Terms of Reference – Short Term Adviser (Draw-Down Contract)

| 1. | Position Title | Strategic Advisory Team (SAT) | |
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| 2. | Program | Australia Indonesia Partnership for Health Transformation (KITA SEHAT) | |
| 3. | Classification of role as specified under safeguarding policies | Working with children Contact with children | |
| | | Working with Vulnerable Adults | |
| | | Contact with Vulnerable Adults | \boxtimes |
| | | Nil (<i>Desk based no travel</i> and/or no access to personal data or images of children/vulnerable adults) | |
| 4. | Location/s | Desk based | |
| | | Desk Based with possible domestic travel | |
| | | Desk based with possible international travel | \boxtimes |
| 5. | Travel | Indonesia: Level 2: Exercise a high degree of cauti | on |
| | | Possible 2 x 14-day trip to Indonesia for each member of the SAT with domestic travel to program locations | |
| 6. | Term | Up to a maximum of 40 input days over 12-months with the possibility of two 12-month extension option periods subject to performance and budget availability. | |
| 7. | Reporting to | The adviser will report to: | |
| | | SHS: Gael Haimes, Operations Manager | |
| | | DFAT: Madeleine Scott, First Secretary Health | |
| 8. | Background | Under the new bilateral Australia Indonesia Partnership for Health Transformation program (KITA SEHAT), Australia will support the Government of Indonesia to achieve its policy objectives in the intersecting fields of health security, One Health and primary care. | |
| | | KITA SEHAT will work through a range of mechanisms including technical assistance, public sector partnership, implementation, research and CSO/NGO grants. Gender equality, disability equity and social inclusion (GEDSI) and climate resilience will be a strong focus of the program and will be integral to achieving national health goals. | |
| | | The program's long-term goal will be guided by four end outcomes (EOPOs): | -of-program- |

- Primary health care policy and governance By 2033, national and selected subnational authorities have adopted improved primary health policies, service delivery approaches and governance arrangements.
- Primary health services By 2033, selected subnational authorities have improved the quality of and access to primary health services with a focus on stunting prevention and the inclusion of women, people with disability and other marginalised groups.
- Health system enablers By 2033, national and selected subnational authorities have enhanced core workforce capabilities in critical human and animal health system enabling functions.
- Health security By 2033, national and selected subnational authorities
 have increased capacity for health security and animal health policy
 development, strategic planning and the assessment, mitigation and
 management of acute and emerging health threats.

9. Purpose and objectives

In accordance with the new program design, DFAT will engage an independent Strategic Advisory Team (SAT) to provide expert advice to DFAT and oversee key evaluations and reviews. The team will not be involved in the implementation of the program, ensuring its objectivity and impartiality.

The SAT's primary responsibilities will include providing strategic guidance and input to DFAT, to ensure that program implementation aligns with the program design and is efficient and effective in delivering impact and appropriate to context.

The SAT will include high-level monitoring, evaluation, research and learning (MERL) and performance management expertise and sector specific expertise, including human health, One Health and animal health.

10. Duty Statement

The SAT advisors will:

- Provide independent technical expertise to monitor and strengthen the new bilateral health program's performance and relevance including through monitoring missions.
- Offer strategic technical guidance and input to DFAT on complex program
 deliverables including the MERL system, key strategies, plans and progress
 reports developed during implementation by the managing contractor.
- Support DFAT to ensure GEDSI and climate change are integrated into the MERL system, work plans and key deliverables.
- On request, including through monitoring missions, assess the program's progress towards the achievement of outcomes, identify new and potential or emerging risks, and suggest adjustments to enhance effectiveness, efficiency and sustainability.
- Using data and information from the MERL system, progress reporting and monitoring missions, support DFAT to ensure learning is integrated into implementation, activity design and decision-making during implementation.

| | Provide DFAT with technical advice regarding MERL Systems, application of DFAT's GEDSI's framework, human health, One Health and animal health. As requested by DFAT through tasking notes, provide in-country and remote inputs for discrete, substantive tasks as required. All written reports must be of a high standard and provide clear, concise and actionable advice in English. | |
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| 11. Reporting and Payment | The adviser will be tasked with work by DFAT and will proceed following mutual agreement of expected days to be worked and outcomes. The adviser will report to Madeleine Scott, First Secretary Health. Performance management and tasking of the adviser will be the responsibility of DFAT Human Development Section. Any performance issues will be discussed with SHS/Abt Global as required. The adviser will submit a monthly activity report and invoice to SHS. The total inputs (days and reimbursables) claimed should not exceed the total number of input days included in this ToR. | |
| 12. Deliverable Published | Yes No | |
| 13. Policy context | Advisers are expected to align their work with DFAT's development and foreign policy priorities and to incorporate DFAT's cross-cutting priorities on gender equality, disability equity, climate change and First Nations engagement. Advisers should seek advice from DFAT about the most appropriate ways to align tasks to these policies. Advisers should also discuss whether there are other relevant DFAT policies. | |
| 14. Conditions | Conditions of engagement may include completing and signing the following documents: • The Deed of Confidentiality • The Declaration of Adviser Status • Safeguarding Code of Conduct As per DFAT requirements, an Adviser Performance Assessment (APA) will be undertaken at the completion of the assignment. | |

Key Selection Criteria

The SAT will collectively have the following expertise and experience:

| Required experience | Experience working in international development in the health sector. Demonstrated experience in Monitoring, Evaluation and Learning (MEL) for international development programs including developing fit-for-purpose MEL systems for international development programs Proven experience working in health system strengthening in developing countries and/or experience implementing health programs (preferably in Indonesia) Strong technical knowledge of human health, animal health and one health as an approach Experience working with DFAT and/or other donors (and preferably familiarity with DFAT design and evaluation |
|------------------------------------|--|
| | standards) |
| Required qualifications and skills | Postgraduate qualification in evaluation, international development, public health, animal health or similar or equivalent experience Demonstrated ability to analyse and synthesise data and information to provide clear, concise and actionable feedback and advice |
| Cultural & language requirements | Excellent written and verbal communication skills and the ability to communicate complex ideas effectively Strong cross-cultural communication skills and proven ability to work effectively in a cross-cultural context |
| Desirable experience | Understanding of, and experience integrating gender equality, disability equity and social inclusion (GEDSI) and climate change into all stages of the program cycle Familiarity and understanding of Government of Indonesia systems and processes |

Key documents

The SAT may refer to the following documents or information:

- Investment Design Document (link: <u>Investment design document Australia Indonesia partnership for health transformation</u> | Australian Government Department of Foreign Affairs and Trade)
- Australia Indonesia Development Partnership Plan 2024-2028 (link: <u>Australia Indonesia Development Partnership Plan 2024-2028 | Australian Government Department of Foreign Affairs and Trade</u>)
- DFAT Monitoring and Evaluation Standards (link: <u>DFAT Design and Monitoring, Evaluation and Learning</u>
 Standards | Australian Government Department of Foreign Affairs and Trade)
- Indonesia's National Medium-Term Development Plan 2025-2029 (RPJMN 2025-20249)

- Indonesia's Health Transformation Agenda (link: <u>INDONESIAN HEALTH TRANSFORMATION</u>)
- Australia's Southeast Asia Economic Strategy to 2040 (link: <u>Chapter 9: Healthcare | Australian Government Department of Foreign Affairs and Trade</u>)