

**TERMS OF REFERENCE (TOR)**  
**PROJECT MANAGEMENT CONSULTANT (PMC)**  
**INDONESIA HEALTH SYSTEM STRENGTHENING (IHSS)**

**I. BACKGROUND**

To support the Ministry of Health’s Health System Transformation Agenda and Quick Wins program, the Government of Indonesia has secured financing from four Multilateral Development Banks (MDBs)—the World Bank, AIIB, ADB, and IsDB—to implement the Indonesia Health System Strengthening (IHSS) Project, with the World Bank serving as the coordinating institution. IHSS is a national initiative to strengthen primary care, referral services, and public health laboratories through the provision of medical equipment and system capacity building, with a total financing of EUR 3.9 billion.

The distribution of medical equipment targets 535 district/city hospitals, 47 provincial hospitals, 23 Ministry of Health hospitals, 360,000 primary care facilities, and 285 public health laboratories during 2024–2029. IHSS consists of four components:

- **SOPHI** – ‘Strengthening of primary healthcare in Indonesia’ (IBRD, AIIB, ADB)
- **SIHREN** – ‘Strengthening of Indonesia’s health referral networks’ (IBRD, AIIB, IsDB)
- **InPULS** – ‘Indonesia - public health laboratory system strengthening’ (IBRD, ADB)
- **Project management, administration, digitalization, and training** (IBRD, IsDB)

The Directorate General (DG) of advanced health (Keslan) manages SIHREN, while the Directorate General of Primary Health and Community Health (Kesprimkom) manages SOPHI and InPULS as Executing Agencies, supported by the Central Project Management Unit (CPMU, overseeing all three components), Central Procurement Unit (CPU, working with the Ministry of Health’s Goods and Services Procurement Bureau, PBJ), and Project Management Units (PMUs) for each component. Following the first two years of implementation, the need emerged for a globally experienced Project Management Consultant (PMC) to ensure optimal utilization of IHSS equipment, strengthen institutional capacity, reduce implementation risks, and ensure quality and timely execution.

The envisaged PMC’s role encompasses monitoring and supervising the national-level implementation of IHSS, including overseeing the performance of the PMU, CPU, and CPMU, as well as monitoring facility readiness to receive and operate equipment. The PMC shall also serve as the primary lead for coordinating subnational activities and supporting continuous monitoring and verification from distribution to operational handover. Additionally, the PMC

will identify and address implementation bottlenecks, streamline processes, support digital contract management, enhance real-time monitoring, and facilitate necessary studies and evaluations.

## II. PROJECT OVERVIEW

### a. Progress and Emerging Challenges

In the first two years (2024–2025), the Project achieved significant progress in procuring medical and laboratory equipment. Approximately 23.8% of total MDB financing (EUR\$3.98 billion) is in process. However, disbursement remains low due to contract structures involving phased payments based on staggered, multi-year delivery of device units and payments based on uptime of devices over a period of two years, with long (5 to 7 year) service periods.

Entering 2026, DG Keslan and DG Kesprimkom are accelerating procurement of remaining packages, but challenges persist in ensuring timely distribution, installation, and operation. Key obstacles include infrastructure limitations (electricity, space, structural readiness), human resource capacity, waste management, and licensing and credentialing of equipment for reimbursement of delivered services.

These constraints slow distribution and delay service improvements. Strengthened subnational oversight is therefore required to verify facility readiness and facilitate effective distribution, installation, operation, and utilization of equipment.

### b. Subnational Monitoring and Verification Gaps

DG Kesprimkom implements subnational oversight through Regional Inspectorates (Itda) and Bappeda as mandated by the Director General. Irda (Subnational-level Inspectorate, *Inspektorat Daerah*) validates facility-level data in ASPAK, the Ministry of Health's application containing facility conditions, infrastructure, and medical equipment, before proposals are submitted, while Bappeda reviews proposals to prevent APBD (Sub-national Budget, *Anggaran Pendapatan dan Belanja Daerah*) duplication and ensure alignment with regional priorities.

However, Itda and Bappeda engagement remains inconsistent due to the absence of a clear incentive framework. As a result, risks arise in verifying site readiness, contract monitoring, ASPAK updates, assignment documentation, and preparation of BASTO (Operational Handover Document, *Berita Acara Serah Terima Operasional*) for asset transfer.

DG Kesprimkom has deployed tens of SOPHI staff across 37 provinces and 23 InPULS staff across 23 Labkesmas UPTs (Technical Units, *Unit Pelaksana Teknis*) to support ASPAK validation, document review, readiness confirmation, and BASTO processes. However, this number is insufficient to cover the entire health service network, including Puskesmas and Labkesmas. Outdated readiness data and ASPAK limitations further hinder verification and monitoring.

**c. SIHREN-Specific Challenges**

DG Keslan has added staff to support hospital-level implementation, but major challenges persist: outdated readiness data, ASPAK limitations for equipment recording, BAPETEN licensing requirements. In this regard, SIHREN (WB & IsDB) is developing a web-based integrated dashboard to monitor the performance of distribution, installation, licensing, operation, and medical equipment utilization.

DG Keslan also applies a phased credentialing approach aligned with each Notice-to-Order (NTO), supported by online training and advanced technical reviews. This mechanism allows equipment groups to enter the BAPETEN process gradually until August 2026.

