

CALL FOR PROPOSALS

Contractual partner(s) to support multiple projects on advocacy, CBO strengthening, IEC, improving quality of care, training, and UHC in achieving the HIV Health Sector Plan Targets and AIDS Medium Term Plan 2016-2022



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for individual(s) or institutional contractual partner(s) to support the National HIV Program to achieve the Philippines AIDS Medium Term Plan 2016-2022 and HIV Health Sector Plan Targets.

The proposals are due by 30 July 2021.

2. Background

In recent years, there have been many key developments in the Philippine health care system that have impacts on the country's HIV response. At the policy level, Republic Act 11166, Republic Act 11223, and the Mandanas Ruling provide windows of opportunities to scale up and strengthen the national HIV response. While these wins can catalyze positive changes in the response, multi-sectoral and multidisciplinary approaches remain essential to achieving the national targets. Towards this end, several technical assistance grants are available to strengthen the national response at various levels.

Agencies and community-based organizations are critical players in the national response. Thus, it is important to address the organizational development and training and capacity needs of these agencies and organizations to ensure that they can provide services that are truly responsive to the clients' and their communities' needs.

Similarly, the country needs strengthening of the HIV cascade of testing, prevention, and care. Different people have different sets of needs, preferences, and values; hence, the differentiated service delivery model calls for a person-centered approach, requiring capacity building among providers. Moreover, while we have seen improvements through community-led service and one-stop shop delivery models, there remains community-based organizations (CBO) needing support and capacity building. Their role becomes more crucial amidst the Mandanas ruling as they have a key role in advocacy work for local investment planning.

There is also a need to enhance and strengthen cross programmatic collaboration; especially for HIV co-infections like tuberculosis and hepatitis.

Moving beyond the biomedical, there is an urgent need to address stigma and discrimination (S&D) experienced by the key populations and people living with HIV which is a barrier in accessing HIV-related services. According to the Asia Pacific Regional Analysis of PLHIV Stigma Index (2011), at least 1 in 10 Filipinos living with HIV experience exclusion in family, social, and religious gatherings. While almost all are aware of HIV-related policies and

support groups, only 17% have accessed redress mechanisms among those who have experienced human rights abuses. Fear and financial constraints are among the common reasons for not seeking legal redress. The passage of the Republic Act 11166 Philippine HIV and AIDS Policy Act in 2018 has been a hope of human rights (HR) violation victims as upholding of HR is the core guiding principle of the aforementioned law. Hence, there is opportunity to increase access to and demand for legal protection services and ensure a human rights-based approach to service delivery.

3. Timeline

The implementation timeline for the projects is from **August to December 2021**. Specific information on the deadlines for individual projects can be viewed in the [Annex](#).

4. Place of Assignment

Manila, Philippines or can be conducted remotely.

5. Scope of Work

Contractual partner(s) can apply for any of the technical assistance (TA) listed below. However, potential contractual partner(s) are encouraged to apply for multiple TA items in different combinations. If you decide to apply for multiple TAs, please submit a separate application for each TA of your choice. For the specific deliverables for each TA item, please see [Annex](#). Selected contractual partner(s) will need to work in close collaboration with the supervising organizations indicated in the Annex.

Advocacy	1. Support development of the Philippine National AIDS Council Manual of Procedures (MOP)
	2. Support the development of the National Advocacy Plan on HIV and AIDS
	3. Enhance workplace HIV-related policy in private and public institutions
Community-based Organization Strengthening	4. Support public-private partnerships at the regional and national level to enhance promotion of combination prevention, advocacy for adoption of key harm reduction strategies for people who inject drugs (PWID), differentiated testing, client-centered ART delivery models and co-morbidity, viral load testing through enhancement of community-led one stop shop service delivery networks
	5. Development of community-based organizations (CBO) manual of organizational development and hold training for policy advocacy for key populations to strengthen their capacity on budget advocacy and investment planning
	6. Create one stop shop (OSS) manual based on the implementation experience of successful OSS facilities, with special consideration on the capacities of CBO-led facilities. The manual includes an assessment tool and checklist, definition of requirements of OSS including services, human resources, infrastructure, etc. which will be the basis of accreditation of OSS.

