

TERMS OF REFERENCE
PROJECT MANAGEMENT CONSULTANT (PMC) 2026–2029
INDONESIA HEALTH SYSTEMS STRENGTHENING PROJECT

A. BACKGROUND

To support the Health System Transformation Agenda and the *Quick Wins* program, the Government of Indonesia, through the Ministry of Health, has secured financing from Multilateral Development *Banks*—the World Bank, AIIB, ADB, and IsDB, to implement the *Indonesia Health System Strengthening* (IHSS) Project, with the World Bank serving as the coordinator. The primary objective of IHSS is to strengthen primary, referral, and laboratory health services through the provision of medical equipment and system capacity building, with total funding of US\$3.98 billion (63 trillion rupiah).

The distribution of medical equipment is targeted at 514 district/city hospitals, 47 provincial hospitals, 22 Ministry of Health hospitals, 10,323 Community Health Centers (Puskesmas), 81,833 Community sub-center (Pustu) and 301,068 Health Posts (Posyandu), and 568 public health laboratories (Labkesmas) during 2024–2029. The IHSS program comprises four components:

1. SOPHI – strengthening primary healthcare in Indonesia (WB, AIIB, ADB)
2. SIHREN – strengthening the referral network (WB, AIIB, IsDB)
3. InPULS – Indonesia public health laboratories strengthening (WB, ADB)
4. Project management, administration, digitization, and training (WB, IsDB)

The Project Management Units (PMUs) under the Directorate General of Advance Healthcare (Keslan) manages WB-AIIB SIHREN and IsDB SIHREN, while the PMUs under Directorate General of Primary Health Care and Community Health (Kesprimkom) manages SOPHI and InPULS, with support from the Central Project Management Unit (CPMU) under the Secretariat General, and Central Procurement Unit (CPU) under the MoH Bureau for Procurement (PBJ). From the outset, during the project appraisal phase, the Project Management Consultant (PMC) was included in the Project Appraisal Document (PAD) and the Procurement Plan.

1. Progress and Emerging Challenges

In the first two years (2024–2025), IHSS has made significant progress in the procurement of medical and laboratory equipment. Approximately 26% of the total MDB financing is currently in the procurement process or in the medical equipment contracting phase, with the following breakdown. However, disbursement remains low, in part due to multi-year contract structures, but also due to contract implementation and delivery challenges.

Dirjen Keslan, Dirjen Kesprimkom, and PBJ are committed to accelerating the procurement of unprocessed items. However, the Project Management Unit (PMU) faces challenges in refining equipment specifications and preparing pre-

procurement documents that meet MDB requirements, as well as ensuring the timely distribution, installation, operation, and utilization of equipment in accordance with contracts with suppliers.

The main obstacles in the distribution, installation, and operational processes are the low readiness of beneficiary facilities, which include infrastructure limitations (electricity, space, and structure), the availability and capacity of medical equipment operator personnel, waste management, and licensing, particularly BAPETEN approval for radiation equipment, as well as BPJS-K credentials for cost reimbursement.

These constraints slow down distribution and delay service improvements. Therefore, subnational oversight needs to be strengthened to verify facility readiness and facilitate the effective distribution, installation, operation, and utilization of equipment.

2. Gaps in Subnational Oversight and Verification

Kesprimkom implements subnational oversight through Regional Inspectorates (Itda) and Regional Development Planning Agencies (Bappeda) in accordance with the Director General's technical guidelines. Itda envisages to validate ASPAK data before proposals are submitted, while Bappeda reviews proposals to prevent duplication of regional budgets and ensure alignment with local priorities. ASPAK is a health infrastructure and facilities application initiated by the Ministry of Health. ASPAK contains information on the condition of health facilities, infrastructure, and equipment.

However, these mechanisms remain suboptimal due to the relatively lengthy time required for coordination. This results in unverified data on site readiness, a lack of data updates in ASPAK, and the failure to monitor the performance of equipment distribution, installation, operation, and utilization at the target health facilities. A field visit report by the Inspector General's Office (Itjen) team highlights these issues.

The types of medical equipment under contract still account for only 15% (32 types) of the total planned procurement (234 types), while distribution has reached only 5% (10 types of equipment), spread across 335 districts/cities.

To coordinate activities at the subnational level, Kesprimkom has received support from 70 (seventy) staff through Adinkes and 23 InPULS staff at 23 Public Health Laboratory Units (UPT Labkesmas). However, this number is insufficient to reach the entire health facility network, particularly Puskesmas and Labkesmas. Outdated readiness data and ASPAK limitations hinder the *site readiness* verification and monitoring processes.