**III. PURPOSE AND OBJECTIVES OF THESE TERMS OF REFERENCE**

**A. Purpose of these Terms of Reference**

To provide guidance for prospective consultants in preparing technical and financial proposals.

**B. Objective**

These Terms of Reference (TORs) define the roles, responsibilities, qualifications, and expected deliverables of the Project Management Consultant (PMC).

Given the scale and complexity of the IHSS, the PMC plays a vital role in ensuring effective, integrated, and timely implementation.

**C. Specific Objectives of the PMC:**

- 1. Providing technical and managerial expertise and guidance to the Ministry of Health (MoH) IHSS team, CPMU, PMUs, and CPU** to ensure the timely and efficient execution of project activities; Providing strategic guidance to optimizing workflows and accelerate project implementation; Relatedly, providing hands-on support for annual planning and

budgeting exercises, ensuring coordination among PMUs, CPU/PBJ and all relevant units within MoH. Providing day-to-day strategic and technical guidance, and capacity building to the CPMU, CPU and three PMUs for cohesive, high-performing project delivery; and keep track of disbursement, submission of IFRs, AWPB exercise and monitoring of AWPB execution, and support for robust financial management and contract management systems in compliance with government regulation and POM agreed by the MDBs.

2. **Optimization of the DIOU Implementation Cycle** to ensure the effectiveness of Distribution, Installation, Operationalization, and Utilization (DIOU) of medical equipment through comprehensive technical and managerial support. The PMC is expected to provide real-time implementation performance reports and strategic recommendations for decision-makers at all levels.
3. **Digitalization of Monitoring and NTO Readiness** to ensure accurate site readiness of health facilities through the utilization of integrated information systems for the accelerated issuance of the Notice to Order (NTO). This includes the integration of asset data into ASPAK (Health Facility Utilities and Equipment Recording Application, *Aplikasi Sarana dan Prasarana Alat Kesehatan*)/TTDK (Digital Health Transition Team, *Tim Transisi Digital Kesehatan*-Pusdatin (Center of Data and Information, *Pusat Data dan Informasi*) systems and the establishment of two-way communication capacity with regional teams.
4. **Equipment Performance and Maintenance Assurance** to ensure that all installed equipment operates optimally and is supported by standardized maintenance systems to maximize equipment lifespan and patient benefits.
5. **Strategic Oversight through the Hospital Control Room**, to develop a Hospital Control Room system as a central hub for monitoring the utilization of advanced medical equipment that is efficiently operated and well maintained to deliver a direct impact on public health services.
6. **Compliance with Environmental, Social, and Safety Standards (ESS/ESF)** to guarantee full compliance with national regulations and Multilateral Development Bank (MDB) requirements regarding environmental protection, social safeguards, and occupational health and safety (OHS) at health facilities.
7. **Strengthening Sub-national Capacity and Sustainability** to strengthen institutional governance at the provincial and district/city levels and ensure the availability of competent human resources to maintain the operational sustainability of IHSS-procured equipment after the project concludes.

#### IV. SCOPE OF WORK

The IHSS Project includes SOPHI, InPULS, and SIHREN, funded by the World Bank, AIIB, and ADB. SIHREN also receives separate funding from IsDB and has its own PMU and targets per the IsDB Financing Agreement. This TOR covers two activity groups at national and sub-national levels. All IsDB-funded assets and outputs must be identified and reported separately to ensure transparency. An Equipment Consultant (EQC) will join by March 2026 to support equipment selection and installation.

The PMC will support Subnational Monitoring functions and strengthen central project management structures (CPMU, PMU, CPU, and Ministry units) in managerial and technical tasks.

### **1. Central PMC**

The PMC serves as the primary oversight and technical partner for the IHSS project, providing strategic coordination, quality assurance, and administrative monitoring to ensure that the CPMU, PMUs, and CPU operate in strict alignment with project objectives and donor requirements. This function entails harmonizing operational procedures across project components, verifying implementation progress against established KPIs, and providing technical review and recommendations for procurement processes. Furthermore, the PMC is responsible for mitigating implementation risks through continuous performance tracking, ensuring compliance with environmental and social frameworks, and facilitating institutional capacity building to secure the long-term sustainability of the project's digital and health systems within the Ministry of Health.

#### **Support on Strategic Management:**

- **Implementation Challenge Identification and workflow optimization:** Identify project implementation challenges, focusing on improving the mapping of medical equipment needs at hospitals, health centers (*puskesmas*), and public laboratories; and streamline workflows, reduce bottlenecks, and accelerate project implementation.
- **Financial Management Support:** Identify risks of project's financial operations and provide advice and support to PMUs to ensure maximum effectiveness, encompassing the execution of budget planning and control, cash flow management, financial reporting, and the continuous monitoring of regulatory compliance. Furthermore, the Consultant is responsible for conducting rigorous financial analysis to facilitate informed decision-making, with a dedicated focus on optimizing operational efficiency, ensuring project timeliness, and safeguarding long-term financial sustainability.

