

SCOPE OF WORK			
Position	:	Senior Technical Officer for Model of Care	
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 Lead for Model of Care, the Senior Technical Officer for Model of Care provides substantive technical support for the design, testing, adaptation, implementation and continuous improvement of integrated, people-centred health service delivery models across HSSI programs. The role translates agreed pillar direction into evidence briefs, service pathways, practical guidance, implementation tools, capacity-strengthening inputs and technical accompaniment across Puskesmas, Pustu, Posyandu and relevant referral interfaces.

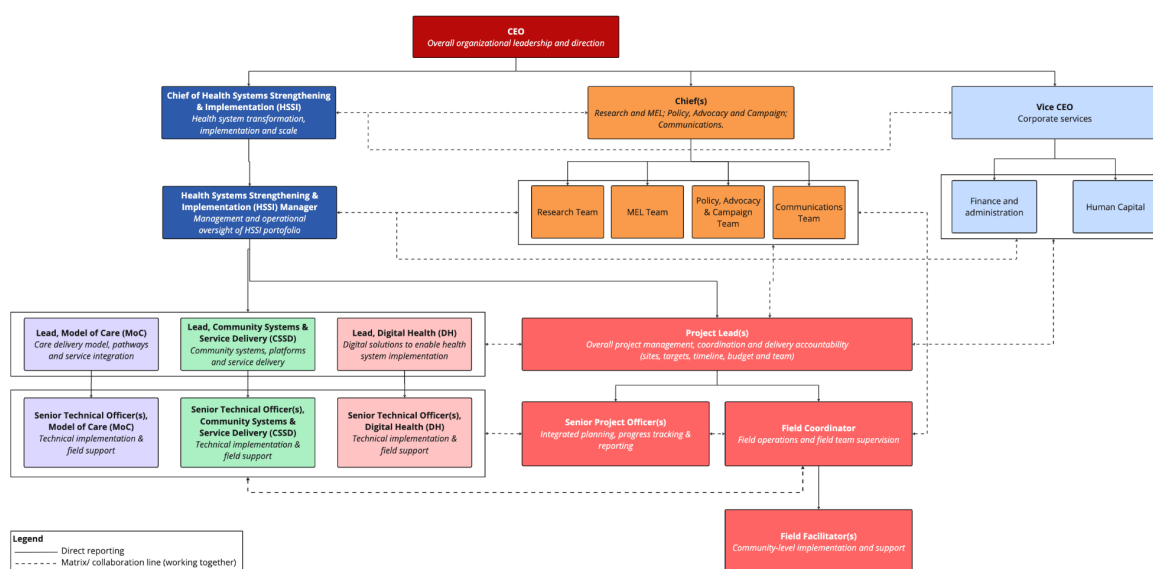
The role supports the Model of Care technical cycle: assessing service delivery gaps and readiness; developing draft model components, care pathways and implementation requirements; accompanying field application of approved guidance; analysing technical implementation findings; and preparing options for refinement, institutionalisation and replication. The Lead for Model of Care retains pillar technical ownership, standards, quality assurance and endorsement under agreed decision rights. The Senior Technical Officer prepares, coordinates and follows through on technical work within delegated scope, without independently approving substantive model changes or making project-wide delivery, budget or scope decisions.

The Senior Technical Officer and Senior Program Officer for Pencerah Nusantara are peer-grade positions with distinct reporting lines and responsibilities. The Senior Program Officer coordinates integrated project planning, progress tracking, reporting and operational follow-through under the Project Lead; neither role supervises, appraises or approves the other by virtue of coordination. The Project Lead remains accountable for PN delivery, resources and milestones. The Field Coordinator supervises the field implementation team and manages day-to-day field assignments. The Senior Technical Officer provides approved Model of Care content and technical accompaniment to the PHC & Training Officer through agreed matrix arrangements, coordinating visits, availability and follow-up with the Field Coordinator. MERL & KM retains ownership of measurement methods, data stewardship and data-quality processes. The Senior Technical Officer works with the relevant Project Lead, project officers, and field teams according to their project assignments.

III. ORGANIZATION CHART

The Senior Technical Officer for Model of Care operates within HSSI's matrix structure, reporting directly to the Lead, Model of Care under the management oversight of the HSSI Manager. The role supports the development, implementation, technical accompaniment, and continuous improvement of integrated service delivery models, care pathways, and related guidance. Through matrix coordination, the Senior Technical Officer works with the

Project Lead and Senior Project Officer to align technical deliverables with project priorities and implementation schedules, while the Model of Care Lead retains authority over pillar-specific technical direction, standards, and quality assurance. The role also provides technical guidance and accompaniment to the PHC & Training Officer, coordinating field visits and operational arrangements through the Field Coordinator without directly supervising the field team. The Senior Technical Officer collaborates with other HSSI pillars and relevant organisational functions according to technical needs, escalating substantive technical decisions to the Model of Care Lead and project-level operational issues to the Project Lead.