Site Readiness Criteria are the conditions that a healthcare facility must meet before it is approved to receive medical supplies. *Site readiness criteria* include the following four criteria:

1. Availability of medical equipment
2. Availability of supporting infrastructure

3. Human Resource Availability
4. Waste management

3. Specific Challenges of SIHREN

Keslan has established that project management functions at the subnational level (hospitals and public hospitals) through Project Implementation Unit (PIU), whose members are personnel assigned from those hospitals. However, the main challenge persists: *site readiness* has not yet been met, particularly regarding infrastructure and human resources. Given that SIHREN procures advanced medical equipment, potential obstacles include BAPETEN licensing and BPJS-K credentials. In this regard, the SIHREN PMU (WB & IsDB) has developed an integrated dashboard to monitor the performance of distribution, installation, licensing, operation, and utilization of medical equipment.

Keslan is also implementing health facility readiness based on phased site readiness criteria aligned with each *Notice-to-Order (NTO)*, supported by proctorship and device operational training and followed-up technical reviews. This mechanism allows equipment batches to enter the BAPETEN licensing and BPJS credentialing processes in phases throughout the project's implementation.

B. OBJECTIVE

The Ministry of Health seeks to engage a Project Management Consultant (PMC) with global experience to ensure that equipment from the IHSS project is utilized optimally, institutional capacity in project management strengthened, implementation risks mitigated, and quality and timeliness of project execution assured. It will identify implementation barriers, streamline operational processes, enhance *real-time* monitoring up to health facility level, and facilitate necessary studies and evaluations.

The PMC shall perform the above function in a strategic project management support, operational coordination entity at both central and subnational levels (province/district/city), and advisory capacity with the following objectives:

1. Assuring timely provision of technical support and oversight throughout the pre-procurement stage, monitoring and ensuring that all required documents, including the Terms of Reference (TOR) and cost estimates, to accelerate procurement process;
2. Ensuring site readiness for medical equipment prior to its arrival, including to ensure validity of data related to site *readiness criteria* in ASPAK, SISDMK, SIKELIM;
3. Ensure sub-national governments (province and district/city) are successfully sensitized for site readiness criteria fulfillment;
4. Ensuring that medical equipment proposals from subnational governments are verified;
5. Ensuring a successful handover process of goods from the Central Government to the Local Government, as well as supervising the distribution, installation, testing and training of equipment by vendors;
6. Ensure monitoring and reporting on the operation, utilization, and maintenance of the equipment upon delivery. This includes monitoring uptime and downtime of equipment at Puskesmas and Hospital.

7. Ensuring timely payment processing in line with contract provisions, verifying supporting documents, and preparing regular reports on financial progress and implementation status;
8. Ensuring strengthened fiduciary and financial management within MoH to enhance efficiency and accountability, while ensuring compliance with Environmental and social safeguards and gender, equity, and social inclusion requirements in accordance with MDB policies and financing agreements.

C. SCOPE OF SERVICES

During 2026–2027 (the piloting phase), the PMC is expected to conduct preparatory activities, including the development of an assessment report on the existing PMC organizational structure and the preparation of an approved design document, while also ensuring the project implementation phase (see table 1).

During the implementation full phase, PMC is expected to serve as a strategic project management support and operational coordinator and at both the national and sub-national levels (Province/district/City). The scope of the PMC's work as follows:

1. Pre-procurement preparation to accelerate procurement process

The PMC will provide technical support and oversight to accelerate procurement readiness by:

- a. Monitoring preparation of key documents (TOR, technical specifications, cost estimates/HPS) to ensure timely completion in line with procurement plans;
- b. Reviewing document completeness, consistency, and compliance with Government of Indonesia and MDB requirements;
- c. Supporting coordination among PMU, CPU/PBJ, and relevant units to resolve bottlenecks and secure necessary approvals for bidding documents, technical specifications, and operational documentation (including procurement plans and procurement plan strategy for development) both internally and from relevant MDBs;
- d. Ensuring procurement activities, milestones, and timelines are accurately recorded in the STEP system;
- e. Aligning procurement planning with budgeting cycles to ensure implementation readiness;
- f. Submitting regular (weekly/monthly) progress reports highlighting delays, risks, and recommended corrective actions.

2. Pre-arrival activities for medical equipment

The PMC will ensure readiness for equipment deployment by:

- a. Validating site readiness data across necessary site readiness platforms (e.g. ASPAK, SIKELIM) to ensure accuracy and reliability, and control room development;
- b. Supporting verification of facility readiness (infrastructure, HR, utilities, and regulatory compliance) prior to medical equipment delivery;
- c. Supporting development, integration, and advancement of site readiness monitoring platform, including interoperability with related systems, without duplicating system ownership;
- d. Supporting development of control room systems (design, integration, dashboards, early warning systems) without duplicating existing MoH system

- e. Developing guidance and training for subnational governments/teams on standardized data collection and readiness verification;

3. Advocacy for site readiness criteria fulfillment

The PMC will support subnational governments to meet site readiness requirements by:

- a. Facilitating coordination with provincial and district/city governments to address gaps in infrastructure, human resources, and regulatory compliance;
- b. Advocating for allocation of local government to support electricity, facility upgrades, waste management systems, and staffing to national and subnational governments;
- c. Supporting institutional capacity strengthening to ensure sustainability of equipment utilization.