- **Procurement Optimization:** Identify procurement bottlenecks and hurdles, such as unclear requirements or approval delays. Facilitate the effective preparation of pre-procurement documents and support the procurement process, including technical and cost evaluations, through to contract finalization. PMC will facilitate the internal clearance process through the monitoring and coordination among MoH directorate, and to have a good coordination with to be engaged technical assistance to CPU/PBJ and the firm to be re-engaged to support the development of independent and good technical specifications, and pre-procurement documentation.
  - **Distribution and Monitoring Management:** Identify obstacles and support MoH units and management teams in developing more efficient systems for equipment distribution, site readiness, installation, operation, maintenance, and utilization at project sites. This includes utilization of ASPAK as a real-time digital monitoring tools for sub-national monitoring arrangements—such as clear reporting lines and dashboards—across three regional structures, provinces, and district/city organizations to ensure timely and accurate data collection and reporting to central management.
  - **Along with PBJ/CPU and MoH technical units, provide end-to-end support in contract management and performance monitoring of priority vendors,** throughout the full lifecycle of delivery, installation, commissioning, warranty, and post-warranty service, including preparation of a contract management plan with key performance indicators. Prepare a monthly forecast in the payments for each contract linking to budgeting/disbursement process. Support the establishment of a centralized vendor monitoring dashboard linked to ASPAK, enabling continuous tracking of equipment uptime, downtime, maintenance records, and service requests, including integration of remote telemetry where available. Review vendors' deliverables, invoices, and progress reports to ensure compliance with contractual obligations.
- b) **System Integration and Governance:** Integrate the real time Management Information System into the MoH digital ecosystem (ASPAK) to ensure accurate monitoring of IHSS project implementation down to the health facility level, and develop dashboards designed to provide rapid cross-PMU performance snapshots, enabling MoH leadership to make well-informed and effective decisions.

The ASPAK will include at least the following features:

- Site Readiness fulfillment progress data at Hospitals (RS), Community Health Centers (Puskesmas), and Public Health Laboratories (Labkesmas)
- Medical equipment procurement status data by equipment type
- Budget/financial realization data (updated monthly, with a cut-off on the 30th of each month)
- Medical equipment distribution monitoring data by equipment type
- Medical equipment commissioning/functional test data by equipment type
- BAPETEN licensing status data (Nuclear Energy Regulatory Agency licensing)
- BPJS Health credentialing status data
- Health Human Resources (SDMK) training achievement data by vendors or the Ministry of Health
- IHSS Results Framework progress data (monthly)
- Equity indicator progress data (monthly)
- Environmental and Social Framework (ESF) indicator progress data (monthly) – including Waste Water Treatment Plant (IPAL), incident reports, stakeholder engagement, FGRM, etc.
- Gender indicator progress data (monthly)
- Public communication indicator progress data (monthly)
- Decision Support System (DSS Features): (a) Capable of providing performance trend analysis; and (b) Capable of providing actionable decision-making recommendations.

**c) Hospital Control Room**

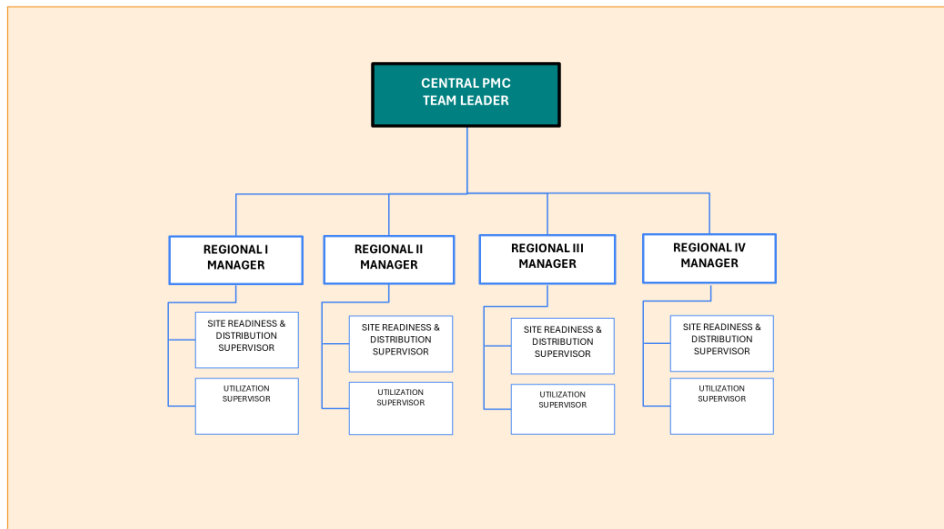
- Develop a control center for real-time monitoring and coordination through integration of field data (CCTV, sensors, applications), ensuring efficiency, safety, and rapid response without physical presence.
- Ensure data accuracy, operational efficiency, and comprehensive visibility for project leadership through real-time monitoring, issue analysis, rapid decision-making, coordination, incident management, and safety enhancement.

**d) Subnational Monitoring Functions**

The PMC provides strategic direction and national oversight of the Subnational Monitoring Structure (SMS), ensuring alignment with IHSS objectives, Ministry needs, and MDB requirements. The PMC proposes SMS formats and functions and develops SMS into a regional structure covering all provinces/districts/cities, with capacity to reach hospitals, Puskesmas, community facilities, and laboratories.

## 2. Regional PMC (RPMC)

RPMC will be located at central PMC with key tasks include facility readiness monitoring, distribution inspection as well as operation and equipment utilization monitoring.



