



RFT - Modified Health Services Deliver in Remote and Underserved Areas

About the Proposal

Program Background

The Australia–Indonesia Partnership for Health Transformation (KITA SEHAT) is a four-year investment of approximately A\$50 million by the Australian Department of Foreign Affairs and Trade (DFAT), implemented in partnership with the Government of Indonesia to support national human and animal health priorities. Building on Australia’s longstanding health sector engagement, including the Australia Indonesia Health Security Partnership (AIHSP), the program strengthens health systems and health security across both human and animal health, while renewing support for primary health care in line with Indonesia’s health transformation agenda. Operating at national and selected subnational levels, KITA SEHAT provides strategic policy, governance, and service delivery advice through technical assistance, public sector partnerships, research, and CSO/NGO grants. The program works closely with UN agencies and other development partners to ensure coordinated and complementary support. Its four end-of-program outcomes focus on strengthening primary health care policies and services, improving health system enablers and workforce capacity, and enhancing health security, with gender equality, disability equity and social inclusion (GEDSI) and climate resilience integrated throughout.

About DT Global Asia Pacific

At DT Global Asia Pacific, we aim to positively impact people’s lives through delivery excellence. As a leading implementing partner across Asia and the Pacific, we co-create locally led solutions in partnership with governments, communities, and stakeholders. We bring together talented teams and deep regional expertise to deliver initiatives that promote inclusive economic growth, essential services, and resilient, secure communities. With over 1,500 staff, experts in 22+ countries and more than 60 years of development experience, we tackle complex community, national and transnational challenges, from governance and justice systems to climate resilience, infrastructure and social equity, with innovative thinking and a commitment to long-term impact.

For more information, please see www.dt-global.com



The Role

Working in close consultation with KITA SEHAT PMT, MoH counterparts, subnational governments, Puskesmas, communities, and relevant technical stakeholders, the subcontractor will:

- Assess the implementation context for the national last-mile guideline through a bottom-up assessment of primary health care access, service delivery barriers, community needs, health system readiness, and local implementation constraints in selected DTPK-KAT settings.
- Map and analyse previous and existing service delivery initiatives across different DTPK-KAT contexts, including national programmes, for example: Nusantara Sehat - the deployment of health teams to Puskesmas, and subnational and locally initiated approaches, such as telemedicine, mobile health services, task shifting, and local health workforce mobility. The mapping should be organised by DTPK-KAT typology—remote, island, forest, and indigenous people’s contexts—and document where and how each initiative was implemented, the challenges encountered, lessons learned, enabling factors, and adaptations made to respond to local conditions. The findings will provide an evidence base for identifying, adapting, and developing practical service delivery models appropriate to different DTPK-KAT contexts.
- Partner with a university or research institution with expertise in health systems and service delivery to assess several domains: Acceptability to communities, health workers, and local government; Appropriateness, relevance to local context, culture, and health-seeking behaviour; Feasibility, whether the guideline can be delivered with available resources, infrastructure, and workforce; Adoption, uptake and intention to use by Puskesmas and their staff.
- Consolidate and adapt the lessons learned, previous guidelines, and work for the last-mile service delivery model for each selected setting and design the implementation strategies and support needed for it to work, identifying which elements of the guideline can be applied as designed, which require adaptation, and how adaptations preserve the guideline's core intent.



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- Conduct limited feasibility testing or practical implementation of selected models, where appropriate and feasible, to generate operational evidence, lessons learned, and recommendations for policy development, governance strengthening, and future scale-up.

The assignment is expected to produce the following outputs:

- A bottom-up assessment report covering needs, access barriers, service delivery challenges, readiness, regulatory considerations, human health worker, and local implementation constraints in selected DTPK- KAT contexts.
- Based on the assessment and mapping, co-designed adaptive primary health care service delivery options that respond to the specific needs and readiness of each location. Operational frameworks and implementation concepts for Telemedicine, Task Shifting, Mobile Health Services, and Local Health Workforce Mobility, adapted to Remote, Islands, Forest, and Indigenous People's contexts relevant to KITA SEHAT locations. This co-design includes governance arrangements with subnational government, health resource management, technical service delivery requirements, regulatory considerations, and stakeholder alignment.
- Initial testing and documented findings from limited feasibility testing or practical implementation of selected and relevant service delivery approaches, including an oriented and capacity-strengthened health workforce with Puskesmas and Dinas Kesehatan staff — equipped to implement modified service delivery approaches at pilot sites. Ensuring that the proposed models are responsive to local realities and do not apply a one-size-fits-all approach. Service delivery models must also take into consideration and address the needs, acceptability, and access of relevant marginalised groups in relation to gender, disability, and other factors.
- Evidence-based final recommendations to inform MoH on policy development, governance arrangements, and potential scale-up of adaptive primary health care delivery models in remote and underserved areas.