4. Verification of equipment proposals

The PMC will ensure alignment between subnational needs and procurement planning by:

- a. Supporting validation of subnational proposals for medical equipment across hospitals, health center, auxiliary health center , and laboratories, in coordination with subnational government units (i.e. Bappeda, Irda);
- b. Ensuring consistency between demand, readiness, and the procurement master plan;
- c. Identifying gaps and recommending adjustments to improve targeting and efficiency of investments.

5. Activities upon arrival of medical equipment

The PMC will oversee equipment deployment and vendor performance by:

- a. Supporting and monitoring the handover process from central to local governments;
- b. Overseeing distribution, installation, commissioning, and training activities by vendors;
- c. Establishing and monitoring a Distribution, Installation, Operational and Utilization (DIOU) implementation cycle to ensure timely and effective deployment, including device credentialing;
- d. Supporting contract management, including tracking vendor performance against key indicators;
- e. Ensuring compliance with contractual, ESF, and OHS requirements;
- f. Producing regular (bi-monthly) implementation and DIOU progress reports, including licensing (BAPETEN) and credentialing (BPJS) status.

6. Post-arrival activities for medical equipment

PMC will ensure optimal utilization and sustainability of equipment by:

- a. Monitoring equipment operation, utilization, uptime/downtime, and maintenance performance across facilities;
- b. Establishing and supporting monitoring systems (including dashboards linked to ASPAK) for real-time performance tracking;
- c. Identifying operational issues and facilitating timely resolution with the MoH;
- d. Supporting development of control room systems (design, integration, dashboards, early warning systems) without duplicating existing MoH systems;
- e. Ensuring data integration, validation, and non-duplication across platforms to support decision-making and accountability.

7. Contract & payment management

PMC will support financial management oversight and contract execution by:

- a. Reviewing vendor deliverables and invoices to ensure compliance with contractual provisions;
- b. Supporting timely payment processing and documentation verification;
- c. Preparing regular financial forecasts linked to contract implementation;
- d. Monitoring financial progress and identifying risks related to disbursement and cash flow;
- e. Reporting regularly on financial status and implementation performance.

8. Fiduciary, safeguards, and capacity strengthening

The PMC will strengthen fiduciary systems and ensure compliance with MDBs requirements by:

- a. Supporting the Ministry of Health in preparing and reviewing financial management, disbursement tracking, IFR preparation, and AWPB planning and monitoring, as well as national budget documentation processes, and ensure these are submitted and obtain approvals in a timely manner as per Loan Agreement timelines as well as domestic timelines.
- b. Consolidating and analyzing disbursement performance, identifying bottlenecks, and recommending corrective actions;
- c. Ensuring compliance with environmental and social safeguards (ESF/ESS), gender, equity, and social inclusion requirements;
- d. Supporting development of robust financial and contract management systems aligned with GoI and MDB requirements;
- e. Producing periodic (quarterly, semi-annual, annual) reports on fiduciary performance and safeguards compliance.

D. Expected Outputs and Deliverables

PMC is expected to provide expected outputs and deliverables as the following:

D.1 Pilot Use of ASPAK in 10 districts/cities (Phase Pilot: October 2026-September 2027)

Ten pilot districts/cities will represent eastern, central, and western Indonesia, and will be selected based on the volume of equipment allocation to those Districts from SIHREN, SOPHI, and InPULS as well as internet connectivity to operate ASPAK. The current indicative Districts/cities are: 1) Padang City, 2) Nias district, 3) Bogor district, 4) West Bandung district, 5) Banjarmasin City, 6) Palopo district, 7) Central Maluku, 8) Southwest Maluku district, 9) Jayapura City, and 10) Jayapura district.