### Regional Manager Scope of Work (SoW)

- Performing Data Consolidation from District/City level data entry to the ASPAK in each respective region (comprised of several provinces/districts), and providing recommendations for Improving Health Facility Readiness and Distribution.
- Performing Data Consolidation from District/City level data entry to the ASPAK in each respective region (comprised of several provinces/districts), and providing recommendations for Improving Medical Equipment Operations and Utilization.
- Performing Data Consolidation and Analysis for Environmental and Social Safeguards, Equity, and Gender.
  - **Site Readiness** focuses on ensuring all physical and human resource requirements are met prior to equipment installation. This involves verifying that technical utilities like electricity, water, and room designs comply with specifications while confirming that qualified healthcare personnel are available for operation. Furthermore, this phase includes overseeing installations to ensure adherence to safety SOPs and environmental permits, such as those for hazardous B3 waste, while identifying any technical barriers to provide immediate corrective recommendations.
  - **Distribution and Quality Control** ensures that all vendor products meet strict technical standards and delivery schedules through rigorous field oversight. Inspection teams are responsible for conducting end-to-end checks—from raw materials to finished goods—using visual examinations and functional testing to

verify quality and contract compliance. Any issues are documented through non-conformance reports for immediate resolution, and all products are audited for safe packaging prior to shipment to prevent damage during transit.

- **Utilization and Asset Management** aims to maximize the value and lifespan of procured goods through strategic inventorying and proactive maintenance. By monitoring equipment usage and applying life-cycle costing, this stage focuses on increasing productivity while minimizing operational waste and the risk of equipment damage. Additionally, it ensures long-term regulatory compliance by managing essential licensing, specifically those required by **BPJS** and **BAPETEN**, to maintain continuous and efficient facility operations.

## **Sub-National PMC**

### **1.1. Provincial PMC**

The Provincial PMC operates under and reports to the Central PMC. The organizational structure consists of 1 Project Coordinator, 1 Site Readiness & Distribution Assistant, and 1 Utilization Assistant. The Provincial PMC works alongside the Provincial Health Office and SIHREN hospital implementing units. Their duties include:

**Site Readiness & Infrastructure Validation.** The Province Team is responsible for the systematic consolidation, aggregation and validation of data regarding health facility readiness and technical utility specifications across districts in the province. This includes monitoring installation progress and verifying functional test results to ensure that all equipment meets operational standards. Key activities involve identifying specific local barriers to readiness—such as infrastructure gaps or personnel shortages—and implement tailored solutions to ensure facilities are prepared for equipment deployment. Furthermore, the team validates that all installations comply with standard operating procedures, safety protocols, and environmental permits, specifically for medical and hazardous (B3) waste.

**Distribution & Quality Assurance Oversight.** During the distribution phase, the team focuses on consolidating, aggregation, and validating data related to vendor performance, product quality, and delivery timelines. The Province Team manages the performance of field inspection teams, ensuring that visual inspections, raw material checks, and technical testing are conducted in alignment with established Quality Plans. By analyzing distribution logs and QC reports, the team identifies bottlenecks in the supply chain and implement tailored solutions to resolve failures in the delivery or packaging process. This ensures that all goods reaching the final destination are secure and fully compliant with contractual technical specifications.

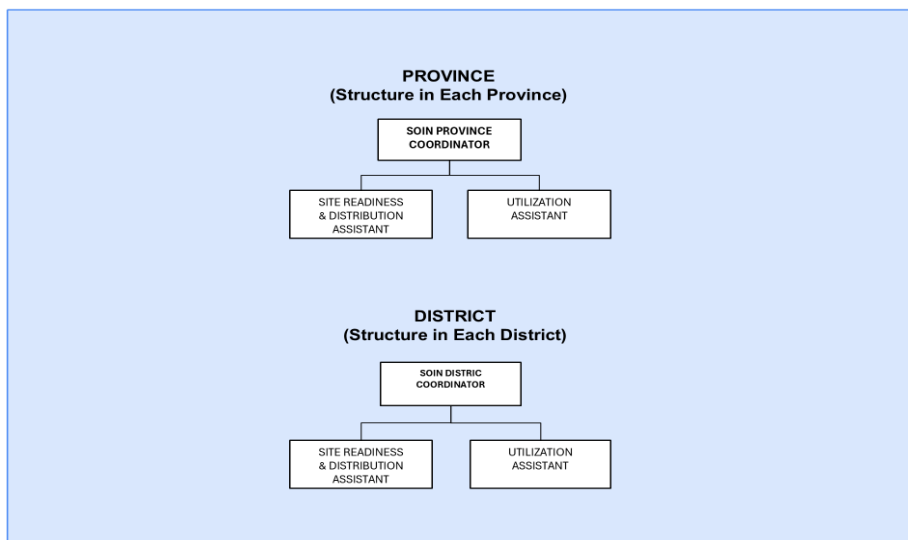
**Utilization & Impact Management.** The Province Team monitors the optimization of health assets by consolidating and aggregation of data on inventory management, maintenance, and the effective usage of procured goods to achieve "Value for Money." This involves validating the operational impact of equipment management, including life-cycle costing, facility productivity, and the reduction of operational waste. Additionally, the team identifies barriers to efficient utilization, such as licensing delays or technical skill gaps, and implements solutions to maintain regulatory compliance (including BPJS and BAPETEN requirements). This comprehensive oversight ensures that the project's environmental and social safeguards, as well as equity and gender considerations, are integrated into the daily operations of the facilities.

