

SCOPE OF WORK			
Position	:	Lead for Community Systems & Service Delivery	
Department	:	Health System Strengthening & Implementation	
Employee Type	:	Full Time	Revision Date : October 5th 2026
Location	:	Jakarta	

I. CISDI AND OUR CULTURE

CISDI is a full-service *center of expertise* that advances health system strengthening and development. Our vision is to set and implement health system standards, leaving no one behind by driving a systemic, evidence-based transformation of Indonesia's and other countries' health systems. We work in close collaboration with international institutions, governments, donors and private sector partners to support PHC systems and ensure robust and public-oriented policies are set and subsequently implemented.

We are positioned to continue this growth trajectory by expanding into new business sectors with service offerings driven by donors and private client's requests. To ensure we operate internally to the same high standards we perform externally, we embarked on an aggressive organizational-wide transformation aligning our internal policies, processes, procedures and systems to meet these changing market dynamics.

Guided by five mission pillars, our work integrates research, implementation, advocacy, communication, and collaboration into one continuous cycle. We conduct research to generate evidence that drives innovation and advocacy, and translate the evidence into implementation by strengthening primary health care through community engagement. We advocate for better health policy, governance, and right to health, while fostering public participation that turns awareness into collective action. Underpinning all of this is collaboration, through cross-sector partnerships and strategic forums that strengthen the health system as a whole.

Our people are at the heart of this work and contribute directly to our mission. CISDI brings together professionals from diverse disciplines who share a commitment to the public interest. We foster a collaborative environment as "super power" where ideas are valued regardless of position or tenure, where integrity and accountability shape how we use evidence, resources, and continuous learning being part of everyday work. We are committed to an inclusive and safe workplace and to a healthy balance between work and personal life.

We hire highly intelligent professionals who thrive on challenges. Our professionals are given the freedom to express their creativity by solving complex healthcare sectoral issues often working on problems that other organizations may not have tried or have failed. Our people thrive in a collaborative work environment where ideas are heard and acted upon regardless

of level or length of employment. Work-Life balance is not just talk but is embedded into our operating models, policies and procedures. It is who we are.

II. SUMMARY OF ROLE

Under the supervision of the Chief of Health Systems Strengthening & Implementation (HSSI) and the HSSI Manager, the Lead for Community Systems & Service Delivery, provides functional and technical leadership for the design, strengthening, testing, refinement, institutionalisation, and scale-up of community systems and community-based service delivery approaches. The Lead is accountable for the technical integrity of the Community Systems & Service Delivery pillar, including community health platforms, the community health workforce and community health workers/ *kader*, community-based service delivery, outreach and follow-up mechanisms, community-facility linkages, and the systems and operational requirements needed to ensure people can access and continue to receive appropriate care.

The role operates within a matrix organisation. The Lead owns the technical direction and quality of Community Systems & Service Delivery work but does not independently manage project delivery. Project Leads are accountable for overall project management and coordination, while Project Officers coordinate day-to-day implementation across relevant HSSI pillars and functional teams. Within this arrangement, the Lead sets technical standards, provides technical guidance and quality assurance, and makes timely technical decisions for community systems and service delivery components implemented by Project Leads, Project Officers, Technical Officers, Field Coordinators, and Field Facilitators.

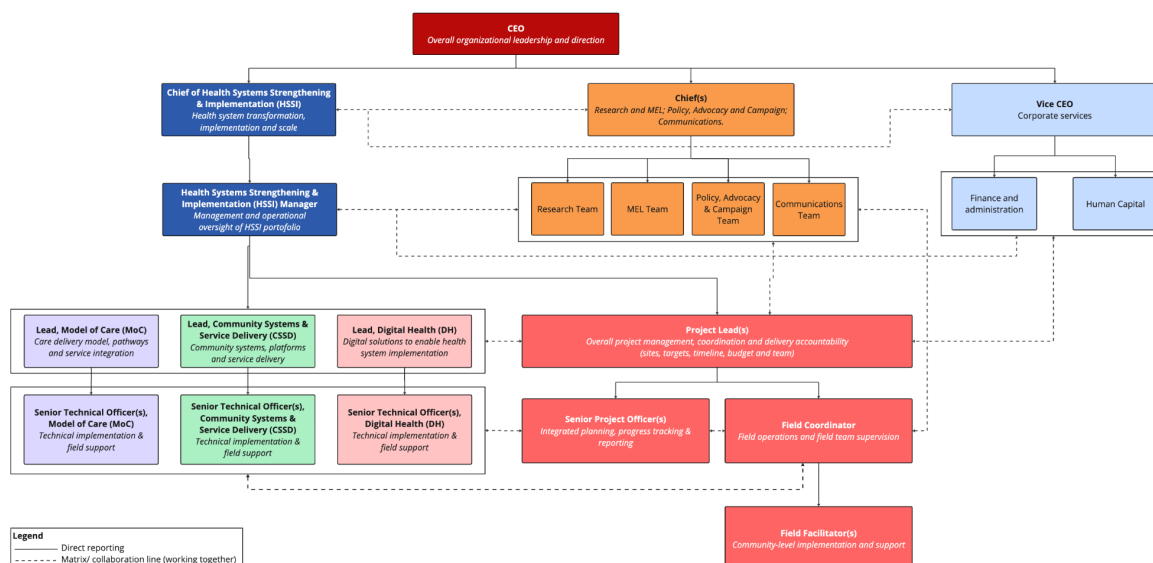
The Lead works horizontally with the Lead for Model of Care, and the Lead for Digital Health, to ensure that community-based services are integrated into the broader continuum of care, connected effectively with primary and referral services, and supported by appropriate digital capabilities. The Lead translates models of care into workable community-level delivery arrangements and brings community-system realities, implementation constraints, and opportunities into the design and refinement of models of care.

