Terms of reference

GENERAL INFORMATION

Title: IT Policy Specialist (National Consultant)
Project Name: RESTORE Component 1. Health System Strengthening
Reports to: Health Governance Project Manager
Duty Station: Jakarta
Expected Places of Travel (if applicable): N/A
Duration of Assignment: 1*60* working days

REQUIRED DOCUMENT FROM HIRING UNIT

	TERMS OF REFERENCE
(4)	**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 / CV 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)
The consultants will be based in Ministry of Health Office (Jakarta) and its high complexity of deliverables will require close coordination with PRs MoH – Immunization programme.

***P*rovision of Support Services:**

Office space:	☒ *Yes*	☐ *No*
Equipment (laptop etc):	☐ *Yes*	☒ *No*
Secretarial Services	☒ *Yes*	☐ *No*

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

I. BACKGROUND

COVID 19 is having a growing dramatic impact on the health of the people of Indonesia, a country with the fourth largest population in the world. For millions of them, the epidemic also threatens employment, livelihoods, and access to public services at a time when they most need them. To response COVID-19 the country needs resilient national health system and strong leadership from central to districts level, which in large part have not been prepared to face a disaster of the magnitude of COVID 19.

A health system is more than a mix of facilities and medical consultations. It is a structure within which governance which include people, institutions, and organizations interact to mobilize and allocate resources or financing for service delivery on preventing and treating diseases. This structure has to rest on certain fundamental pillars if it is going to work. These pillars are essential elements that enable the health care system to function. Strengthened health system are also including sufficient number of qualified health workers, availability of medical products and it supply chain system, and adequate information system based on evidence.

The Indonesian government still faces challenges in strengthening its health system even more when facing the Covid-19 pandemic. Health workers will bear the brunt of the impact being more exposed than anyone else and still inappropriately protected. In addition, health workers lack financial and other incentives, which are critical to retain them in an emergency situation where they feel exposed and undergo considerable stress. Number of deaths caused by Covid-19 still high and covid-19 cases data differences in health services levels, national and sub-national which is in the spotlight of the mass media creates distrust form community.

SITUATIONAL ANALYSIS

The novel coronavirus, officially named as COVID-19 by the WHO, has spread globally to more than 157 countries since the outbreak in Dec 2019 in Wuhan, China. WHO declared that COVID-19 is Public Health Emergency of International Concern (PHEIC) for consideration of a significant increase in cases from countries reporting cases. Indonesia Government since the first cases published in early March has been implementing emergency regulations to response a very rapid spread of COVID-19 cases in Indonesia. Numerous regulations were issued including movement restriction and law enforced large scale social restrictions (PSBB) and now some provinces are going to new normal phase.

Indeed, data driven responses as seen in South Korea, Singapore, and Taiwan have proven to be extremely effective. Indonesian government also adopted Singapore to use mobile application for tracing, tracking, and fencing and also collaboration with telemedicine companies to provide tele-consultation, tele-medicine, and nursery support through mobile phone for suspected COVID-19 which must self-quarantine at their home to reduce number of patients go to hospitals.

With the Indonesian mostly working from home, stakeholders have become increasingly reliant on technology with which to communicate, to network, and to gather and analyze data. However, the following issues are prohibiting the Indonesia' capacity to collect and use the data effectively.

1. **Data Fragmentation:** Among the underlying governance issues that were unraveled by the COVID-19 Pandemic was the fundamental weakness of the public sector's data ecosystem. While there had been nascent efforts to digitalize public services and the collection of data, as well as to promote open and inclusive data, these platforms and systems remain fragmented and for the most part closed to the public. There is therefore a need to aggregate data systems

into a consolidated platform so more effective monitoring, analysis, and modelling can be conducted in support of an evidence-based response plan.

2. **Weak System Capacities for Monitoring and Containment:** Different countries have pursued different strategies in response to the COVID-19 pandemic. Some of the emerging best practices - particularly those found in China (outside of Hubei province) Taiwan, Hong Kong, Macao, and South Korea - are founded on similar principles. They are: i) The restriction of movement and physical distancing ii) Rapid identification of positive and suspected cases through mass testing and iii) Immediate isolation of positive and suspected cases with appropriate treatment rendered.

3. **Fragmentation of Local Supplies**
   Since COVID-19 has reached several countries, the global demand for protective equipment and testing kits has skyrocketed, putting immense pressure on suppliers. There is now a local movement of manufacturers to produce the goods needed by the health sector. Furthermore, manufacturers need assistance with linking up with raw material suppliers across the country, so that their level of productivity can keep up with the local demand. Consolidated intelligence on production capacities, supply chains, and stocks and demand (from both hospitals and essential retail outlets) will need to be produced.