## 1.2. District/City PMC

The District/City PMC operates under and reports to the Central PMC. The structure consists of 1 Project Coordinator, 1 Site Readiness Inspection & Distribution Assistant, and 1 Utilization Assistant. They work with the District/City Health Office and SIHREN hospital units. Their duties include:

- **Site Readiness and Technical Validation.** District Team is responsible for the direct verification of site readiness to ensure each beneficiary health facilities are fully prepared for equipment integration. This includes auditing technical utility compliance—specifically regarding electricity, water, and room layout—and providing meticulous documentation for all installation and functional tests. The team must ensure the presence of competent healthcare personnel qualified to operate the assigned equipment and oversee that all onsite activities adhere to Standard Operating Procedures (SOPs) and environmental regulations, including medical and B3 waste permits. Crucially, the team must perform Mandatory Data Entry by completing the primary entry into the ASPAK system for every site immediately upon the successful installation and functional testing of medical equipment.
- **Distribution and Quality Control Management.** During the distribution phase, the District Team acts as the primary authority for ensuring vendor products meet all quality standards and delivery schedules. The team manages field inspection teams, conducting end-to-end checks from raw material validation to final visual inspections. All findings must be recorded in formal Quality Control (QC) reports, with the District Team lead managing follow-up actions for any non-conformance. To maintain Compliance Documentation, the team must ensure that all digital records in ASPAK perfectly match the physical inventory. This includes updating the system with the status of technical utility compliance and the verified availability of competent personnel for each specific asset to ensure data integrity.

- Utilization and Asset Lifecycle Oversight.** District Team focuses on maximizing the operational efficiency of all procured goods through proactive inventory management and maintenance oversight. By monitoring usage patterns to enhance productivity and minimize the risk of damage, the team ensures that equipment usage achieves "Value for Money." This scope includes managing the long-term impact of equipment through life-cycle costing analysis and ensuring that all assets remain in peak condition. The District Team is responsible for identifying local utilization risks and utilizing ASPAK data to track maintenance schedules, ensuring the sustainable delivery of healthcare services across the district.



**Expected Working Mechanism at National:**

- PMU Reports to PMC:** PMU SIHREN/SOPHI/InPULS, with collectively over 200 individuals, shall provide regular performance reports regarding the overall project implementation progress and DIOU plans for each procurement package at the target health facilities. Technical reports shall also include BAPETEN licensing status and BPJS Kesehatan credentialing requirements.
- CPU Reports to PMC:** The CPU shall provide periodic reports on procurement performance, including tender successes and failures, as well as any implementation bottlenecks encountered during the process.
- CPMU Reports to PMC:** The CPMU shall submit regular reports on the consolidated disbursement performance of MDB loans, IFR (Interim Financial Reports), annual DIPA (Budget Execution Document) status and its realization, Financial Audit Reports, and thematic reports, including ESS compliance, Equity, and Gender.

4. **Consolidation and Strategic Solutions (Central PMC):** To optimize national-level performance and resolve systemic delays, the Central PMC will execute the following:
- Aggregate reports from PMUs, CPU, and CPMU to identify national-level bottlenecks. Produce a Disbursement Barrier Map that pinpoints specific friction points in the fund flow.
  - Issue formal recommendations to the Ministry/Special Advisor for Health Technology every quarter to bypass identified financial hurdles and accelerate fund release.
  - Conduct bi-monthly reviews of DIOU (Delegated Investment Operating Unit) performance. Rank units by speed and compliance to identify high-risk areas.
  - Provide "Troubleshooting Toolkits" to PMUs that include step-by-step protocols for resolving licensing and credentialing delays.
  - Establish a 48-hour response window for PMUs to escalate licensing issues that require national-level intervention or policy adjustment.

**Expected Working Mechanism at Subnational:**

1. **Preparation and Capacity Building (Central/Regional PMC):** Central and Regional PMCs shall develop socialization materials for Provincial and District Coordination Teams and conduct training for subnational PMC teams. The primary focus is the standardization of data collection and field surveys to validate health facility readiness via digital systems (**ASPAK**) as the baseline for reporting to the PMU.
2. **Field Verification and Mitigation (District/City PMC):** District/City PMCs shall conduct health facility readiness surveys and input validated data into ASPAK as a prerequisite for the PMU's issuance of the **NTO**. In cases of unreadiness, the team shall coordinate with relevant local authorities to address the infrastructure issues and ensure the hiring of competent health personnel.
3. **Supervision of DIOU and Compliance:** During the distribution, installation, and commissioning processes, District/City PMCs must ensure that all procedures comply with contract standards, **ESF** (Environmental and Social Framework) requirements, and occupational health and safety (**K3/OHS**) standards. Supervision results, including **BAST** (Handover Certificate) and **BASTO** (Operational Handover Certificate) documents, must be reported systematically through ASPAK or official communication channels.
4. **Licensing Facilitation:** For specialized equipment, District/City PMCs shall provide technical and administrative support in document collection and assistance throughout the **BAPETEN** licensing and **BPJS Kesehatan** credentialing processes.

5. **Validation and Reconciliation (Regional PMC):** The Regional PMC shall validate data from the district level, analyze health facility readiness bottlenecks, and facilitate provincial-level coordination as well as to quickly resolve identified **DIOU** constraints before reporting to the central level.