The Lead owns the technical cycle for strengthening community systems and service delivery: diagnosing barriers to community-level access and delivery; assessing the readiness and functioning of community platforms and the workforce; defining delivery models, roles, workflows, standards, and community-facility interfaces; specifying workforce, supervision, tools, commodities, infrastructure, digital, and other implementation requirements; guiding the technical aspects of pilots; reviewing field and implementation evidence; refining delivery approaches; and developing the technical case for institutionalisation, replication, and scale-up. Project delivery decisions, field coordination, research methods, MERL systems, advocacy strategy, communications execution, and financial and administrative processes remain accountable to their respective project or functional owners.

The Lead also works through matrix arrangements with MERL & Knowledge Management, Research, Policy & Advocacy, Communications, and Finance & Administration, bringing their respective expertise into community interventions from design through implementation, learning, institutionalisation, and scale-up. This includes jointly identifying evidence and learning needs; translating system barriers into policy priorities; ensuring technically sound community engagement and communication; and defining workforce, operational, resource, and financing requirements for sustainable community-based delivery.

III. ORGANIZATION CHART

The Lead for Community Systems & Service Delivery operates within HSSI's matrix structure, reporting to the HSSI Manager under the strategic oversight of the Chief HSSI. The Lead retains functional and technical authority over the Community Systems & Service Delivery pillar, including community health platforms, the community health workforce and kader, community-based service delivery, outreach and follow-up, and community-facility linkages. The Lead provides direct technical direction to assigned Senior Technical Officer(s) and works horizontally with the Model of Care and Digital Health Leads to ensure that community-level delivery arrangements are integrated with care pathways and supported by appropriate digital capabilities. Through matrix coordination, the Lead provides technical guidance, standards, quality assurance, and technical endorsement for community systems components across projects, while Project Leads retain accountability for overall project management, resource coordination, and delivery. The Lead also collaborates with Research, MEL, Policy, Advocacy & Campaign, Communications, and Finance & Administration teams, with each function retaining its respective mandate. Substantive cross-pillar technical issues are addressed through joint review with the relevant Leads, with unresolved operational trade-offs escalated to the HSSI Manager and strategic matters to the Chief HSSI.



Key Decision Rights

HSSI Manager	Lead, Community Systems & Service Delivery
• Determines integrated HSSI portfolio priorities, work sequencing, and operational arrangements within the strategic direction set by the Chief HSSI. • Determines portfolio-level staffing allocation, staff deployment, and workload balancing across pillars and projects within approved resource arrangements. • Resolves portfolio-level resource conflicts, operational bottlenecks, and cross-pillar delivery dependencies. • Determines management responses to material implementation, staffing, timeline, and resource implications within delegated authority. • Reviews and endorses portfolio plans, staffing requirements, and material resource proposals requiring Chief HSSI approval. • Escalates strategic, material resource, and unresolved cross-functional matters to the Chief HSSI.	• Sets technical direction, standards, and priorities for the Community Systems & Service Delivery pillar within approved HSSI strategy and resources. • Determines technical approaches for community health systems, community health workforce support, community-based service delivery, and community–facility linkages. • Makes routine technical design, implementation, and adaptation decisions within delegated pillar authority. • Technically endorses Community Systems & Service Delivery products, tools, and guidance for Chief HSSI approval. • Determines technical work priorities and delegated responsibilities for assigned Senior Technical Officer(s). • Resolves pillar-specific technical issues and coordinates cross-pillar technical decisions with the relevant HSSI Leads. • Escalates material portfolio-level implications to the HSSI Manager and strategic technical matters to the Chief HSSI.

