

CALL FOR PROPOSALS

Support the On-site mhGAP – IG Capacity Building with Mentoring and Supervision for Health Care Providers in the Province of Maguindanao, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an individual contractual or institutional partner to provide technical support on the on-site mhGAP-IG capacity building with mentoring and supervision for health care providers in the Province of Maguindanao in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) under an Agreement for Performance of Work (APW) contract.

The proposals are due by 20 October 2022.

2. Background

The Philippine Statistics Authority in 2020 estimated the population of BARMM at 4.4 million, majority of which were in Maguindanao (1.3 million, excluding City of Cotabato) and Lanao del Sur (1.2 million). Majority of the population in the region are regarded at a disadvantage, stemming from a combination of natural disasters, geographic and socioeconomic challenges, and conflicts between identity groups.

The demand for mental health care in the community is high. This highlights the importance of expanding the mental health workforce in non-specialized settings and ensure access to quality mental health care and support to people with mental, neurological and substance use (MNS) disorder. The Mental Health Gap Action Programme (mhGAP) was developed to scale up care for identified MNS disorders, accompanied by the mhGAP-Intervention Guide ([mhGAP Intervention Guide - Version 2.0 \(who.int\)](https://www.who.int/publications/mhgap-intervention-guide)). The mhGAP training manuals are designed to give healthcare providers the knowledge and skills necessary to use the mhGAP-IG. However, to achieve real behaviour change, the healthcare providers need to be supported to develop the confidence and competency to integrate mhGAP into daily clinical practice. Training starts in the classroom but continues through post training supervision programmes. During the WHO-DOH-MOH assessment in March 2022, majority of healthcare providers in Maguindanao, including doctors and nurses, has already been trained in mhGAP-IG, however, implementation and roll-out is still low due to lack of continuous mentoring and supervision. Community health workers, although on a limited capacity, already contribute in identifying patients requiring mental health services.

The WHO Special Initiative for Mental Health supports the delivery of target outputs and outcomes under the Service Delivery and Governance pillar of the Philippines' Mental Health Strategic Plan 2019-2023, and strengthen the implementation of the Mental Health Act. This capacity building initiative aims to expand non-specialist mental health workforce and increase access to quality mental health services in the province of Maguindanao in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

3. Timeline

The implementation timeline is from October 2022 to December 2022.

4. Place of Assignment

Cotabato City, Philippines

5. Scope of Work

Method(s) to carry out the activity

Under the direct supervision of the WHO Country Office for the Philippines, the contractual partner/institution shall perform the following tasks/responsibilities in close collaboration with the Mental Health Division of the Disease Prevention and Control Bureau (DPCB) of the Department of Health, the BARMM Ministry of Health and IPHO Maguindanao and relevant offices.

The contractual partner/institution is expected to:

- a. Strengthen and institutionalize mhGAP implementation process supported by situational analysis, adaptation and enhancement of the Medicine Access Program for Mental Health (MAP-MH) sites. Reference materials:
<https://www.who.int/publications/i/item/mhgap-operations-manual>;
- b. Provide on-site comprehensive mhGAP-IG refresher training package on priority MNS conditions (Psychoses, Depression, Epilepsy, and Self-Harm/Suicide) for non-specialist health care providers in primary care/general health care settings in Maguindanao;
- c. Enhance the mhGAP training through supervision and mentoring by establishing link of at least five (5) Rural Health Unit Physicians with higher level institutions - secondary or tertiary health facilities (Cotabato Regional Medical Center) and specialist health care providers.
- d. Conduct/coordinate on-site mhGAP-IG mentoring and supervision to non-specialist health care providers in cities/municipalities in Maguindanao.
- e. Submit Supervision and Mentoring protocol/design for mhGAP-IG in Maguindanao

Outputs and Deliverable:

Output 1: Inception Report with itemized work plan and Gantt chart of activities

Deliverable 1.1: Develop a work plan with Gantt chart of activities. The work plan will be part of the inception report that will be submitted to WHO Philippines at the beginning of the engagement. The inception report, to be submitted within 7 days of commencing the assignment, will demonstrate the contractual partner's conceptual and implementation approach and methodology, scope of work, resources required, and the timeline of activities to guide the assignment and to meet the agreed upon deliverables.

Deliverable 1.2: Discuss the inception report and work plan with DOH Mental Health Division, BARMM MOH and WHO Philippines.

Output 2: Situational Analysis on mhGAP and Medicine Access Program for Mental Health (MAP-MH) implementation

Deliverable 2.1: Conduct and submit the Situational Analysis of mhGAP implementation using the mhGAP Operations Manual, and the implementation of the Medicine Access Program for Mental Health (MAP-MH).

Deliverable 2.2: Submit review of literature, policies and guidelines, documentation materials (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 2.3: Review existing materials and provide expert technical recommendations on mental health services referral pathway/network (e.g, direct referrals or telemedicine).

