**General Information**

**Title:** National Coordinator for SMILE (National Consultant)

**Project Name:** Health Governance Initiative (HGI)

**Reports to:** Project Manager

**Duty Station:** Home Based

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

**Duration of Assignment:** 76 working days (Feb to June 2020)

**Required Document from Hiring Unit**

**Terms of Reference**

**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

**Approved e-requisition**

**Required Documentation from Consultant**

- X Completed CV or 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 immunized\(^1\). 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.

UNDP is scaling up the SMILE solution across 600 Community Health Centres in Indonesia in 2020 to improve vaccine cold chain logistics system, as part of the GAVI Post Transition Engagement grants for the Government of Indonesia. As part of initial coverage, SMILE has already been piloted in 58 cold chain points in two Cities in two Provinces, West Java and Banten. Moving forward, UNDP has now been asked by the Govt. of Indonesia to expand SMILE implementation to further include 600 cold chain points up to 9 provinces. The final intent is to expand the SMILE implementation to all cold chain in Indonesia in a phase wise rollout during 2020-2024. The 9 provinces are in DKI Jakarta, Banten, Riau, West Java, Central Java, East Kalimantan, Gorontalo, Papua and Papua Barat.

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.

To ensure successful of SMILE pilot project in Indonesia, UNDP intend to looking Provincial Facilitator who support to district facilitator, PHO and DHOs in optimizing data generated from

\(^1\) UNICEF
SMILE application to prepare regular data reporting on utilization and projection of vaccines and other logistics. The incumbent will the Technical Support will be responsible for tracking results and apply the monitoring framework as set up in the project document, in line with prevailing internal monitoring guidelines and ensure reporting arrangements are in place and are being implemented to ensure that the reporting requirements are met in a timely manner.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

1. Manage, guide and mentor a team of nearly support specialist and VCCM based at the district level
2. Review and analyse SMILE baseline data and metadata
3. Responsible to develop M&E framework for SMILE implementation
4. Manage training for SMILE implementation and provide technical inputs to address gaps and bottlenecks
5. Develop scaling up recommendation for SMILE Project
6. Ensure smooth partnership, building synergies, in working with government, coordination unit, other development partners and vendors
7. Represent UNDP in the various technical meetings, resource groups, other forums related to health and immunization

Expected deliverables/outputs:

<table>
<thead>
<tr>
<th>Deliverables/ Outputs</th>
<th>Estimated number of working days</th>
<th>Completion deadline</th>
<th>Review and Approvals Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report on preparation of scale-up SMILE</td>
<td>15 working days</td>
<td>28 Feb 2020</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Training report for new health facilities and districts</td>
<td>14 working days</td>
<td>30 Mar 2020</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Launching SMILE within inviting 34 provinces</td>
<td>15 working days</td>
<td>20 Apr 2020</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Refinement on SMILE Post GAVI Transition</td>
<td>14 working days</td>
<td>20 May 2020</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Quarterly report on scale-up SMILE</td>
<td>14 working days</td>
<td>20 Jun 2020</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Report on cost effectiveness analysis together with health economics expert and provide recommendations</td>
<td>4 working days</td>
<td>30 Jun 2020</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>
for improvement and scaling up of SMILE project

III. WORKING ARRANGEMENTS

Institutional Arrangement

a) The consultant will work closely with Ministry of Health and be supervised by HGI Project Manager
b) The consultant will facilitate and provide the technical assistance for implementation of SMILE
c) The consultant will provide report(s) at the completion of each deliverables to HGI Project Manager for approval

Duration of the Work
76 working days (Feb to June 2020)

Duty Station
Home Based

Travel Plan
Below is an indicative travel plan for the duration of the assignment. The Consultant will be required to travel to the below indicated destinations and include the relevant costs into the proposal. There may be also unforeseen travel that will come up during the execution of the contract which will be agreed on ad-hoc basis.

<table>
<thead>
<tr>
<th>No</th>
<th>Destination</th>
<th>Frequency</th>
<th>Duration/days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>N/A</td>
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</table>

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

I. Academic Qualifications:
   • Minimum Master Degree in Health and or Medical Science (Public Health, Epidemiology, Health Policy).

II. Years of experience:
   • Minimum 10 years’ professional work combined working in programme and/or project management including health project management, research and monitoring.
   • Experience of working with Government or other international development organization.
   • Experience of representing work of a conceptual, analytical and advisory nature related to development project work that require substantive innovation and may involve some functions that are supervisory in nature to oversee project activities.

III. Competencies and special skills requirement:
   • Ability to analyses policy documents and make constructive policy suggestions;
   • Strong interpersonal, communication and diplomatic skills, ability to work in a team;
   • Good writing and reporting skills;
• Good presentation and communication skills;
• Ability to work under pressure and stressful situations, and to meet tight deadlines.
• Knowledge of the Government of Indonesia and UN systems and processes is an advantage;
• Fluency in Bahasa Indonesia is required;
• Excellent command in English is desirable.

### I. EVALUATION METHOD AND CRITERIA

Individual consultants will be evaluated based on the following methodologies:

*Cumulative analysis*

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:

a) responsive/compliant/acceptable, and

b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

* Technical Criteria weight; 70%
* Financial Criteria weight; 30%

Only candidates obtaining a minimum of 70 point would be considered for the Financial Evaluation Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Maximum Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria A: qualification requirements as per TOR:</strong></td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>1. Minimum Master Degree in Health and or Medical Science (Public Health, Epidemiology, Health Policy).</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2. Minimum 10 years’ professional work combined working in programme and/or project management including health project management, research and monitoring.</td>
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<tr>
<td>3. Experience of working with Government or other international development organization.</td>
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<tr>
<td>4. Experience of representing work of a conceptual, analytical and advisory nature related to development project work that require substantive innovation</td>
<td>20</td>
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<tr>
<td><strong>Criteria B: Brief Description of Approach to Assignment</strong></td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>1. Understand the task and applies a methodology appropriate for the task as well as strategy in a coherent manner</td>
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<tr>
<td>2. Important aspects of the task addressed clearly and in sufficient detail</td>
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<tr>
<td>3. Logical, realistic planning for efficient project implementation</td>
<td>10</td>
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</table>