### **Transition of Tasks and Responsibilities from old structures to PMC**

In accordance with the project's objectives and scope of work, the PMC is expected to serve as the primary driver of IHSS project implementation. The roles and functions of consultants and staff currently under the CPU, PMUs, and CPMU structures will be progressively integrated into the PMC organization, envisaged to start in early 2027. Consequently, the PMC shall provide recommendations for its organizational structure, roles, and functions to ensure effective and efficient project management, including the recruitment and placement of experts and staff. To ensure a seamless transition from the CPU, PMU SOPHI, PMU SIHREN (WB & IsDB), PMU InPULS, and CPMU structures, the PMC must propose a comprehensive transition plan, including a detailed timeline and robust knowledge-transfer mechanisms. Regarding staffing, the PMC firm may retain personnel from the existing structures based on merit, competency, and capacity; however, the recruitment process must strictly adhere to procurement regulations that are open, fair, and transparent.

Contingent upon the PMC's successful performance and demonstrated project necessity, the contract may be subject to extension. Such an extension would involve a redefinition of the Scope of Work to address emerging challenges and operational constraints identified during project implementation.

## **V. OUTPUT**

### **Details of Deliverables**

#### **1. Initiation and Planning (Month 1)**

- **Inception Report:** To be submitted within 4 (four) weeks, encompassing a baseline assessment of IHSS management from national to sub-national levels; identification of implementation bottlenecks, challenges, and strategic recommendations for improvement at various levels; stakeholder mapping; a support plan for DIOU monitoring and oversight from sub-national levels down to target facilities; a personnel assignment plan; and an ASPAK training strategy.
- **Technical Plans:** Operational design for the Hospital Control Room (HCR), ESF risk register, and mitigation plans.

- **Approval:** Finalization of reports for approval by MoH and the World Bank within 2 weeks of submission.

## **2. Digital Integration & Hospital Monitoring (Month 2)**

- **ASPAK Optimization:** Identification of system bottlenecks and provision of real-time monitoring dashboards for the CPMU/PMUs, MoH leadership, and MDBs.
- **Hospital Control Room (HCR):** Development of a web-based HCR operational framework with strict data security and ownership protocols.

## **3. Sub-national Monitoring Pilot Project (Months 2–6)**

- **Subnational Monitoring Pilot:** Implementation of the Sub-national Monitoring Structure in 10 pilot locations and mobilization of regional/local personnel.
- **Data Integration:** Synchronization of field data from pilot sites into the national ASPAK system.

## **4. Pilot Phase Evaluation (Month 6)**

- **Pilot Evaluation Report:** Analysis of challenges, bottlenecks, and system improvement solutions (ASPAK & HCR) prior to national expansion.
- **DIOU Performance Report:** Technical achievements in pilot areas, progress on BAPETEN licensing, BPJS-K credentialing, and compliance with ESF standards (Environmental, Social, OHS, and Gender Equality).

## **5. National Expansion and Implementation (Months 7–18)**

- **Mass Mobilization:** Reports on personnel deployment across all target Provinces and Districts/Cities.
- **Periodic Performance Reports:** Routine evaluations of vendor performance, national DIOU progress, acceleration of regulatory permits, and consistent ESF compliance.
- **Decision-Making Optimization:** Updates to the digital system to provide equipment utilization data as a basis for strategic policy.

## **6. Finalization and Project Closure (Month 18)**

- **Final Evaluation:** A comprehensive report on PMC performance, the success of national DIOU implementation, and post-project sustainability recommendations.

## Acceptance of Deliverables & Reporting

- **Payment System:** Output-based, linked to agreed-upon Key Performance Indicators (KPIs).
- **Coordination Line:** Reports shall be addressed to the **Secretary General of the MoH through the Director of the CPMU**, with copies to relevant technical directorates.
- **Language Format:** Routine reports shall be prepared in **English** with bilingual executive summaries. The Final Report must be submitted in full in both **Indonesian and English**. The World Bank shall receive copies of all deliverables.

## VI. CONSULTANT QUALIFICATION

1. **Company Profile:** The project management firm must possess experience in large-scale development projects—ideally within developing countries and the healthcare sector—and demonstrate a deep understanding of the Indonesian government context at both national and regional levels.
2. **Core Competencies:** Strong capabilities in strategic project management, financial and contract management, monitoring and evaluation, environmental and social safeguards, inter-agency collaboration, and professional communication.
3. **Professional Experience:** A minimum of seven years of experience in project management, procurement, finance, M&E, communications, knowledge management, and Management Information Systems (MIS).
4. **Track Record:** Proven capacity to deliver high-quality services, evidenced by the successful completion of at least three major development projects, preferably in developing countries and the health sector.
5. **Human Resource Management:** Ability to provide key experts and mobilize additional specialists promptly from an expert pool as project needs evolve.
6. **Financial Capacity:** Demonstrated capital capacity and/or bank guarantees reflecting business capability of at least three times the total contract value.

## VII. PERSONNEL DEPLOYMENT

Establish a national core team and deploy personnel gradually at provincial and district/city levels based on pilot results and KPI triggers.