4. **Low use and coverage of Tele-health program in country**

   While telehealth technology and its use are not new, widespread adoption among healthcare and patients beyond simple telephone correspondence has been relatively slow and mostly cover in cities not in remote area. Before the COVID-19 pandemic, trends show some increased interest in use of telehealth services. However, recent policy changes during the COVID-19 pandemic have reduced barriers to telehealth access and have promoted the use of telehealth as a way to deliver acute, chronic, primary and specialty care. Many professional medical societies endorse telehealth services and provide guidance for medical practice in this evolving landscape. Telehealth can also improve patient health outcomes.

UNDP Indonesia is planned to provide Advisory support to governments including Ministries of Health on strengthen the data systems of stakeholders to ensure an informed, data-driven response strategy to the COVID-19 crisis.

Therefore, UNDP Indonesia is looking for IT Policy Specialist which have solid expertise on data management and digital health policy for public sector. This consultancy will also support UNDP on working with Data and Information Centre of MoH on data management and monitoring system improvement, collaboration and multi stakeholders' platform, and digital health policy development.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

Under the guidance and supervision of the Program Manager of Health Governance and Project Manager of RESTORE Project, the consultant will provide the following:

1. Technical assistance on data management improvement between health services in national and sub-national to support data sharing for multiple systems related to the COVID-19 response.
2. Support on telemedicine platforms collaboration and support the government develop digital health policy.

3. Support on development of multi-stakeholder platform for international and local manufacturers and suppliers to support each other in meeting the hospital demand for medical supplies.
4. Technical assistance on strengthening of digital medical waste data monitoring in health services including in emergency hospitals to protect community from covid-19 medical waste.

The Consultant also will provide recommendation to UNDP Indonesia on hiring IT providers for Information System if it required.

Expected deliverables/outputs:

Based on the mentioned criteria of the tasks associated with this Terms of Reference (expected deliverables following UNDP guidelines on communications/publications), the consultant will be responsible for:

Expected deliverables	Estimated number of working days	Completion deadline	Review and Approvals Required
Technical Assistance			
Designing Digital Health Strategic Work Plan on data management improvement	40	16 October 2020	Health Governance Project Manager
Recommendation of digital health policy.			
Platform Development			
Telemedicine platforms collaboration report	40	11 December 2020	Health Governance Project Manager
Report on development of multi stakeholders' platform for international and local manufacturers and suppliers			
Electronic Monitoring System Development			
Supply chain management information system of international and local manufacturers and suppliers is established to provide sufficient database in meeting the hospital demand for medical supplies.	80	9 April 2021	Health Governance Project Manager
Digital medical waste data monitoring in health services including in emergency hospitals is established to protect community from covid-19 medical waste.			
Total Working Days	**160**		

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 160 working days with extension possibility.

Payment The consultant will be paid upon submission and acceptance of each deliverable by the authorized personal/personnel which will be appointed upon signing contract.

Travel

In the event of unforeseen travel, 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	N/A	N/A

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

1. **Academic Qualification(s):**
   - Master degree on Information Technology, Science or other relevant disciplines from recognized institution.

2. **Experience(s):**
   - At least 5 years of experience in IT Policy development and IT project management for health or other related sectors.
   - Previous working experience on digital health in private or government organization is preferable.
   - Experience in facilitating meetings, workshops, regarding to develop collaborative and multi-sectoral platform such as expert working groups, coordinating mechanism body, expert forum.
   - Experience in electronic Information System Development.

3. **Competencies and skill**
   - Sound Information Technology Development skills.
   - Experience on advocacy for IT policy and understand Indonesian regulation related to digital health.

4. **Language(s):**
   - Strong verbal and written English.

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 49 point in Technical Evaluation would be considered for the Financial Evaluation

Criteria	***Weight***	***Maximum Point***
Technical		100
Criteria A*: qualification requirements as per TOR:*	70	70
1. At least 5 years of experience in IT Policy development and IT project management for health or other related sector. 2. Previous working experience on digital health in private or government organizations is preferable. 3. Experience in facilitating meetings, workshops, regarding to develop collaborative and multi-sectoral platform such as expert working groups, coordinating mechanism body, expert forum. 4. Experience in electronic Information System Development.		20 15 20 15
Criteria B*: Brief Description of Approach to Assignment (written) – reviewing candidate's portfolio that will show his/her capabilities, competencies and skills in: content writing (e.g. Press Release and content video portfolio)*	30	30