

TERM OF REFERENCE

Digital Health Competency Dictionary

I. Background

The Centre for Indonesia's Strategic Development Initiatives (CISDI) is a civil society organisation working in sustainable health development through research, program implementation, and advocacy, and has been appointed as the National Coordinator of Transform Health Indonesia (THI). THI is a multisectoral coalition committed to advancing an equitable and inclusive digital health transformation in Indonesia, with a strong focus on addressing gaps in health data governance, workforce readiness, and ensuring that digital health investments and capacity-building efforts are strategic, inclusive, and sustainable.

The critical challenges in Indonesia's digital health ecosystem is the limited alignment between the growing demand for digital health services and the preparedness of the health workforce to adapt to new tools, standards, and governance frameworks. While Phase I of the Digital Health Competency Dictionary laid the foundation for defining core skills, its integration into academic curricula, in-service training, and national HRH planning remains partial. Institutions responsible for training and workforce development including AIPTKMI, PPSDM, and health faculties require updated, context-specific guidance to ensure that health professionals are equipped with the competencies needed to implement and govern digital health effectively. Without such integration, digitalisation risks outpacing human capacity, widening disparities, and undermining accountability (Astuti et al., 2023; World Health Organization, 2020; Mengistu et al., 2022).

To address these challenges, THI through this consultancy will support a Digital Health Competency Dictionary to update, disseminate, and facilitate the institutional integration of the competency dictionary. The role will focus on distributing the updated dictionary to at least five priority institutions, accompanied by structured bilateral and small-group discussions to test use cases and capture feedback. A joint working session with AIPTKMI will further explore mechanisms for embedding dictionary components into academic and training reviews, while a national roundtable with PPSDM and training centers will serve to consolidate findings into a technical note and policy brief. Parallel to these efforts, the coordinator will lead a gap analysis to identify priority in-service training needs, particularly in primary health care, digital tools, and governance, and review at least two Phase I training modules for LMS compatibility. Building on consultations with MoH training divisions and academic partners, the role will develop a technical brief or integration proposal mapping revised training modules to the Plataran Sehat structure and HRH policy objectives. The process will culminate in a high-level roundtable to secure MoH feedback and potential adoption.

Through these efforts, the consultancy seeks to bridge the workforce readiness gap in Indonesia's digital health transformation by embedding the competency dictionary into education, training, and HRH policy processes. By ensuring that health professionals are equipped with the necessary digital competencies, this initiative aims to enhance the sustainability of digitalisation efforts, strengthen governance, and promote a more equitable and accountable health system.

II. Country Context

Gap Between Digital Health Development and Digital Health Competencies of the Health Workforce

Despite the rapid advancement of digital health initiatives in Indonesia, the development of digital health competencies among the health workforce has not progressed at the same pace. There remains a lack of effective synchronization between digital health system development and structured efforts to strengthen the capacity and competencies of health human resources. This gap highlights the critical need for closer alignment between policy makers and health education and training institutions, to ensure that digital health policies, systems, and innovations are systematically translated into relevant curricula, training programs, and competency development pathways. Without such synchronization, the health workforce may remain insufficiently prepared to optimally adopt and utilize digital health solutions.

Weak Institutional Integration and Endorsement Mechanisms for Digital Health Competencies

The integration of digital health competencies into academic, training, and policy structures in Indonesia remains limited. Unclear applicability within education and training contexts, the absence of defined integration pathways into LMS and HRH systems, and the lack of formal endorsement mechanisms within MoH systems have constrained institutional adoption and national-level alignment.

III. Objectives

The objective is to update and align the digital health competency dictionary with current governance, system, and workforce needs, and to ensure its applicability across academic, training, and in-service contexts. This includes strengthening institutional awareness, supporting integration into existing systems and policies, and enabling national validation, adoption, and endorsement within Ministry of Health structures.

IV. Scope of Work

1. Adjusted the Digital Health Competency Dictionary to at least five priority institutions (e.g., AIPTKMI, PPSDM, public health faculties), accompanied by formal communication and delivery logs.
2. Facilitate structured bilateral and small group discussions with targeted institutions to review and test dictionary use cases, collecting feedback through standardized forms and meeting documentation.
3. Convene a joint working session with AIPTKMI to explore mechanisms for integrating dictionary components into academic or training program reviews, and produce a memo capturing outcomes and action points.
4. Synthesize institutional feedback into a summary report highlighting opportunities and preliminary pathways for curriculum and training integration.
5. Host a national roundtable and training centers to validate findings and produce a technical note and policy brief on dictionary use and integration opportunities.
6. Conduct a gap analysis based on the competency dictionary to identify priority in-service training needs in primary health care, digital tools, and governance.
7. Review and update at least two Phase I training modules for LMS compatibility and alignment with

dictionary use cases, preparing them for integration into the Plataran Sehat platform.

8. Facilitate one to two consultation sessions with MoH training divisions and academic partners to validate integration priorities and feasibility.
9. Develop a technical brief or LMS integration proposal mapping revised training modules to Plataran Sehat structure and HRH policy objectives.
10. Organize a high-level roundtable to present the integration proposal, secure MoH feedback, and obtain formal acknowledgment or letter of intent for module adoption.