Table 1. Details of objectives, scope of services, outputs, timeline and contract type

Objectives	Scope of Services	Expected Outputs		Timeline
		Output-based	Time-based	
PMC Implementation Preparation		Assessment report of existing Organization PMC Structure, Design document approved PMC transition & implementation plan for optimizing operational workflow	-	October 2026 - September 2027
Pre-procurement	Improved Performance Oversight of the MoH Improved pre-procurement workflow		Support for preparing AWPB, PP and Procurement ToRs for meeting the WB NOLs The PMC monitors TA Pre-procurement's progress in developing technical specifications, ensuring that 100% technical specifications and pre-procurement documentation are delivered on schedule. Other relevant documents related to the pre-procurement process	October 2026 - June 2029

Objectives	Scope of Services	Expected Outputs		Timeline
		Output-based	Time-based	
Pre-arrival of equipments	Sub-national monitoring	<p>Report outlining architecture and working mechanism for sub-national monitoring and ToRs for each PMC personnel position</p> <p>Prepare medical equipment delivery work plan documents in coordination with the Medical Equipment Commitment Making Officer (PPK)</p>	<p>Mobilizing and training district team in 38 Provinces and 514 District/cities to use ASPAK</p> <p>Coordinate medical equipment delivery work plan documents in coordination with the Medical Equipment Commitment Making Officer (PPK)</p> <p>Advocacy Site readiness report in 514 districts/cities</p> <p>Other relevant documents related to the pre-arrival of equipments</p>	October 2026 - June 2029
Advocacy to sub-national government	Advocacy to sub-national governments		<p>Advocacy to 514 target local government for fulfillment of readiness criteria, and addressing DIOU bottlenecks (Reports on advocacy, and local government plans)</p> <p>Advocacy to local government for maintenance of equipment, and utilization post project (verified by BAST, BASTO and SATUSEHAT on utilization monitoring)</p> <p>Other relevant documents related advocacy to sub-national government</p>	October 2026 - June 2029
Verification sub-national proposals	Proposal verification	<p>Mapping of equipment proposed by 38 provinces and 514 pilot districts/cities, and verifying the equipment lists to meet with the proposals. This include two way communication for validation</p> <p>Prepare draft lists of recipient locations/sites for medical equipment distribution</p>	Other relevant documents related verification services for sub-national government processes.	October 2026 - June 2029

Objectives	Scope of Services	Expected Outputs		Timeline
		Output-based	Time-based	
Arrival of equipment	Installation & Commissioning		<p>Conduct verification and validation of ASPAK data, document acceptance (BA installation, BA training, other related verification and validation documents)</p> <p>Regional and Provincial coordination and progress reports, gap analysis and corrective action plans</p> <p>Consolidated reports on equipment installation and commissioning, and advocacy to district/city governments for maintenance of equipment, and utilization post project</p> <p>Other relevant documents related to coordination and verification services for medical equipment arrival.</p>	October 2026 - June 2029
Post Arrival of equipments	<p>Hospital Control Room</p> <p>ASPAK for sub-national monitoring</p>	<p>Hospital Control operational report, acceptable by MoH</p> <p>ASPAK implementation report in 514 districts/cities with project performance including BASTO, verified ASPAK data</p> <p>Operational dashboard for IHSS project performance</p> <p>Gap in distribution, installation, testing and training reports, and corrective actions</p>	Other relevant documents related to coordination and verification services for post-arrival of equipment	October 2026 - June 2029
Contract & payment management	Documenting contract and payment	<p>Develop the Contract Administration and Monitoring Plan for medical equipment procurement packages in accordance with the awarded bid, contract provisions, and implementation requirements.</p> <p>Collecting acceptance documents/BAST and BASTO documents for each equipment distributed in 514 districts/cities, and ensuring that installations are conducted as per contract clauses.</p> <p>Completion of payment processing for all delivered medical equipment upon submission and verification of the required BAST/BASTO documents in accordance with contractual requirements.</p>	Other relevant documents related to contract management, payment processing, and financial administration services.	October 2026 - June 2029

Objectives	Scope of Services	Expected Outputs		Timeline
		Output-based	Time-based	
Improved Fiduciary, FM, ESF, Equity & Gender	Strengthening the capacity for more effective and efficient overall project implementation.	Prepare and maintain financial reports and related documentation, including Interim Financial Reports (IFRs), Annual Financial Reports (AFRs), and other supporting documents; ensure financial reports are audit-ready as verified by the Inspectorate General (Itjen); and support the timely resolution of audit findings issued by the Audit Board of Indonesia (BPK) Prepare IHSS monitoring and evaluation report.	Prepare supporting documentation for budget planning and budgeting processes. Support the submission and processing of withdrawal applications Prepare reports related to fiduciary compliance, Environmental and Social Framework (ESF), equity, and gender considerations Other relevant documents related to fiduciary, financial management, ESF, equity, and gender-related support services.	October 2026 - June 2029

D. 2. Implementation Phase (October 2027- June 2029)

Upon satisfactory performance of the PMC during Phase I, the contract may be extended to Phase II, subject to revised Terms of Reference (ToR) and Key Performance Indicators (KPIs) aligned with project implementation needs. The decision to proceed to Phase II shall be based on the PMC's achievement of the following performance criteria: (i) submission of a satisfactory assessment report on the project performance, including a proposed capacity-building plan; (ii) development of an acceptable design for enhanced strategic management and coordination support, as agreed by Ditjen Kesprimkom and the World Bank; (iii) successful pilot implementation of subnational ASPAK utilization, demonstrated by at least 90% DIOU performance supported by BASTO documentation, verified ASPAK data, and SATUSEHAT utilization reports across 10 pilot districts/cities; (iv) establishment of an acceptable design and operationalization of the Hospital Control Room, as endorsed by Ditjen Keslan; and (v) preparation of an acceptable transition plan agreed by Ditjen Kesprimkom and the World Bank.

