Terms of reference

GENERAL INFORMATION

Title: District facilitator for SMILE Project (National Consultant) (7 positions – one positions for one district)
Project Name: Health Governance Initiative
Reports to: National Coordinator and Health Governance Project Manager
Duty Station: Health Districts in Indonesia
Expected Places of Travel (if applicable): N/A
Duration of Assignment: 100 working days within 6 months, *with possibility of extension to 31 December 2020*

REQUIRED DOCUMENT FROM HIRING UNIT

(1)	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
X	APPROVED e-requisition

REQUIRED DOCUMENTATION FROM CONSULTANT

X	Completed P11 with at least 3 (three) referees
X	Copy of education certificate
	PLEASE INDICATE WHICH DISTRICT YOU ARE APPLYING TO
X	Completed financial proposal
	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)
The consultants will be based in Health Province Office and its high complexity of deliverables will require close coordination with Immunization programme.

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:
Arry Lesmana Putra

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 Centers 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 in 9 additional provinces. The final intent is to expand the SMILE implementation to all cold chain in Indonesia in a phase wise rollout during 2020-2024.

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 District facilitators who support Health care centre in optimizing data generated from SMILE application.

II.	SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

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

1. Support the work of Cold Chain Handlers (CCH) at District Vaccine Store (DVS) and cold chain points in improving timely stock entries and their online visibility, including temperature performance of cold chain equipment.
2. Support the District Immunization Officer (DIO) in all the activities pertaining to vaccine logistics and cold chain management in the district
3. Develop vaccine collection and distribution cycle and ensure its implementation with support from DVS in-charge
4. Ensure all transactions (issue, receipt, discard, transfer etc.) of vaccines and syringes are entered in the SMILE system
5. Review the online data entry of all vaccine and syringes transactions on daily basis and ensure regular and timely updating from all cold chain points.
6. Regular analysis of consumption patterns, wastage rates, monthly reports etc. supporting DIO in taking corrective actions.
7. Monitor cold chain performance through remote temperature loggers and ensure prompt response to temperature excursions at cold chain points across the district.
8. Undertake field visits to monitor the implementation of the system and provide technical inputs to address gaps and bottlenecks in the implementation of SMILE.
9. Undertake regular field visits in a month within district.
10. Conduct training sessions for CCH and plan for refresher trainings and training of newly recruited staff
11. Supportive supervision of CCH in effective vaccine logistics and cold chain management including temperature recording and handling.
12. Identify capacity-building needs on SMILE and undertake capacity-building activities district level for different levels of health professionals and field-level functionaries, facilitate learning exchanges.
13. Performs other duties as assigned by the Provincial Facilitator and National Coordinator of SMILE Project;

Expected deliverables/outputs:

Expected deliverables	Estimated number of working days	Completion deadline	Review and Approvals Required
1. Monitoring report for Puskemas in each district	20 working days	February 2020	SMILE National Coordinator and Project Manager for HGI
2. Report on providing technical assistance for SMILE in each district	20 working days	March 2020	SMILE National Coordinator and Project Manager for HGI
3. Technical oversight report including finding and recommendation	20 working days	April 2020	SMILE National Coordinator and Project Manager for HGI
4. Report for training for cold chain handlers and district immunizations	20 working days	May 2019	SMILE National Coordinator and Project Manager for HGI

5. Mid-year report of SMILE implementation	20 working days	June 2019	SMILE National Coordinator and Project Manager for HGI

List of District:

1. Cilegon City and Serang City – Banten (1 person)
2. Bandung City – West Java (1 person)
3. Rokan Hulu Regency - Riau (1 person)
4. Wonosobo Regency- Central Java (1 person)
5. Balikpapan City – East Kalimantan (1 person)
6. Pohuwatu Regency and Boalemo Regency - Gorontalo (1 person)
7. Bone Bolango Regency and North Gorontalo Regency – Gorontalo (1 person)

III. WORKING ARRANGEMENTS

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

Duration of Assignment
The duration of the assignment is 100 working days within 6 months, renewable subject to availability of funds and daily performance.

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	N/A	-	-

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

I. Academic Qualifications:

- Diploma Degree in Statistics/ public health/ social science/ nursing/ Information Technology/ or related field from a recognized institution.

II. Experience:
- Minimum 2 years of combined working experience in health programme.
- Have knowledge in data management and analytic software
- Experience in working with national and subnational, development agencies, and or international agencies in health;

III. Language:
- Strong written and spoken in English.

IV. Others

- Preferably have extensive knowledge in collaboration, learning, and adapting concepts for health projects
- Creative problem solving and ability to work in a team with positive attitude
- Ability and willingness to travel to the field

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%

Criteria	Weight	Maximum Point
Technical		100
***Criteria A**: qualification requirements as per TOR:*	100	100
1. Diploma Degree in Statistics/ public health/ social science/ Information Technology/ management or related field from a recognized institution.		25
2. Minimum 2 years of combined working experience in health programme.		25
3. Have knowledge in data management and analytic software		25
4. Experience in working with national and subnational, development agencies, and or international agencies in health;		25