V. Timeline and Milestones

Milestones		Proposed Timeline
Alignment of the existing digital health competency dictionary/curriculum with current governance frameworks, health system requirements, and workforce needs	Review relevant governance policies, system requirements, and workforce needs.	February 2026
	Map existing digital health competencies against current governance, system, and workforce needs.	
	Update digital health competency dictionary.	
Updated readiness of competency references for broader dissemination and use	Review and refine the technical content of the competency references.	March 2026
	Standardize structure, terminology, and formatting of the competency references.	
	Updated and finalized competency dictionary.	
Increased awareness and uptake of digital health competency references among key institutions	Institutional dissemination and outreach.	Apr 2026
Competency dictionary aligned and applicable to academic and training settings	Discuss and explore the use of the competency dictionary within agreed academic and training contexts.	May-Jun 2026
	Collect feedback from academic and	

	training partners on applicability and usefulness.	
	Compile feedback to inform potential refinements.	
Consolidated insights on pathways for academic integration of digital health competencies are established	Analyze identified pathways for academic integration of digital health competencies.	Jul-Sep 2026
	Identify and compile key insights and examples of academic integration pathways.	
	Compile a report on academic integration of digital health competencies.	
National-level validation and alignment across academic and training stakeholders established	Map key academic and training stakeholders for national-level validation.	Oct-Dec 2026
	Organize and facilitate a national policy dialogue to support validation and alignment.	
Alignment between digital health competencies and in-service training needs strengthened	Review existing in-service training programs to identify digital health training needs	Jan-Mar 2027
	Assess alignment between identified training needs and existing digital health competencies	
Clear pathways for integrating competencies into existing LMS and HRH policy structures established	Review existing LMS and HRH policy structures relevant to competency integration.	Apr-Jun 2027
	Identify and document feasible pathways for integrating competencies into LMS and HRH policy structures	
Formal mechanisms for endorsement or adoption within MoH systems established	Identify practical endorsement pathways within MoH systems for institutional adoption.	Jul-Sep 2027

	Develop a proposed institutional adoption and endorsement approach for submission to MoH.	
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VI. Qualifications

1. Legally registered foundation, NGO, professional association, academic institution, or consortium with expertise in digital health, health workforce development, or health education and training.
2. Demonstrated experience supporting government or academic institutions in workforce capacity building, curriculum development, or competency framework design.
3. Established relationships with priority institutions (e.g., AIPTKMI, PPSDM, faculties of public health, training centers) and proven ability to convene bilateral or multilateral discussions.
4. Strong track record in projects related to health workforce competencies, digital health, or governance.
5. Experience conducting gap analyses of curricula or competency frameworks and translating findings into actionable training modules.
6. Proven ability to design, review, and update training materials for compatibility with Learning Management Systems (LMS).
7. Experience facilitating national roundtables, policy dialogues, or academic working sessions with multi-stakeholder participation.
8. Familiarity working with MoH divisions, academic associations, and training institutions to validate and adopt new approaches or tools.
9. In-house expertise in curriculum design, module development, and LMS integration.
10. Skilled in dissemination and outreach, including delivery tracking, institutional communications, and structured feedback reporting.
11. Strong capacity to synthesize institutional feedback into technical briefs, integration pathways, and policy recommendations.
12. Adequate financial and operational systems for consultancy management, reporting, and accountability
13. Strong facilitation skills for bilateral meetings, joint working sessions, and multi-stakeholder roundtables.

VII. Application Process

Interested consultancy groups/institutions must submit a proposal in English that demonstrates compliance with the requirements. The proposal must include, at a minimum:

1. Letter of Interest
2. The quotation is inclusive of all applicable taxes.
3. Company Profile
4. CVs of lead consultant and team members
5. Identity Card (KTP) of the Company Director
6. Deed of Establishment of the Company
7. Deed of Amendment to the Articles of Association

8. Corporate Tax Identification Number (NPWP)
9. Company Domicile Certificate
10. Valid Business License
11. Company Registration Certificate (TDP)
12. Business Identification Number (NIB)
13. Company Bank Account Details
14. A summary of previous similar assignments, including samples of digital campaigns, or policy-oriented outputs
15. A detailed proposal that must include:
 - a. Background and proposed deliverables
 - b. Campaign Strategy, Approach, and Methods (online/offline integration)
 - c. Team Member Composition and Roles (including content, design, media, and outreach)
 - d. Workplan and Timeline,
 - e. Detailed Fee Breakdown for each activity and deliverable
 - f. Budget for Implementation

Only shortlisted candidates will be contacted. Incomplete submissions will not be considered. The Selection Panel's decision is final

Registration Address & Further Information	:	admfinance@cisdi.org
Registration Deadline	:	10 February 2026 at 5:00 PM (Western Indonesia Time / WIB)
Email Subject	:	Open Tender_Digital Health Competency Dictionary