Click on the link or copy and paste it to access the full Request for Tender document requirements and criteria: <https://tinyurl.com/5n8x9a5b>



About You

The ideal subcontractor should demonstrate:

Institutional Requirements

The applicant institution must:

- Be a firm/institution/NGO operating in the public health and/or social development sector;
- Demonstrate experience delivering health services in remote and underserved settings, including border areas, island regions, and forest areas, with a strong understanding of the operational realities, access barriers, and service delivery challenges faced by communities and health workers in these contexts.
- Have a proven track record in developing and/or operationalising modified health services in DTPK-KAT areas or similar assignment;
- Show prior collaboration with national and/or international organisations on remote area health service delivery; and
- Have experience in public health policy and institutional capacity building, including prior engagement with MoH, international donors, or government at national and subnational levels.

Proposals must include: organisational profile and relevant experience summary; samples of previous work or accessible web links; relevant publications (including research papers and journal articles); and evidence of prior project experience with MoH, government bodies, international donors, or private sector institutions.

Team Composition

The institution must propose a team of a Technical Expert(s) and supporting team members.



Technical Experts

Proposed expert(s) must demonstrate expertise in designing or adapting modified health service delivery approach for DTPK-KAT settings, such as telemedicine, task shifting, mobile health services, or local health workforce mobility. Experts may also combine expertise in one or more of these approaches with practical experience in a specific DTPK-KAT typology—remote, forest, island, or Indigenous People’s settings. Minimum qualifications:

- Master’s degree in medicine, public health, anthropology, or a related field;
- At least 10 years’ experience in public health policy, design health services, academia, or health service implementation;
- Demonstrated experience developing and operationalising health services or innovative modified health services in DTPK-KAT;
- Expert must also demonstrate an understanding of Indonesia’s decentralized health system, including the roles, responsibilities, planning and budgeting processes, coordination mechanisms, and decision-making functions of Provincial Health Offices and District Health Offices in supporting primary health care service delivery in remote and underserved areas.
- Strong understanding of Indonesia’s health system and primary health care governance; and
- Experience in capacity building, technical assessment, and development of policy or program recommendations. Prior engagement with MoH, government institutions, or development partners is an advantage.



Supporting Team Members

Supporting staff must have:

- Relevant educational background and technical or operational expertise;
- At least 5 years' experience in event management and project operations; and
- Demonstrated experience supporting national and/or international project implementation.

Why join KITA SEHAT?

Joining the KITA SEHAT offers a unique opportunity to contribute to a flagship, A\$50 million initiative funded by the Australian Department of Foreign Affairs and Trade, working in close partnership with the Government of Indonesia. Building on the success of the Australia - Indonesia Health Security Partnership (AIHSP), KITA SEHAT focuses on strengthening primary health care, health systems, and health security across both human and animal health sectors, creating meaningful, long-term impact at national and selected subnational levels. Service providers and partners will engage in a professionally managed, transparent, and internationally aligned program that offers diverse opportunities across multiple service areas. With strong emphasis on collaboration, inclusion (GEDSI), and sustainability, KITA SEHAT enables individuals and organisations to contribute to high-impact work, expand their professional portfolio, and build long-term partnerships while supporting Indonesia's health transformation agenda.

How to Apply

The proposal should be submitted by email to ks.procurement@kitasehat.org.

CLOSING DATE FOR SUBMISSION: Saturday 17 October 2026, at 11.59 pm Jakarta Time at the latest.

Should this opportunity be of interest, we encourage you to submit your proposal to the procurement email above as soon as possible (do not click the 'apply' tab). Kindly note that only shortlisted tenderers might be contacted.



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People with lived experience of the regions in which DT Global operates are strongly encouraged to apply. DT Global welcomes applications from individuals with diverse backgrounds including First Nations peoples, diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC), and people with disabilities.

We take a zero-tolerance approach to sexual exploitation, abuse and harm of adults and children; fraud, corruption and bribery; modern slavery; and any form of exploitation across our operations, partnerships, and supply chains. We uphold the highest standards of integrity and expect the same of those we work with.

Engagement with DT Global is subject to formal background screening, criminal record checks, employment verification, and periodic compliance checks. All DT Global staff receive safety, compliance, safeguarding and integrity training, and we expect our personnel and partners to always act in alignment with our company values.