Output 3: Conduct on-site comprehensive mhGAP-IG training package for the cities/municipalities of Maguindanao.

Deliverable 3.1: Plan, design, and facilitate onsite mhGAP refresher trainings for non-specialist health care providers in primary care facilities, focusing on Psychoses (psychosis and bipolar disorder), Depression, Epilepsy, and Self-Harm/Suicide

Deliverable 3.2: Submit Progress Report/s and documentation materials to DOH, MOH BARMM and WHO Philippines for review (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 3.3: Support development of Monitoring and Evaluation tool and sustainability plan (including linkages to community-based mental health interventions).

Output 4: Mentoring and supervision for non-specialist health care providers in cities/municipalities of Maguindanao

Deliverable 4.1: Plan, design, and facilitate mentoring and supervision sessions for at least five (5) Rural Health Unit Physicians with secondary or tertiary facilities (Cotabato Regional Medical Center) providing specialist mental health services, including but not limited to immersions, rotations, and case conferences.

Deliverable 4.2: Conduct consultation workshops and alignment meetings for the mentoring and supervision sessions.

Deliverable 4.3: Submit final draft of Supervision and Mentoring Protocol/design for mhGAP in Maguindanao

Output 5: Technical Narrative and Financial Report

Deliverable 5.1: Submit Final Technical Report including documentation and analysis of outcome of the capacity building, situation analysis, and adaptation of mhGAP resources, possible recommendations with supporting documentation (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 5.2: Submit brief financial report.

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The contractual partner will also provide disclaimer on the reports: This document has been produced with the assistance of the World Health Organization. The contents of this publication are the sole responsibility of the author, and does not necessarily reflect the opinions, recommendations, or advice of the World Health Organization.

6. Contract Time

The work to be done under this contract shall be APW to support the on-site mhGAP – IG capacity building with mentoring and supervision for health care providers in the Province of Maguindanao, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) as set out in the Terms of Reference. The contract will be completed in not more than 5 months from the commencement of the work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute acknowledgement by the Contractor that it is aware of and concurs with all the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Terms of Reference, the Owner shall charge the Contractor liquidated damages. This shall be in the amount the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed on total 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and also for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

7. Qualifications

The contractual partner must fulfil the following qualifications:

Education and Certifications

- Essential: The team leader and members must have at least a Master's degree in any of the following fields: public health, epidemiology, medicine or related fields from a recognized university.
- Desirable: With post-graduate degree or advanced studies in public health, social sciences, mental health, or similar from a recognized institution.

Work Experience:

- At least five (5) years of relevant work experience in designing and conducting mental health capacity building including mhGAP, or public health programmes.
- Relevant experience in mental health program planning, operations, and implementation; familiar with the health system and community system of the country.
- Team lead and members have relevant clinical mental health and mhGAP training and supervision experience.

Skills / Technical skills and knowledge:

- With good technical writing and facilitation skills, knowledgeable in basic computer programs, efficient organizational and management skills.

Language Requirement:

- The team or any team member must be fluent in English and Tagalog, both oral and written.

Competencies

- Communicating in a credible, effective and culturally competent way.
- Moving forward in a changing environment.
- Fostering integration and teamwork.
- Producing results.

8. Management of Conflict of Interest

Any interest by entity (individual/organization/company), expert or member of the project team that may affect or reasonably be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or (2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit or department).

WHO's conflict of interest rules are designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and of its normative work. If not identified and appropriately managed such situations could undermine or discount the value of expert's contribution, and as consequence, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard setting processes but also protects the concerned expert and the public interest in general.

9. Ethical and Professional Standards

- WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to put the WHO Values Charter into practice.
- WHO has zero tolerance towards sexual exploitation and abuse (SEA), sexual harassment and other types of abusive conduct (i.e., discrimination, abuse of authority and harassment). All members of the WHO workforce have a role to play in promoting a safe and respectful workplace and should report to WHO any actual or suspected cases of SEA, sexual harassment, and other types of abusive conduct. To ensure that individuals with substantiated history of SEA, sexual harassment or other types of abusive conduct are not hired by the Organization, WHO will conduct a background verification of final candidates.

10. Submission Requirements

Interested institutions and/or individuals should submit electronic copies of the following:

- Cover letter.
- Proposal with financial details and proposed timeline.
- Company profile and qualifications of team members (if institution) or curriculum vitae (if an individual).

Address all cover letters and proposals to:

Dr Graham Harrison

Officer-in-Charge

Office of the WHO Representative for the Philippines

Ground Floor, Building 3, Department of Health San Lazaro Compound

Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title **Support the On-site mhGAP – IG Capacity Building with Mentoring and Supervision for Health Care Providers in the Province of Maguindanao, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)** to Mrs Ying Chen (cheny@who.int) and to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **20 October 2022**.