

GENERAL INFORMATION

Title: Knowledge Management and Learning Officer (National Consultant)

Project Name: Health Governance Initiative

Reports to: Health Governance Project Manager

Duty Station: Jakarta

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

Duration of Assignment: 80 working days

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
(3)	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 content writing portfolio

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.

Provision 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

Indonesia has a generally well performing immunization program but there remain important discrepancies within and between regions and according to UNICEF there is a persisting immunization gap of 1.9 M 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 program 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 program (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 supplies and storage temperature across the vaccine cold chain points. SMILE (eVIN) 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 Centre) in the two Provinces. The project engages with stakeholders at all levels: Ministry of Health (MoH), Provincial Health Office (PHO) and District Health Office (DHO). Series of trainer training for cold chain handlers and immunization staff have been completed. Trainees equipped with handsets implement SMILE (eVIN) on a daily basis and the system is live since mid-July 2018. Specialized staff recruited by UNDP are constantly monitoring the implementation of the pilot. Cold chain data and vaccine stock (utilization) data is simultaneously updated in the SMILE (eVIN) application and uploaded on a cloud server which can then be viewed by program managers at district, province, and national level through online dashboards.

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.

To introduce SMILE pilot project Indonesia into public with the intension to gain public awareness to the improvement of health development in Indonesia focusing on immunization, UNDP would like to look for a knowledge management and learning officer to provide increased the visibility of its outputs and impacts. This consultancy will also support the broader Adaptation Portfolio and ensure integrated support for programme portfolios. This consultancy will enable increased publicity (via advocacy and communications), knowledge products for the results and impact of UNDP's support to countries on digitalizing the logistic monitoring information system for immunization program in lead up to the One Big Data goals of the Ministry of Health (MoH) of Indonesia.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

Under the guidance and supervision of the Technical Specialist of SMILE and the Program Manager of HEART, and in close collaboration with the Communication Unit of UNDP, the consultant will provide the following:

1. Develop a knowledge and learning strategy of the of the HEART and SMILE Project of UNDP Indonesia; Implement the strategy to SMILE activities as well upkeep and archiving the information related to the SMILE Project
2. Working with and liaising between UNDP communication team, UNDP regional, UNDP India, the Ministry of Health and other counterparts to maintain and collect the knowledge and learning materials of the SMILE project.
3. Support the content creation and architecture of the SMILE Portfolio that includes creating content, e-guidelines of SMILE, blogs, photos and supervising the video creation (the last one will be produced by the third party). All information materials should be in line with UNDP editorial and visual guidelines.
4. Closely coordinate with the Monitoring and Reporting Officer of the SMILE project to identify significant output and/or outcome of the program managed by project.
5. Serves as a coordination point for SMILE Project' media outreach;
6. Following media monitoring reports related to SMILE Project;
7. Liaise with media for press releases and events when necessary in collaboration with the communication team of UNDP Indonesia.

Expected deliverables/outputs:

Based on the aforementioned criterion 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
(1) STRATEGIC PRODUCTS			
Designing HEART and SMILE Portfolio, Knowledge and Learning Strategic Plan			

Creating SMILE newsletter or blog platform	20	October 2020	SMILE National Coordinator and Health Governance Project Manager
Drafting at least 5 SMILE knowledge products to capture post-training learning session			
Report on the article contribution regarding the general knowledge and introduction of SMILE and HEART project to UNDP web and social media at global, regional and country level			
Report on the knowledge SMILE and HEART product article contribution to MoH and local Health Offices newsletter and social media			
(2) CONTENT CREATION AND VIDEO			
Press release development and dissemination on SMILE success stories with target published in local newspapers, regional or global UNDP web-page, SMILE blog website	20	December 2020	SMILE National Coordinator and Health Governance Project Manager
Monthly report on website traffic and social media within 6 months			
Video creation on SMILE Portfolio			
Develop a training material in web platform			
(3) SOCIAL MEDIA			
Report on the engagement through Twitter or Instagram by posting information about SMILE and HEART	20	February 2021	SMILE National Coordinator and Health Governance Project Manager
Report on the arrangement of social media campaign to be implemented in 2020/2021 written in English and Bahasa with monthly update on SMILE content			
(4) EVENT AND OUTREACH			
Report on the result of knowledge and learning support provided to SMILE such on: <div><div>-</div>Conducting series of webinar; <div>-</div>Conducting media sessions through streaming or email interview; <div>-</div>Post-event activities, such as press release development and dissemination.</div>	20	March 2021	SMILE National Coordinator and Health Governance Project Manager
Total Working Days	80		

III. WORKING ARRANGEMENTS

Reporting

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

Duration of Assignment

The duration of the assignment is 80 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	-	-

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

1. Academic Qualification(s):

- Bachelor's degree in communication, journalism, social sciences or other relevant studies from recognized institutions.

2. Experience(s):

- At least 4 years of experience to lead or execute the process of assembling, cataloguing, archiving, managing and presenting project knowledge and achievements in the field of both health or non-health issues (climate change, environmental management, etc);
- Previous working experience within public affairs area, such as government and non-governmental organizations is preferable;
- Experienced in press release development, content writing, and managing social media platforms;
- Experienced in graphic design and content production is a plus.

3. Competencies and skill

- Sound computer skills and experience using online social media platform and web-based applications and content management systems;
- Knowledge and experience using the Adobe Creative Suite including Photoshop, Illustrator, InDesign; Bridge, Acrobat, Illustrator, and other graphic design software;
- Knowledge of Word Press and MS Offices;

4. Language(s):

- Strong verbal and written English

I. EVALUATION METHOD AND CRITERIA**Lowest price and technically compliant offer**

The award of a contract will be made to the individual consultant whose offer has been evaluated and determined as both:

a) responsive/compliant/acceptable, and

b) offering the lowest price/cost

“responsive/compliant/acceptable” can be defined as fully meeting the TOR provided.

Criteria	Weight	Maximum Point
<u>Technical</u>		100
<u>Criteria A: qualification requirements as per TOR:</u>	100	100
1. Bachelor's degree in communication, journalism, social sciences or other relevant studies from recognized institutions.		30
2. At least 4 years of experience to lead or execute the process of assembling, cataloguing, archiving, managing and presenting project knowledge and achievements in the field of both health or non-health issues (climate change, environmental management, etc);		40
3. Previous working experience within public affairs area, such as government and non-governmental organizations is preferable;		10
4. Experience in press release development, content writing, and managing social media platforms;		10
5. Experience in graphic design and content production is a plus.		10