IV. JOB DESCRIPTIONS

Responsibility	Activities	Outputs
Pillar Leadership, Technical Stewardship, and Matrix Coordination	• Set the Community Systems & Service Delivery pillar strategy, technical priorities, standards, and annual work plan in line with HSSI and project objectives. • Act as the functional technical owner for community systems and service delivery work across projects, providing standards, technical decisions, quality assurance, and escalation support. • Agree with Project Leads at project start-up on pillar scope, deliverables, decision rights, technical milestones, and required inputs from other pillars and functional teams. • Provide technical direction to Technical Officer(s) and matrix guidance to Project Officers and field teams without duplicating the Project	Pillar strategy, standards, and annual work plan approved and updated. Project-level technical roles, deliverables, and decision rights agreed with Project Leads. Cross-pillar dependencies and technical decisions documented and resolved in a timely manner. Technical products pass pillar quality review before release. Team capability-building activities delivered and documented.

Responsibility	Activities	Outputs
	Lead's accountability for overall project management. • Coordinate with the Model of Care and Digital Health Leads to resolve cross-pillar dependencies and maintain one coherent intervention design. • Resolve cross-pillar technical dependencies through joint review with the relevant HSSI Leads, escalating unresolved design trade-offs to the HSSI Manager and strategic matters to the Chief HSSI. • Identify where MERL/KM, Research, Policy & Advocacy, Communications, and Finance & Administration inputs are required and engage them early in the work cycle. • Build organisational capability in community systems strengthening and community-based service delivery. • Lead technical review and quality assurance of products, tools, and guidelines within the respective pillar, and provide technical endorsement for approval in accordance with agreed HSSI decision rights.	
Community Systems Assessment and Intervention Design	• Lead technical assessment of barriers and opportunities affecting access, participation, service readiness, and continuity of care at community level. • Assess how community platforms, local institutions, community health workers/kader, outreach mechanisms, and community-facility linkages function in practice. • Use community, field, research, MERL, and service-delivery evidence to identify system bottlenecks and priority populations or geographies.	Community systems and service-delivery assessments completed. Priority barriers, populations, platforms, and system gaps documented. Community intervention and delivery designs available.

Responsibility	Activities	Outputs
	• Define the community-system components, operating arrangements, roles, standards, and implementation requirements needed to address identified gaps. • Co-design care-pathway interfaces with the Model of Care pillar and digital requirements with the Digital Health pillar. • Provide technical specifications and guidance to Project Leads and Project Officers for incorporation into project implementation plans.	Cross-pillar community, service, and digital requirements documented. Technical specifications available to project teams.
Community-based Service Delivery and Community-Facility Integration	• Define and strengthen community-based service delivery approaches, including outreach, screening, prevention, health promotion, follow-up, navigation, and referral support as relevant to each model. • Clarify roles, workflows, hand-offs, escalation points, and referral arrangements between community actors, Puskesmas, and other service providers. • Ensure community delivery arrangements support continuity of care and are feasible within local service capacity and operating realities. • Work with the Model of Care Lead to ensure community-facing components are consistent with the intended care pathway and service standards. • Review implementation with project and field teams and make technical refinement decisions based on access, feasibility, quality, continuity, equity, and sustainability.	Community-based delivery models and workflows documented. Community-facility interface and referral arrangements defined. Implementation tools and guidance available. Service-delivery refinements and rationale documented and applied.

Responsibility	Activities	Outputs
Community Platforms, Workforce, and Service Readiness	- Define the functional requirements of community platforms used for health delivery, such as Posyandu and other relevant UKBM or local structures. - Define competencies, roles, workload, training, supportive supervision, tools, incentives or non-financial support, and referral responsibilities for community health workers/kader as relevant. - Assess and strengthen readiness requirements including people, tools, commodities, infrastructure, operating procedures, supervision, and linkages to facilities. - Ensure platform and workforce strengthening is integrated with existing government systems rather than creating parallel structures. - Work with Digital Health on digital tools and workflows that support community workers, service delivery, referral, and follow-up.	Platform readiness standards and assessment tools available. Community workforce roles and competency requirements defined. Training, supervision, and operational support packages available. Readiness gaps and corrective actions documented. Digital enablement requirements agreed with Digital Health.