Subject to the PMC's satisfactory achievement of the above criteria, Phase II shall continue with outputs substantially similar to those under Phase I, while expanding the PMC's scope to monitor subnational DIOU performance across all 38 provinces and 514 districts/cities.

E. TARGETS

- 1) **Phase I (October 2026 - September 2027):** Pilot implementation in 10 Districts/Cities, as well as identification of performance improvement needs with the MoH.
- 2) **Phase II (October 2027 - June 2029):** Based on the pilot performance, PMC will improve structural coordination and workflow optimization and related technical units, and develop strategic prioritization of the project implementation, and tactical implementation (procurement, capacity building, manpower availability, site readiness and distribution acceleration), and further escalating the wide use of ASPAK for Sub-national Distribution, Installation, Operational and Utilization (DIOU) monitoring, to cover 38 Provinces and 514 Districts/Cities. PMC will act as IHSS Strategic Project Management Support and Operational Coordinator for overall project implementation, and to work along with the MoH and to provide competent officer and consultants to do the following functions: Planning and Budgeting, Procurement, Monitoring and Evaluation, Finance, Gender, Equity, Social & Environmental and Communication.

F. IMPLEMENTATION TIMELINE

The PMC Consultant is expected to carry out its activities during:

Phase	Period	Duration	Coverage	Key Focus
Phase I : Pilot	October 2026 – September 2027	12 months	10 Districts/ Cities	System setup, recruitment, pilot ASPAK implementation, initial contract and payment management, and validation of DIOU performance
Phase II	October 2027 – June 2029	21 months	514 Districts/ Cities	Scale up DIOU monitoring, strengthen coordination, support for preparation of AWPB, DIPA, PP, TORS, and improve procurement, contract and payment management, and develop IFR, AFR, ESF, Gender, Equity, and provide data for PCR.

G. CONSULTING FIRM QUALIFICATIONS AND RESPONSIBILITIES

1. **Company Core Business:** The Firm shall demonstrate relevant experience in managing similar assignments over the last ten (10) years. Experience in developing countries, particularly in the health sector and/or in working with government institutions in decentralized environments, will be considered an advantage
2. **Core Competencies:** The firm shall have demonstrated expertise in strategic project management, financial management, contract management, monitoring and evaluation (M&E), environmental and social safeguards, cross-institutional collaboration, and stakeholder coordination and strategic communication.
3. **Relevant Experience:** A minimum of seven (7) years of experience in managing multidisciplinary development projects involving several of the following areas: project management, procurement, financial management, monitoring and evaluation (M&E), communications, knowledge management, and Management Information Systems (MIS).
4. **Track Record:** Demonstrated track record of supporting government institutions, international organizations, or projects financed by Multilateral Development Banks (MDBs) such as the World Bank, ADB, AIIB, IsDB, or similar donor-funded projects, preferably in the health sector.
5. **Human Resource Management Capacity:** The Firm shall demonstrate capacity to mobilize and manage qualified multidisciplinary experts and operational personnel throughout the assignment period, including rapid deployment capability for additional specialists as required by project implementation needs across national and subnational levels.
6. **Operational and Network Capacity:** The Firm shall demonstrate adequate organizational, operational, and logistical capacity to mobilize and manage personnel effectively across project locations throughout Indonesia, either through existing presence or demonstrable deployment arrangements.
7. **Legal and Integrity Compliance:** The Firm shall provide a statement letter confirming that it is not subject to any ongoing criminal investigation, corruption case, fraud allegation, debarment, sanction, or other legal proceedings that may adversely affect its eligibility, integrity, or capacity to perform the assignment, in accordance with the applicable Government of Indonesia regulations and the World Bank Procurement Regulations for IPF Borrowers. The Firm shall also comply with the World Bank Anti-Corruption Guidelines and applicable national laws and regulations.
8. **Conflict of Interest:** The Firm shall provide a statement letter of any actual, potential, or perceived conflict of interest related to the assignment or procurements under the IHSS Project.

H. PERSONNEL ASSIGNMENT

Form a national core team and assign personnel in phases at the district/city level based on pilot test results, though this may be adjusted according to the technical approach and implementation methodology outlined in the proposal.

In 2026, the PMC will coordinate with unit management (CPMU, CPU, PMUs). Meanwhile, for the period 2027–2029, staffing will depend on proposed assignments or recommendations based on the results of pilot tests (see table 2 and 3).

