

Scope of Work and Qualifications RISE Project Phase II

Position: Penyedia Jasa Individu/PJI (Individual Service Provider) – Community Health Officers

Program to improve quality of health services of maternal and child health

Qualifications

1. Lives around and understands the area, and is well-acquainted with local government and community stakeholders;
2. Minimum education: D3, preferably D4 or S1 in Midwifery (Kebidanan), Nursing Academy (Akademi Keperawatan), Nutrition Academy (Akademi Gizi), Health Sciences (Kesehatan), Community Health (Kesehatan Masyarakat);
3. At least 3-5 years of working experience in midwifery, health sciences, community health, nursing, nutrition, or relevant sector.
4. Strong communication skills with local government and community stakeholders, particularly health facilities such as pustu/puskesmas pembantu (auxiliary community health center), poskesdes/pos kesehatan desa (village health post), and polindes/pondok bersalin desa (village maternity post);
5. Demonstrates understanding in health data management and review at pustu level;
6. Able to arrange own local transportation for mobilization around the assisted areas (transportation needs is part of service fee);
7. Able to use own laptop when required; laptop use will most likely be occasional only (internet needs is part of service fee);
8. Able to use own mobile phone (internet needs is part of service fee);
9. Previous work experience in humanitarian programs and community development initiatives;
10. No involvement in legal issues; committed to safeguarding policies for child and adult protection; does not engage in corruption, collusion, or nepotism;
11. Demonstrates adaptability, teamwork, and ability to work under pressure.

Scope of Work

#	Activities	Deliverables & Means of Verification (MoV)	Timeline*	Payment Term
1	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker;	October 2026	10%

	1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services	• Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.		
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	2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions 2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials <i>*Refer to: Project Timeline Document</i>			
2	2.2 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker;	November 2026	10%

2.4 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.4.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.5 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review	• Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.		
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	1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.3 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.4 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions 2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials <i>*Refer to: Project Timeline Document</i>			
3	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report	December 2026	10%

Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps.	completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.		
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	2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions 2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials 1. <i>*Refer to: Project Timeline Document</i>			
4	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived.	January 2027	10%

2.1.1 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.1 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks	• Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.		
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5	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu	• Coaching sessions conducted; mentoring reports (coaching	February 2027	10%

Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting 2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting	minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.		
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	1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 3 conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 4 support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions 2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials			
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6	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.3.3 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.4 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.	March 2027	10%
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2.4.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions 2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials			
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7	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.	April 2027	10%
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2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions			
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	2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials			
8	2.1 Kader mentoring for danger sign monitoring and lifesaving information 2.1.1 Orientation of facilitators for kader posyandu Identify and document any remaining implementation and capacity gaps following the orientation conducted during the preceding phase 2.1.2 Coaching at pustu/polindes/poskesdes (UPKD/K) level Maintain and reinforce the application of competencies introduced through previous training and coaching by providing needs-based coaching at the UPKD/K level 2.2 Strengthened linkages and referral between community and facilities 2.2.1 Maternal and infant referral system at the village level 1. Documenting, review, validate, update, and test the maternal and newborn referral system established during the previous phase, including communication channels, transportation arrangements, midwife and facility contacts, escalation procedures, and community information materials 2. Strengthen and support institutionalization of functional referral arrangements in coordination with relevant health-system and government counterparts 3. Ensure dissemination of updated referral information and flowcharts through posyandu, pustu, poskesdes, polindes, or other relevant community platforms. 2.2.2 Coaching for kader coordinators (kader UPKD/K) on routine monitoring and reporting of referral cases by cadres to the community health center. Provide needs-based coaching to kader coordinators (kader UPKD/K) to maintain and reinforce routine monitoring, documentation, reporting, follow-up, and feedback on maternal and newborn referral cases to the community health center 2.3 Digitalize community health workers (CHW) home visit reports 2.3.1 Contextualization and Maintenance of Digital Home-Visit Reporting System 1. Contextualize and support the use of the digital home-visit reporting system, ensuring the tools remain simple, functional, accessible, and aligned with government reporting processes. 2. Identify implementation gaps and provide inputs and feedback to the Jhpiego team to ensure that the Google Form can be adaptively improved and adjusted in response to the evolving needs of Puskesmas and DHO, supporting its continued use for routine home-visit reporting	• Coaching sessions conducted; mentoring reports (coaching minutes) completed; attendance sheets archived. • Maternal and infant referral system monitoring report completed; updated flowchart disseminated • Completed coaching tracker; • Digital system: coaching session regarding dashboard and spreadsheet • Home visit data collected. • LAM checklists and follow-up action logs filed (LAM tracker) • Monthly data validation reports and meeting minutes documented; attendance records filed. • Meeting agendas, attendance lists, and summary notes prepared; photos of meetings archived (including consent form). • Monthly hand over (activities, budget allocation, policy, etc) progress report submitted.	May 2027	10%

2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions			
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	2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials			
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2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions			
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2.3.2 Coaching at pustu/polindes/poskesdes (UPKD/K) for LAM and Digital Reporting 1. provide needs-based coaching at the pustu/polindes/poskesdes or UPKD/K level to review posyandu implementation, local-area monitoring (LAM), reporting completeness, and follow-up of identified risks 2. support kader coordinators to monitor the timely completion and quality of digital home-visit reporting and to follow up on identified gaps. 2.3.3 Routine Data Validation and Review 1. conduct routine monthly data validation and review at the pustu or UPKD/K level to identify gaps in coverage, data quality, documentation, referrals, and the provision of lifesaving services 2. support regular data-review meetings and facilitate the identification and follow-up of corrective actions based on the findings. 2.3.4 Phone support/pulsa for kader. (Note: This activity is handled by partner.) Support DO in ensure posyandu cadres that had conduct home visits receipt airtime/pulsa support. 2.4 Stakeholder engagement and policy advocacy strengthened to ensure shared understanding of program objectives, collaborative implementation, and sustainability of community health systems. 2.4.1 Meetings with external stakeholders Engaging external stakeholders through regular meetings involving government officials, community leaders, and health-facility staff. The meetings will be used to review implementation progress, discuss emerging challenges and required actions, strengthen coordination among stakeholders, clarify roles and responsibilities, and maintain collaborative support for effective and sustainable implementation of RISE activities. 2.4.2 Monthly integrated supervision and review 1. facilitate monthly integrated supervision and review involving health workers, midwives, village authorities, and cross-sector stakeholders where feasible. The review will assess pustu support to cadres, early-warning-sign detection, referral linkages, digital-reporting performance, implementation gaps, and agreed corrective actions			
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	2. Document implementation of learning and transition progress for inclusion in joint scale-up and sustainability materials			
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Notes

1. The timeline provided is indicative and may be subject to change, adjustment, or delay due to unforeseen circumstances or decisions by relevant stakeholders.
2. Please take into account the applicable tax regulations in Indonesia. For further information regarding the Indonesian tax system, kindly contact Anitha Theresia at anitha_theresia@wvi.org.