Information, Education, and Counseling Materials	7. Based on the legal literacy training (LLT) modules, develop social media IEC materials on human rights and redress guidance for 4 KP groups: (1) men who have sex with men (MSM), (2) transgender women (TGW), (3) PWID, and (4) young KP
	8. Develop demand generation materials and roll-out plan for viral load testing including Undetectable = Untransmittable (U=U) messaging
	9. Provide training on social marketing and demand generation; support CBOs in Metro Manila identified and support capacity development to facilitate and strengthen the development of appropriate KP-specific (MSM, TGW, PWID, YKP) campaign materials and expand reach, which will contribute to increased HIV testing and linkage to combination HIV prevention or care and treatment.
Quality of Care	10. Develop S&D training modules
	11. Develop technical advisory on advanced HIV disease management
	12. Develop HIV case management package and training manual and modules (relevant to reach KP), specific to KP (MSM, TGW, SW, PWID) and age groups (adults, young age group, children and adolescents)
	13. Study on factors affecting adherence to treatment and factors leading to loss to follow-up (LTFU)
	14. Provide job aids to guide providers on advocating and facilitating routine viral load testing and managing virologic failure, key to achieving U=U
	15. Development of the Capacity and Technical Assistance Needs Plan for Health Service Providers for HIV
Training	16. Provide training about HIV and rights among KP in different communities
	17. Create a web-based Time Has Come Training Modules
Universal Health Care and Service delivery strengthening	18. Develop the transgender (TG) health package
	19. Desk review, data review, and situation analysis to improve TB-HIV integration
	20. Develop policy brief and organize a multistakeholder forum discussing HIV-related services in the context of Universal Health Care and Mandanas Ruling and corresponding adaptive measures to mitigate the impact of the COVID-19 Pandemic
	21. Develop policy brief and hold training on comprehensive combination prevention package for vulnerable cisgender women, not limited to those injecting drugs, partners of people who inject drugs, victims of any forms of abuse (including sexual abuse and rape), and female sex workers in the context of universal healthcare (UHC)
	22. Develop provider and client HIV Testing Services (HTS) demand generation strategy, and roll out plan in collaboration with NASPCP and partners
	23. Develop HTS Providers' Training Package and roll-out plan:

	Training Modules, Counseling Tools, and Job aids
	24. Map nation-wide SD network for YKP services, develop a theory of change to improve the integration and impact of these interventions, and develop and strengthen care pathways for YKP

Apart from the specific deliverables, overarching deliverables also include: (1) an inception report (which needs to include background, objectives, implementation strategies methodology, activities, resource requirements, timelines, and workplan), (2) monthly progress reports, and (3) a final report. For final documents, key messages or executive summaries are compulsory.

6. Completion of Work

The work to be done under this contract shall be Technical Assistance to support the Philippines in achieving the HIV Health Sector Plan Targets and AIDS Medium Term Plan 2016-2022 as set out in the Terms of Reference. The individual or multiple contract/s shall 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

In general, the qualifications mentioned below are essential. However, there may be specific knowledge, skills, and qualifications for some Technical Assistance items, and these are all specified in [Annex](#).

Education of staff involved:

- Essential: University degree in public health, social sciences, communications, or law from a recognized university
- Desirable: Postgraduate degree in public health

Experience required:

- Essential: In-depth knowledge on public health, S&D, and legal literacy, experience on working with HIV KP groups (MSM, TGW, SW, and PWID), and experience on creating training modules
- Desirable: Experience working in HIV with or for government health agencies in a multi-stakeholder environment in Philippines

Technical Skills and Knowledge:

- Sound knowledge in S&D, law, public health, and communications
- Sound knowledge on human rights
- Sound knowledge in planning, implementation and evaluation
- Sound knowledge in the culture of key population groups
- Ability to work harmoniously as a member of a team, adapt to diverse educational and cultural background and maintain a high standard of personal conduct

Language requirements:

- Written and spoken fluency in English is essential

Other requirements:

- Essential: No conflict of interest regarding the concerned companies which might bias judgement.

In addition, the contractual partner must have no direct or indirect interest in the tobacco industry, alcohol industry, arms dealing or human trafficking.

8. Competencies

- Technical competence in HIV, TB, S&D, public health, and other communicable diseases
- Ability to engage and communicate with multiple stakeholders
- Skills to respect and promote individual and cultural difference
- Capability of working harmoniously with a positive attitude at work

9. Submission Requirements

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

- Cover letter
- Proposal with financial details and proposed timeline (Potential contractual partners need to specify activity plans, financial details, and timelines for each chosen technical assistance item separately)
- Curriculum vitae (for individuals)
- Company profile and qualifications (CVs) of team members (for institutions)
- Link to a portfolio of previous work relevant to the TOR (uploaded on file sharing services such as Dropbox or Google Drive)

Address all documents to:

Dr Rabindra Abeyasinghe

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 documents with the title “**Contractual partner(s) to support multiple projects in achieving the HIV Health Sector Plan Targets and AIDS Medium Term Plan 2016-2022**” to Mrs Ying Chen (cheny@who.int) copied to wpplwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **30 July 2021**.