Responsibility	Activities	Outputs
Community Participation, Local Governance, and System Responsiveness	• Identify appropriate mechanisms for community voice, feedback, participation, and local problem-solving within community health interventions. • Use existing local planning, coordination, and accountability mechanisms where relevant rather than establishing parallel structures. • Work with project teams and Policy & Advocacy to connect community-level implementation barriers with appropriate local or national decision-making processes. • Ensure community feedback is translated into actionable service-delivery or system improvements while Communications retains ownership of communication strategy and execution. • Promote inclusion of underserved or vulnerable groups in the design, implementation, and review of community delivery approaches.	Community participation and feedback mechanisms defined. Local governance and coordination interfaces documented. Community feedback translated into technical actions and owners. Inclusion considerations reflected in intervention design and refinement.

Responsibility	Activities	Outputs
Implementation Learning, Adaptation, and Replication	- Define, with MERL & Knowledge Management and Project Leads, the implementation questions, adaptations, and decisions that need to be documented across sites. - Distinguish core community-system components that should remain consistent from adaptable elements that may vary by context. - Review field feedback and implementation data with Project Leads, Project Officers, Field Coordinators, and Field Facilitators and determine technical implications. - Translate technical learning into implementation guides, tools, readiness standards, adaptation guidance, and replication packages. - Work with MERL & Knowledge Management to synthesise learning and with Communications to package approved learning for relevant audiences.	Pillar learning and adaptation framework agreed with MERL/KM and project teams. Core versus adaptable components documented. Implementation guides, tools, and replication packages available. Technical adaptation decisions documented and communicated.
Policy Alignment, Sustainability, and Institutionalisation	- Align community systems and delivery approaches with national and subnational policies, including primary care integration and relevant community health policies and regulations. - Identify policy, governance, workforce, financing, and operational factors that enable or constrain sustained community-based delivery. - Work with Policy & Advocacy to translate technical barriers and system requirements into policy engagement priorities; retain ownership of technical content while Policy & Advocacy leads advocacy strategy and positioning.	Policy and system alignment assessments available. Technical policy issues and recommendations documented. Technical resource requirements and costing assumptions defined. Sustainability and institutionalisation pathway agreed with counterparts. Requirements for replication and scale-up documented.

Responsibility	Activities	Outputs
	• Define workforce, platform, commodity, infrastructure, digital, and other resource requirements that need to be costed. • Work with Finance & Administration and relevant health financing expertise to develop and validate costing assumptions and estimates; the Lead owns technical resource assumptions rather than financial processes. • Develop the technical pathway for government ownership, institutionalisation, replication, and scale-up with Project Leads and relevant functional teams.	
Evidence Generation, MERL, and Policy Translation	• Define the decisions the pillar needs evidence to inform and co-develop priority learning questions with Research and MERL teams. • Provide technical input to Research on study questions and interpretation while Research retains ownership of research design and methods. • Define programmatic outcomes and technical indicators with MERL; MERL retains ownership of measurement frameworks, monitoring systems, and evaluation methods. • Interpret implementation, access, readiness, service-delivery, workforce, participation, and cost evidence from a community systems perspective and decide what technical refinements are required. • Provide technical evidence and recommendations to Policy & Advocacy for policy products and advocacy, and to Communications for external communication products.	Pillar learning questions and evidence needs agreed with Research and MERL. Technical inputs to research and measurement frameworks delivered. Evidence-to-decision notes and refinement recommendations available. Technical inputs to policy, advocacy, and communication products delivered. Findings jointly presented where appropriate.

Responsibility	Activities	Outputs
	Present technical findings with relevant project and functional teams to government, partners, donors, and technical forums.	
Stakeholder Engagement and Partnerships	- Maintain technical relationships with government institutions, local governments, health facilities, community platforms, civil society, professional groups, development partners, and academic institutions relevant to community systems work. - Coordinate stakeholder engagement with Project Leads to avoid parallel project and technical engagement with the same counterparts. - Work with Policy & Advocacy on policy-facing engagement, Communications on public-facing engagement, and Research/MERL on evidence-related engagement, with each function retaining its mandate. - Use community, field, and counterpart feedback to improve feasibility, responsiveness, and system alignment. - Represent the Community Systems & Service Delivery pillar in technical meetings and coordination forums as agreed with the Chief HSSI, HSSI Manager, and Project Leads.	Stakeholder map and technical engagement priorities aligned with project teams. Working relationships with key technical counterparts maintained. Meeting decisions, technical actions, and owners documented and followed up. Stakeholder feedback incorporated into technical refinement.