Table 2. Indicative personnel requirements for phase I

No	Type of Expertise	Indicative Qualifications	Indicative Requirements
Key Experts			
1	Team Leader	<ul style="list-style-type: none"> • Minimum education: Master's degree or a relevant field of study. • Minimum 15–20 years of experience in project management and execution. • Minimum 5 years of experience as a team leader. • Experience leading a team of at least five experts in at least five national and/or international assignments. • Experience working with central and local governments, preferably the Government of Indonesia. • Experience in implementing projects funded by the World Bank or other international organizations is a plus. • Professional certifications such as PMP (Project Management Professional), PRINCE2, or equivalent certifications are a plus. 	1 personnel
2	Regional Manager	<ul style="list-style-type: none"> • Minimum bachelor's degree in government, public administration, public policy, or a related field. • At least 5 years of experience in public administration within government structures, preferably at the sub- national government level in Indonesia. • A proven track record in implementing monitoring and evaluation (M&E) frameworks and tools, preferably in the health sector and/or large-scale development projects. • Previous involvement in donor-funded projects and understanding of donor financial reporting requirements are a plus. 	4 personnel
3	Technical advisor/ expert	<ul style="list-style-type: none"> • Minimum education: Master's degree or a relevant field of study. • Minimum 7 years of experience in a relevant field. • Experience as an expert in at three national and/or international assignments. • Experience working with the Government of Indonesia. • Experience in implementing projects funded by the World Bank or other international organizations is a plus • Field of expertise: Planning and budgeting, Financial Management, Procurement, Contract Management, Environmental and Social safeguard (ESF), Money, Gender, and communication. 	8 personnel

No	Type of Expertise	Indicative Qualifications	Indicative Requirements
	Non- Key Experts		
4	District/City Project Coordinator Location: 1) Padang City, 2) Nias district, 3) Bogor district, 4) West Bandung district, 5) Banjarmasin City, 6) Palopo district, 7) Central Maluku, 8) Southwest Maluku district, 9) Jayapura City, and 10) Jayapura district	<ul style="list-style-type: none"> • Minimum bachelor's degree in government, public administration, public policy, or a related field. • Minimum 3 years of experience in public administration within the framework of sub-national governance in Indonesia. • Proven track record in field data collection and monitoring activities in the health sector and/or other development projects. • Previous experience in donor-funded projects and an understanding of donor financial reporting standards are a plus. 	10 personnel
5	Project Management Officer	<ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in administration, economics, social sciences, public health, or other related fields. • Minimum of 2 years of professional working experience. • Demonstrated experience in at least one development project related to public administration, monitoring and evaluation (M&E), preferably in the health sector and/or large-scale development projects. • Previous experience in donor-funded projects and knowledge of donor financial reporting requirements will be considered an advantage. 	5 personnel

Table 3. Indicative personnel requirements for Phase II

No	Type of Expertise	Indicative Qualifications	Indicative Requirements
	Key Experts		
1	Team Leader	<ul style="list-style-type: none"> • Minimum education: Master's degree or a relevant field of study. • Minimum 15–20 years of experience in project management and execution. • Minimum 5 years of experience as a team leader. • Experience leading a team of at least five experts in at least five national and/or international assignments. • Experience working with central and local governments, preferably the Government of Indonesia. • Experience in implementing projects funded by the World Bank or other international organizations is a plus. • Professional certifications such as PMP (Project Management Professional), PRINCE2, or equivalent • certifications are a plus. 	1 personnel
2	Regional Manager	<ul style="list-style-type: none"> • Minimum bachelor's degree in government, public administration, public policy, or a related field. • At least 10 years of experience in public administration within government structures, preferably at the sub-national government level in Indonesia. • A proven track record in implementing monitoring and evaluation (M&E) frameworks and tools, preferably in the health sector and/or large-scale development projects. • Previous involvement in donor-funded projects and an understanding of donor financial reporting requirements are a plus. 	4 personnel
3	Technical advisor/ expert	<ul style="list-style-type: none"> • Minimum education: Master's degree or a relevant field of study. • Minimum 7 years of experience in a relevant field. • Experience as an expert in at three national and/or international assignments. • Experience working with the Government of Indonesia. • Experience in implementing projects funded by the World Bank or other international organizations is a plus • Field of expertise: Planning and budgeting, Financial Management, Procurement, Contract Management, Environmental and Social safeguard (ESF), Monev, Gender, and communication. 	8 personnel

