencies, and or international agencies in health;		20
4. Preferably has experience on health program information in cold chain management;		15
Criteria B: Brief Description of Approach to Assignment	30	30
1. Understand the task and applies a methodology appropriate for the task as well as strategy in a coherent manner		10
2. Important aspects of the task addressed clearly and in sufficient detail		10
3. Logical, realistic planning for efficient project implementation		10