V. WORKING RELATIONS

Internal	- Chief of Health Systems Strengthening & Implementation and HSSI Manager - line management, strategic direction, prioritisation, escalation, portfolio coordination, and cross-pillar decisions. - Lead, Model of Care Pillar - peer matrix partner for care models, pathways, service standards, referral, continuity of care, and community-facility interfaces.
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	• Lead, Digital Health - peer matrix partner for digital workflows, products, data flows, and digital enablement of community delivery. • Technical Officer(s), Community Systems & Service Delivery - direct technical team supporting pillar analysis, design, quality assurance, and technical products. • Project Lead(s) - accountable for overall project management and coordination; agrees technical scope and milestones with the Lead and integrates pillar inputs into project decisions. • Project Officer(s) - responsible for day-to-day project implementation across relevant pillars and functional teams; coordinates tasks, follows up technical inputs, and escalates technical questions to the appropriate Lead. • Field Coordinators and Field Facilitators - provide implementation realities, community and site feedback, and operational learning; implement agreed approaches through the project delivery line rather than reporting functionally to the Lead. • MERL & Knowledge Management - leads monitoring, evaluation, learning systems, and knowledge management; co-defines evidence needs and supports synthesis of implementation learning. • Research Team - leads research design, methods, analysis, and research governance; works with the pillar to answer priority technical questions. • Policy & Advocacy Team - leads advocacy strategy, policy positioning, and advocacy engagement; uses community systems evidence and technical recommendations as inputs. • Communication Team - leads communication strategy, public engagement, packaging, channels, and external communication execution; works with the pillar to ensure technical accuracy and appropriate community-facing approaches. • Finance & Administration Team - leads financial and administrative processes and supports costing, budgeting, procurement, contracting, and operational feasibility as relevant.
External	• Ministry of Health - technical engagement and alignment with national primary care, community health, workforce, and service-delivery policy. • Provincial and District Health Offices and local governments - implementation, integration, local coordination, budgeting, and institutionalisation. • Puskesmas and other health facilities - community-facility interfaces, supervision, referral, follow-up, and service delivery. • Community health workers/kader, Posyandu, UKBM, and other community platforms - implementation realities, service delivery, community participation, and feedback.

	• Village and subdistrict institutions and relevant local coordination mechanisms – local planning, coordination, resource mobilisation, and accountability. • Civil society organisations, community groups, and implementing partners – collaboration on community interventions and inclusion. • Development partners, donors, and funders – evidence sharing and partnership development. • Academic and research institutions – evidence generation and implementation research. • Consultants, technical experts, and service providers – specialised technical inputs.
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VI. QUALIFICATIONS

A. Minimum Qualifications

- Master's degree in public health, health policy, health systems, community health, health care management, medicine, nursing, social sciences, or a related field.
- At least five years of experience in health systems strengthening, community health, primary health care, or complex health program implementation, including experience in a technical or program leadership role.
- Demonstrated experience designing, strengthening, testing, adapting, or scaling community-based health services or community health systems.
- Strong knowledge of Indonesia's health system and primary care reforms, including ILP and relevant community health platforms, workforce arrangements, and local government structures, or comparable experience elsewhere.
- Solid understanding of community-based service delivery, community health workforce/kader systems, supportive supervision, referral and follow-up, and community-facility integration.
- Experience translating community and health-system assessments, implementation evidence, and stakeholder needs into practical interventions, operating models, implementation frameworks, or scale-up strategies.
- Working knowledge of community participation, local governance, program costing, health financing, and institutionalisation of health interventions.
- Track record of engaging government institutions, Puskesmas and health facilities, local governments, community actors, development partners, and civil society.
- Experience leading multidisciplinary teams and managing complex technical workstreams in a matrix environment.
- Excellent written and spoken Bahasa Indonesia and English.

- Experience with implementation research, learning agendas, or adaptive management is an advantage.
- Experience moving a community health pilot or delivery approach into government policy, routine systems, or budget is an advantage.

B. Competencies

- **Core Competencies**
 - Strategic Thinking
 - Strategic Planning
 - Leadership
 - Results and Quality Orientation
 - Developing Others
- **Behavior Competencies**
 - Collaboration
 - Communication
 - Integrity
 - Continuous Learning
 - Social Impact Orientation
- **Technical Competencies**
 - Community Systems Strengthening
 - Community-based Service Delivery
 - Community Health Workforce and Kader Systems
 - Community Platform and Service Readiness
 - Community-Facility Integration, Referral, and Follow-up
 - Community Participation and Local Governance
 - Implementation Learning, Adaptive Management, and Scale-up
 - Costing, Sustainability Planning, and Institutionalisation
 - Evidence Translation for Policy and Decision-Making
 - Government and Community Stakeholder Engagement