No	Type of Expertise	Indicative Qualifications	Indicative Requirements
	Non- Key Experts		
4	Province project coordinator	<ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in government, public administration, public policy, or a related field. • Minimum 5 years of experience in public administration within the framework of sub-national governance in Indonesia. • Proven track record in field data collection and monitoring activities in the health sector and/or other development projects. • Previous experience in donor-funded projects and an understanding of donor financial reporting standards are a plus. 	38 personnel
5	Provincial staff assistant (Site Readiness and Distribution Assistant and Utilization Assistant)	<ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in Public Health, Communication, International Relations, or Natural Sciences. • Preferably has at least 1 (one) year of experience in planning, monitoring and evaluation (M&E), or project management • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. 	76 personnel
6	District/City Project Coordinator	<ul style="list-style-type: none"> • Minimum bachelor's degree in government, public administration, public policy, or a related field. • Minimum 3 years of experience in public administration within the framework of sub-national governance in Indonesia. • Proven track record in field data collection and monitoring activities in the health sector and/or other development projects. • Previous experience in donor-funded projects and an understanding of donor financial reporting standards are a plus. 	514 personnel
7	Project Management Officer	<ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in administration, economics, social sciences, public health, or other related fields. • Minimum of 2 years of professional working experience. • Demonstrated experience in at least one development project related to public administration, monitoring and evaluation (M&E), preferably in the health sector and/or large-scale development projects. • Previous experience in donor-funded projects and knowledge of donor financial reporting requirements will be considered an advantage. 	5 personnel

8	Staff Assistant	<p>Planning Assistant</p> <ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in Public Health or Natural Sciences. • Preferably has at least 1 (one) year of experience in the planning field. • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. <p>Procurement Assistant</p> <ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in any field. • Preferably has at least 1 (one) year of experience in the procurement field. • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. • Preferably holds a certification in goods and services procurement (domestic and/or international). <p>Finance Assistant</p> <ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in Accounting or Economics. • Preferably has at least 1 (one) year of experience in the finance field. <p>Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations.</p> <ul style="list-style-type: none"> • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. 	169 personnel
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No	Type of Expertise	Indicative Qualifications	Indicative Requirements
		<p>Monitoring and Evaluation (M&E) Assistant</p> <ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in Public Health, Communication, International Relations, or Natural Sciences. • Preferably has at least 1 (one) year of experience in the monitoring and evaluation (M&E) field. • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. <p>Human Resources Development Assistant</p> <ul style="list-style-type: none"> • Minimum bachelor's degree (S1) in Psychology or Management. • Preferably has at least 1 (one) year of experience in the human resource development field. • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. <p>Administration and Logistics Staff</p> <ul style="list-style-type: none"> • Minimum diploma III (D3) in any field. • Preferably has at least 1 (one) year of experience in administration and logistics. • Preferably has experience in foreign grant/loan-funded health projects and working with government institutions, private sector entities, NGOs, and/or international organizations. • Proficient in operating computers, particularly Microsoft Office applications. • Good communication skills in both Bahasa Indonesia and English, both spoken and written. 	

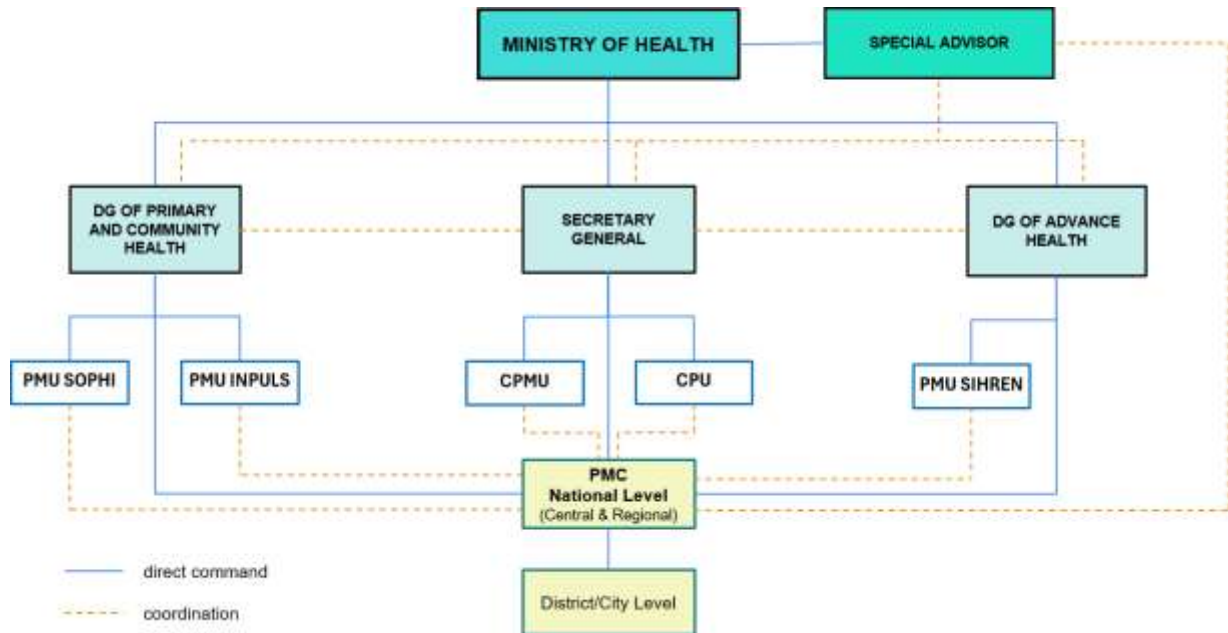
All specialists shall possess relevant qualifications, training, and professional experience, with contract durations aligned to the assignment period. For Phase I, the PMC team structure and personnel composition shall follow the agreed piloting structure. For Phase II, the PMC may propose an adjusted organizational structure and personnel composition, as appropriate to the expanded scope of work and implementation needs, subject to approval by the Employer.

