CALL FOR PROPOSAL
Development of an Advocacy Campaign Package for Recovery Clinics

World Health Organization
Representative Office for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for a contractual partner to provide technical support for the development of an advocacy campaign package for recovery clinics under an Agreement for Performance of Work (APW) contract.

The proposals are due by 18 July 2022.

2. Background

In the Philippines, it is estimated that 1.7 million Filipinos aged 10-69 years old are taking dangerous drugs in 2019. Appropriate interventions are given depending on the risks for developing drug dependence and the level of severity for those determined to be drug dependent. Patients screened to have moderate risk and those with mild dependence are treated in community-based programs; those found to be with moderate dependence are referred to facility-based outpatient programs, and only those with severe dependence are admitted in a facility-based inpatient program.

With the support of World Health Organization, the Department of Health (DOH), through Administrative Order No. 2019-0005, piloted six (6) model outpatient facilities called Recovery Clinic. It aims to provide a complementary pathway for a rights-based, evidenced-informed, and health-focused substance use treatment response in the Philippines. This voluntary pathway is further supported in DDB Board Regulation No. 7 series of 2019 which consolidated the revised rules governing access to treatment and rehabilitation programs and services in the Philippines.

Consistent with the goals outlined by DOH and the Dangerous Drugs Board, the Recovery Clinics will now be scaled and have been identified as part of the Health Care Provider Network for drug abuse services. This is aligned with the strategic framework of FOURmula One Plus for Health and Universal Health Care Act.

To support the scale-up of the Recovery Clinic, there is a need to promote the voluntary and complementary model of care to local chief executives and PWUDs in the communities.

The overall objective of the technical assistance is to develop and conduct advocacy campaign using the Communications for Health (C4H) approach to promote the Recovery Clinic and its voluntary model of care. Specifically, it aims to:

1. Identify gaps and barriers in accessing drug abuse services in communities with Recovery Clinics
2. Advocate the establishment of Recovery Clinics and adoption of the voluntary care model to local chief executives
3. Raise awareness on the availability of drug rehabilitation services in areas with Recovery Clinics.

3. Timeline

The implementation timeline is from **July 2022** to **October 2022.**

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Under the direct supervision of the WHO Country for the Philippines, the contractual partner shall perform the following tasks/responsibilities in close collaboration within the respective offices within the DOH such as the Dangerous Drugs Abuse Prevention and Treatment Program and the Health Promotion Bureau.

6. Method(s) to carry out the activity

1. Facilitate meetings, consultations and workshops with stakeholders;
2. Using the C4H approach, design an advocacy/communications plan targeting local chief executives and Persons Who Use Drugs and their families.
3. Development of campaign materials and conduct of learning intervention sessions on Recovery Clinics.
4. Submit final technical report with photo documentation.

Outputs and Deliverables

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

Deliverable 1.1: Develop 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 this 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 meet the agreed upon deliverables.

Deliverable 1.2: Development of a Monitoring, Evaluation and Learning (MEL) Plan.

Deliverable 1.3: Submit and discuss the inception report and work plan with WHO Philippines and DOH.

Output 2: Conduct consultations and meeting with concerned stakeholders and target audience

Deliverable 2.1: Activity design with identified participants from DOH Central Office, Centers for Health Development, Recovery Clinics, Local Chief Executives, and Patient groups for Persons Who Use Drugs

Deliverable 2.2: Documentation of consultations and meetings with minutes, photos/videos

Output 3: Design an advocacy plan for each target audience using the C4H approach.

Deliverable 3.1: Implementation strategy with approach and detailed work plan

Output 4: Development of campaign materials such as but not limited to video materials, featured testimonials, webinars, and learning sessions

Deliverable 4.1: Approved campaign materials in consultation with the Health Promotion Bureau.

Deliverable 4.2: Approved design of a learning session on Recovery Clinics in consultation with DOH-DDAPTP.

Output 5: Implementation of advocacy campaign and learning intervention sessions

Deliverable 5.1: Conduct of learning intervention sessions with PWUDs, their families, healthcare workers, local chief executives, and other stakeholders.

Deliverable 5.2: Video and photo documentation of event participation and list of LGUs that participated in event

Output 6: Submit end of project report

Deliverable 6.1: Submit a technical narrative report with documentation materials (e.g. proceedings, minutes, photos, videos, recordings, attendance sheet, evaluation summary, draft documents and presentations) – e-copies in PDF and editable file saved in hard drives and hardbound copies (following DOH formats)

Deliverable 6.2: Submit a brief financial statement.

CONFIDENTIALITY The results, products, and reports of this APW are to be treated as confidential and must not be handed over to third parties. The DOH and WHO have the exclusive ownership of the products and reports and reserve the right to further disseminate relevant information.

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.

7. Qualifications

Education:

- The team lead must have at least a university degree in public health, social sciences or life sciences and/or related disciplines.

Experience required:

- At least five (5) years of experience in the management and implementation of projects in the field of communication and information
- Demonstrated experience in planning, organizing, and executing high-level, and impact-driven multimedia campaigns
- Previous partnership/collaboration of good standing with DOH, other government agencies or development organizations is desired.

Skills / Technical skills and knowledge:

- Good medical, mental health and human rights knowledge, and preferably familiar with UN language.
- Creative skills in fabrication of event modular activities, especially virtual events;
- Strong skills in design and production of event collaterals and communication materials, both digital and physical materials, and development of evidence-based communication plan.
- Solid experience in video and audio productions;
- Demonstrated capacity in planning, managing and reporting of activities;

- Excellent communication skills, ability to work and deliver quality work under pressure and within agreed timeline;
- Able to communicate well with DOH, partners and other relevant stakeholders.

Competencies

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

8. Contract Time

The work to be done under this contract shall be the development of an Advocacy Campaign Package on Recovery Clinics as set out in the Terms of Reference. The contract will be completed in not more than **3 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.

9. Other Requirements

The contractor (both the institution and any individuals engaged on this work) shall have no direct or indirect involvement or interest, in any form, in arms dealing, drugs, alcohol industry, tobacco industry or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

10. 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.

11. 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.

12. 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 curriculum vitae of team members.

Address all cover letters and proposals to:

Mr Lluis Vinals Torres
Officer-In-Charge
Office of the WHO Representative to 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 **Technical Assistance to support the Development of an Advocacy Campaign Package for Recovery Clinics** 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 **18 July 2022**.