### A.1. Key Experts (Indicative assignments)

No	Type of Expertise	Qualification	Assignment Duration
1	Team Leader (1 position)	<ul style="list-style-type: none"> <li>• Minimum of a Master's degree (S2) in a relevant discipline.</li> <li>• At least 15 years of experience in project management and implementation.</li> <li>• At least 5 years of experience serving as a Team Leader.</li> <li>• Proven experience leading teams consisting of at least five experts in no fewer than five national and/or international assignments.</li> <li>• Experience working with central and local governments, preferably the Government of Indonesia.</li> <li>• Experience in implementing projects financed by the World Bank or other international organizations is an advantage.</li> <li>• Professional certifications such as PMP (Project Management Professional), PRINCE2, or equivalent certification are considered an advantage.</li> </ul>	18 months / Fulltime
2	National Specialists, as required for Financial Management, Contract Management, Procurement, ESF, MIS and other themes as required for effective project implementation.	<ul style="list-style-type: none"> <li>• Minimum of a Master's degree (S2) or in a relevant discipline.</li> <li>• At least 10 years of experience in a relevant field.</li> <li>• Proven experience as a specialist in at least five national and/or international assignments.</li> <li>• Experience working with the Government of Indonesia.</li> <li>• Experience in implementing projects funded by the World Bank or other international organizations is an advantage (preferred).</li> </ul>	Duration of Assignment: 18 x 4 months / Part-time
3.	Regional PMC: Public Administration Manager (4 Positions)	<ul style="list-style-type: none"> <li>• Minimum of a Bachelor's degree (S1) in government studies, public</li> </ul>	4 X 18 = 64 months/ fulltime

		<p>administration, public policy, or a related field.</p> <ul style="list-style-type: none"> <li>• At least 5 years of experience in public administration within government structures, preferably at the subnational government level in Indonesia.</li> <li>• Demonstrated track record in applying monitoring and evaluation (M&amp;E) frameworks and instruments, preferably in the health sector and/or large-scale development projects.</li> <li>• Prior involvement in donor-funded projects and familiarity with donor financial reporting requirements are considered an advantage.</li> </ul>	
4.	Regional PMC: Supply Chain Expert (8 positions)	<ul style="list-style-type: none"> <li>• Minimum of a Bachelor's degree (S1) in public administration, logistic &amp; distribution, pharmaceutical or medical device industry or a related field.</li> <li>• At least 5 years of experience in public administration within government structures, preferably at the subnational government level in Indonesia.</li> <li>• Proven track record in the application of monitoring and evaluation (M&amp;E) frameworks and instruments, preferably in the health sector and/or large-scale development projects.</li> <li>• Previous experience in donor-funded projects and knowledge of donor financial reporting requirements is considered an advantage.</li> </ul>	8 X 18 = 144 months/ fulltime
5	Field Surveyor and Data Verifier at Subdistrict and District/City Level (1542)	<ul style="list-style-type: none"> <li>• Minimum of a Bachelor's degree (S1) in government studies, public administration, public policy, or a related field.</li> <li>• At least 3 years of experience in public administration within subnational government governance structures in Indonesia.</li> <li>• Demonstrated track record in field data collection and monitoring activities in the health sector and/or other development projects.</li> </ul>	<p>During Pilot: 10 x 6 = 60 Full implementation: 1542 x 18 = 18504 months/ Fulltime</p>

		<ul style="list-style-type: none"> <li>• Previous experience in donor-funded projects and familiarity with donor financial reporting standards are considered an advantage.</li> </ul>	
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## A.2. Support Staff (Indicative assignments)

No	Type of Expertise	Qualification	Assignment Duration
1	Data and Administration Manager	<ul style="list-style-type: none"> <li>• Minimum of a Bachelor's degree (S1) in administration, economics, social sciences, public health, or a related field.</li> <li>• At least 2 years of professional work experience.</li> <li>• Experience in at least one development project related to public administration.</li> </ul>	To be determined based on needs.

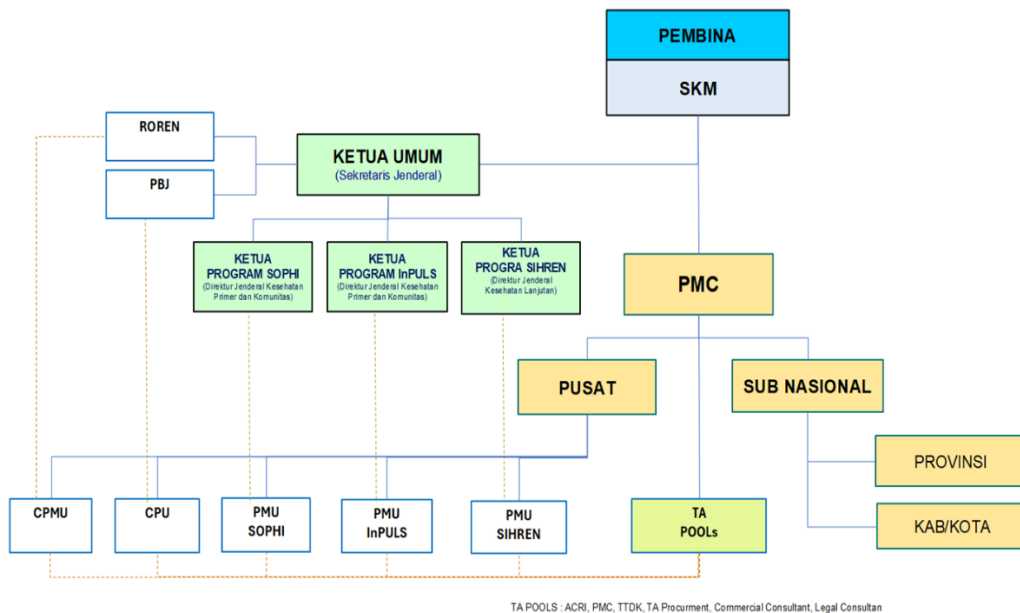
All specialists must have relevant training and experience, with contract duration aligned to service duration. Firms must form diverse and gender-balanced teams with skills in communication, reporting, project management, analytics, and team development. Additional support staff may be proposed as reimbursable costs. All reimbursable costs, including office supplies, resource persons, administrative staff, communications, report preparation, part-time expert travel, and meeting costs—must be detailed in the proposal.