Key Decision Rights

Lead, Model of Care

- Sets technical direction, standards, and priorities for the Model of Care pillar within approved HSSI strategy and resources.
- Determines technical approaches for integrated service delivery models, care pathways, service integration, referral arrangements, and continuity of care.
- Makes routine technical design, implementation, and adaptation decisions within delegated pillar authority.
- Technically endorses Model of Care 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.

Senior Technical Officer, Model of Care

- Determines routine technical work priorities and implementation arrangements within the scope delegated by the Lead, Model of Care.
- Recommends technical approaches, refinements, and adaptations to care pathways, service delivery models, and implementation guidance.
- Determines routine technical support and accompaniment arrangements within approved technical approaches and agreed project plans.
- Recommends corrective actions in response to technical implementation gaps, quality concerns, and field evidence.
- Refers substantive changes to technical standards, models, products, tools, and guidance to the Model of Care Lead.
- Escalates project delivery, operational, and resource implications through the relevant Project Lead and Model of Care Lead.

IV. JOB DESCRIPTIONS

Responsibility	Activities	Outputs
Technical Assessment and Model Design Support	- Review relevant policy, service delivery guidance, scientific literature, research and validated field evidence to inform the Model of Care pillar. - Assess service delivery gaps, population needs, site readiness, provider roles, workflows and continuity-of-care barriers across community, primary and referral settings. - Map existing and proposed care pathways, referral interfaces, core model components and context-specific adaptations; prepare design options for the Lead, Model of Care. - Coordinate community-platform and digital requirements with their respective pillar technical owners, avoiding unilateral changes to their standards. - Support the Lead in preparing work plans, tracking technical milestones (related to the model of care), and deliverables agreed with Project Leads.	- Service delivery and site-readiness analyses; evidence briefs. - Draft care pathways, model components and technical design options with review status. - Documented cross-pillar dependencies and decisions required. - Draft of work plan and milestone tracker
Policy, Health System, and Referral Alignment Support	- Track national and sub-national policy, regulations, and health system development relevant to the Model of Care, including Primary Healthcare Integration (Integrasi Layanan Primer/ILP), referral services procedures, and BPJS Kesehatan arrangements - Summarise and discuss with the Model of Care Lead on policy change implication for the model of care - Support technical engagement with the Ministry of Health, provincial and district health offices, BPJS Kesehatan,	Policy and regulatory update notes

Responsibility	Activities	Outputs
	and service providers according to agreed stakeholder roles.	
Implementation Guidance and Technical Products	• Draft and update implementation guides, SOP inputs, job aids, workflow diagrams, technical checklists and service-quality tools based on an agreed model of care. • Translate approved technical requirements into practical instructions for project and field teams, with clear role boundaries across Puskesmas, Pustu, Posyandu and referral counterparts. • Coordinate review with the Lead, Model of Care and other relevant technical owners; maintain version control and communicate only approved content for use. • Document technical questions, proposed revisions and their approval status; support consistency across implementation sites.	• Draft and review technical guidance, tools and service pathways. • Version-controlled technical product register and review records. • Site-facing clarifications and implementation materials.
Site Readiness, Technical Accompaniment and Quality Improvement	• Provide technical input to site readiness assessments and prepare support priorities with the Project Lead and Field Coordinator. • Accompany the PHC & Training Officer and relevant facility teams in applying approved care pathways, workflows and service-quality practices, including through planned site visits. • Observe implementation, identify technical bottlenecks and recommend practical corrective options for the Lead's review; coordinate operational implications with the Project Lead. • Arrange site access, field schedules and follow-up through the Field Coordinator; do not allocate field staff work, assess their performance or substitute for field line supervision.	• Site-readiness and technical accompaniment notes. • Technical issue log, recommendations and agreed follow-up status. • Documented service-delivery improvement needs and escalation.

Responsibility	Activities	Outputs
	Distinguish routine clarification of approved guidance from substantive technical adaptation requiring Lead review.	
Frontline Competency and Support Systems	- Assess role-specific technical competency, workflow and support gaps relevant to Model of Care implementation with field and technical counterparts. - Develop or review Model of Care content for training, case-based learning, coaching, mentoring and supportive supervision; avoid creating parallel curricula where approved materials exist. - Provide technical facilitation or coaching support when agreed, working with the PHC & Training Officer on field delivery and the Field Coordinator on staff availability and logistics. - Synthesise observed practice gaps and recommend refinements to learning content, tools and supervision approaches for Lead review.	- Technical learning materials and facilitator inputs. - Competency and practice-gap summaries. - Coaching and supportive-supervision recommendations.
Technical Monitoring, Evidence and Implementation Learning	- Work with MERL & KM and Research to formulate Model of Care learning questions and provide technical input on service-delivery indicators and observation needs. - Review validated data, fieldnotes and technical observations to identify recurrent pathway, quality, continuity-of-care and referral issues. - Prepare technical learning briefs and evidence-to-decision notes; distinguish implementation fidelity, contextual adaptation and possible model-design changes. - Support learning sessions and prepare proposed technical refinements for the	- Technical monitoring and learning inputs. - Evidence briefs and model-refinement recommendations. - Documented technical adaptation questions, decisions and follow-up.