The company shall ensure a diverse and gender-balanced team with expertise in communication, report writing, project management, analytics, and team development. To support effective management and coordination, the company may propose additional support personnel as necessary. All reimbursable costs, including office supplies, business travel, speaker fees, field visits, report preparation, and meeting expenses, shall be clearly detailed in the proposal in accordance with the cost estimate.

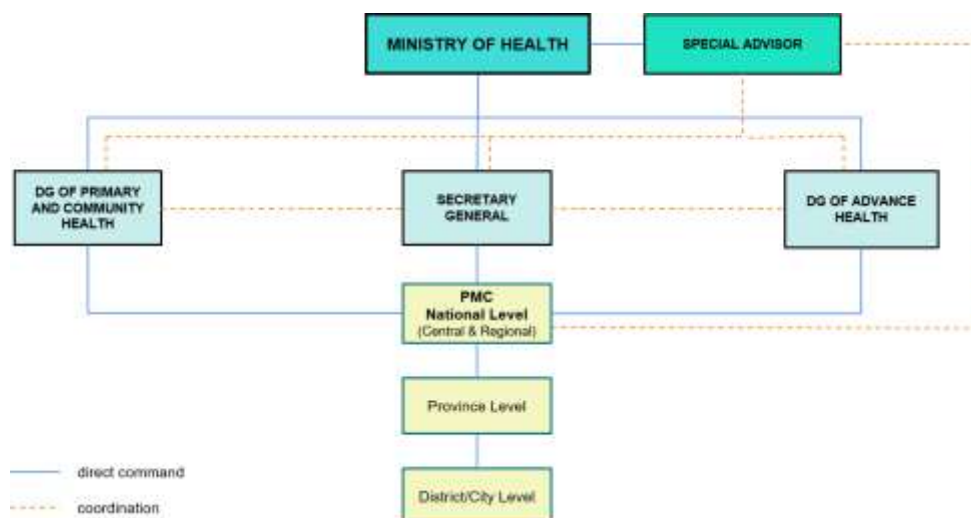
I. STRUCTURE AND GOVERNANCE

The Project Management Consultant (PMC) operates under the coordination of and reports to the Program Chair, namely the Secretary General, Director General for Advanced Health, and Director General for Primary Care and Community Health.

Organizational Structure of the *Project Management Consultant* (PMC) (within the *Indonesia Health Systems Strengthening Project* (IHSS)) Phase I:



Organizational Structure of the *Project Management Consultant* (PMC) (within the *Indonesia Health Systems Strengthening Project* (IHSS)) Phase II:



J. CONTRACTS AND PAYMENTS

This contract adopts a hybrid payment mechanism consisting of both time-based and output-based payments (Table 1). Time-based payments may apply to personnel required to provide continuous day-to-day support, particularly where the scope of work involves multiple deliverables or outputs that may vary over the course of implementation. Bidders are requested to clearly describe the proposed time-based payment mechanism in their technical proposal.

Notwithstanding the time-based nature of certain services, payments for time-based inputs shall be subject to both monthly and cumulative financial caps, as specified in the Contract Data Sheet. The Consultant shall not be entitled to payments exceeding the agreed monthly cap or the overall contract ceiling, unless prior written approval for contract variation has been issued by the Employer. Time-based payments shall only be made based on approved timesheets, satisfactory progress reports, and confirmation that expenditures remain within the agreed financial limits.

Payments shall be made in accordance with the allocation mechanism and provisions will be set out in the GCC/SCC. Any matters not specifically addressed above shall be governed by the relevant provisions further detailed in the GCC/SCC.

K. TERMS AND CONDITIONS

All data and information received by the consulting firm from the MoH/PBJ to support this assignment are to be treated confidentially and are only to be used in connection with the execution of this ToR. The contents of written materials obtained and used in this assignment may not be disclosed to any third parties without the expressed advance written authorization of the MoH.