## IX. Governance and Responsibilities

The Project Management Consultant (PMC) operates under the coordination of and reports to the **Special Advisor to the Minister of Health (SKM) for Health Technology**. This arrangement ensures operational efficiency and alignment with national priorities. The roles and responsibilities of the parties involved in this program are as follows:

- **Project Management Consultant (PMC)** will act as technical advisory, coordination, monitoring, and capacity-building support, with final authority remaining with MoH/CPMU/PMUs/CPU. It will monitor and oversee the project implementation, responsible for streamlining workflows, strengthening the digital systems, and ensuring quality assurance and risk management across all activities down to the sub-national level.

## STRUKTUR ORGANISASI PROJECT MANAGEMENT CONSULTANT (PMC)



In the implementation of the PMC, support will also be provided by several consultants (**TA Pools**), including **Commercial Consultants**, **Legal Consultants**, **Support for Technical Specification and Pre-procurement documents (ECRI)**, **Procurement TA**, and **Digital Health Transformation Strengthening TA**. These consultants are engaged separately from the PMC procurement and are stationed within the relevant technical units

### X. CONSULTANT EQUIPMENT

- All equipment and facilities required by the Consultant to carry out the assignment shall be provided by the Consultant and will not be provided by the Employer.
- All applicable taxes, duties, and levies shall be the responsibility of the PMC, unless otherwise stated.

### XI Implementation Timeline

The PMC shall provide services in two primary phases:

- **Initiation & Pilot Phase (Months 1–6, 2026):** Focused on system strengthening, recruitment, and pilot projects in 10 Districts/Cities across 10 Provinces.
- **Full Implementation Phase (Months 7–18, 2027):** National expansion to all Districts/Cities receiving medical equipment, system evaluation, and sustainability strengthening.

## XII. REPORTING REQUIREMENTS

No.	Deliverable	Format	Timeline	Acceptance Criteria	KPI weight
1	Inception Report	Report & presentation	4 weeks	Approval by the Ministry of Health and the World Bank; work plan and methodology.	15%
2	ASPAK Integration to measure DIOU Performance	Web demonstration and technical documentation.	12 weeks	Core module prototype; security standards; architecture and dashboard.	10%
3	Hospital Control Room Development	Web demonstration and technical documentation.	12 weeks	Functional prototype; hospital monitoring; data integration.	20%
4	Subnational Monitoring Pilot Testing Report.	Report & dashboard	Month 6	Pilot implementation in 10 Districts/Cities; data quality assessment; scale-up recommendations.	15%
5	Quarterly Implementation Report.	Report & dashboard	Quarterly	Updated KPIs and risk register; action plan; progress assessment.	15%
6	Monthly Progress Report	Presentation and 2-page memo.	Monthly	Summary of activities; challenges encountered; next steps.	10%
7	Handover Plan and Final Report	Plan & Workshop	Month 18 / End of Contract	Training completion, Handover of Final Report	15%

## XIII. CONTRACT AND PAYMENT

### 1. Performance-Based Payment

Payments made upon approved outputs and KPI achievement.

### 2. Payment Conditions

- Payments only after written approval from Ministry and acknowledgment from World Bank

- Up to 10% deductions for delays, poor data quality, system downtime, or unmet coordination requirements
- Rejected output must be revised within 10 working days

### 3. Retention

5% retention released after:

- Completion of final handover plan
- Verification of ASPAK and HCR documentation
- Completion of training and knowledge transfer

### 4. Payment Schedule

No.	Deliverable	Due Date	Payment Trigger & Acceptance	Payment Percentage
1	Contract Mobilization & Work Plan Alignment	Contract signing + 2 weeks	Mobilization notification; confirmation of personnel assignment; kick-off meeting minutes	5%
2	Inception Report (Initial Phase)	Week 4	Written approval from the Ministry of Health & the World Bank; including readiness scorecard	10%
3	Provider Performance Monitoring Information (ASPAK & Hospital Monitoring System (HCR))	Week 12	Functional prototype; safety checklist fulfilled	10%
4	Subnational Pilot & Roll-out Report	Month 6	Pilot implemented in 10% of provinces; data quality indicators achieved	10%
5	Quarterly Implementation Reports (4 reports)	Quarterly	Updated KPIs; updated risk register; follow-up action plan submitted	4 × 5% = 20%
6	Monthly Progress Reports (Months 1–18)	Monthly	Approval of monthly memo and presentation	10% (0.5% × 18 months)

7	Semi-Annual Environmental & Social Reports (2 reports)	Every 6 months	Verified photos; incident log; compliance with ESF	2 × 3% = 6%
8	Final Handover Plan & Final Report	Months 18	Completion of training; Final report handover checklist	9%

#### **XIV. BUDGET**

The entire cost of this assignment shall be charged to Component 4 of the SOPHI Project. Management has allocated funds for these Project Management Consulting (PMC) services under the DIPA (Budget Execution Document) of the Secretariat General of the Ministry of Health. The amount disbursed each year will depend on payment details and the project duration.