Responsibility	Activities	Outputs
	Lead; do not independently change indicator definitions, evaluation methods or data-quality rules.	
Cross-Pillar, Project and Stakeholder Technical Coordination	• Coordinate technical inputs with Community Systems & Service Delivery, Digital Health and other relevant HSSI functions through agreed pillar arrangements. • Coordinate deliverable timing, site requirements and implementation dependencies with the Senior Program Officer as a peer, and refer project-level resource or schedule decisions to the Project Lead. • Prepare technical materials and support discussions with the Ministry of Health, BPJS Kesehatan, Health Offices, Puskesmas, Pustu, hospitals, development partners, and professional counterparts when assigned. • Coordinate service-community interfaces with the community pillar and field Advocacy & Community Engagement Officer, respecting their respective technical and operational mandates. • Document stakeholder feedback and technical decisions; escalate design trade-offs and external commitments beyond delegated authority. • Support the Lead in building stakeholder mapping and technical engagement	• Aligned cross-pillar technical inputs and delivery dependencies. • Technical meeting materials, notes and action items. • Stakeholder mapping • Documented stakeholder feedback and escalated decisions.

V. WORKING RELATIONS

Internal	• Lead, Model of Care – Line management; technical priorities, review, decisions, quality assurance and professional development. • Project Lead – PN – Project implementation priorities, site and resource dependencies, and project-level escalation.
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	• Senior Program Officer – PN – Peer coordination of technical deliverables, schedules, reports and follow-up; no mutual supervision or approval rights. • Field Coordinator – PN – Field scheduling, site access, staff availability, operational issues and follow-up; retains field supervision. • PHC & Training Officer – Approved service delivery guidance, technical accompaniment, training content and practice feedback. • Lead / Senior Technical Officer, Community Systems & Service Delivery – Community delivery, cadres, community–facility interfaces and related technical dependencies. • Lead / Senior Technical Officer, Digital Health – Digital workflows and system requirements relevant to care pathways. • MERL & KM / Field MERL & KM Officer – Validated data, technical learning and interpretation; MERL retains methodology and data-quality authority. • Research; Policy & Advocacy; Communications – Evidence, policy translation, technical content and dissemination in coordination with relevant owners. • Finance & Administration; Human Capital – Costing inputs, operational compliance and professional development, as applicable.
External	• Ministry of Health; Provincial and District Health Offices – Model of Care technical discussions and alignment when assigned. • BPJS Kesehatan – JKN Payment and referral arrangements relevant to care pathways, when assigned. • Puskesmas, Pustu, Posyandu and Referral Facilities – Service pathways, workflow application and technical accompaniment through agreed site arrangements. • Village Governments, Community Actors and Civil Society Organisations – Service–community coordination with the relevant community pillar and field counterparts. • Implementation Partners, Professional and Academic Institutions – Technical collaboration and evidence exchange within delegated authority. • Development Partners – Technical materials and evidence sharing when assigned.

VI. QUALIFICATIONS

A. Minimum Qualifications

- Bachelor's degree in Public Health, Medicine, Nursing, Midwifery, Health Systems, Health Policy or a relevant field; a Master's degree is an advantage.
- At least three years of relevant experience in primary health care, integrated service delivery, quality improvement or health systems strengthening.
- Experience supporting service delivery assessment or design, implementation guidance, technical training, coaching or supportive supervision.

- Understanding of Indonesia's PHC system and health system transformation, including ILP, Puskesmas, Pustu, Posyandu, continuity of care and referral pathways.
- Familiarity with referral systems and JKN/BPJS Kesehatan arrangement is an advantage.
- Ability to review policy and scientific evidence, analyse field findings and translate technical requirements into practical guidance and recommendations.
- Experience working with subnational governments, health facilities, implementation partners or multidisciplinary field teams is an advantage.
- Proven written and verbal communication skills in Indonesian and working proficiency in English; ability to prepare technical briefs, guidance and presentations.
- Ability to work collaboratively in a matrix structure, respect distinct decision rights and travel to intervention areas as required.
- Demonstrated analytical thinking, attention to quality, adaptability and commitment to professional development.

B. Competencies

- **Core Competencies**
 - Evidence-informed technical support
 - Cross-functional collaboration
 - Stakeholder communication
 - Quality and results orientation
 - Professional integrity
- **Behavior Competencies**
 - Analytical thinking and root-cause analysis
 - Collaborative working and accountability
 - Attention to detail
 - Adaptability and field mobility
 - Proactive problem solving
 - Continuous improvement mindset
- **Technical Competencies**
 - PHC integration and ILP
 - Integrated care pathways and referrals
 - Model of Care design support
 - Technical guidance and tool development
 - Frontline capacity and supportive supervision
 - Technical monitoring and evidence synthesis
 - Implementation learning and quality improvement