# **CALL FOR PROPOSALS**

# **Technical Assistance on Content Development for SNI Phase 2 in Davao Region**



## 1. Summary

The World Health Organization (WHO) Philippines is looking for an individual or institutional partner through an Agreement on the Performance of Work (APW) contract to gather photos and narratives of lived experiences of Subnational Initiative Project (SNIP) Phase 2 partners during the implementation of the project in their specific community and health facilities. The videos, photos, and written stories will be utilized to highlight the project's good practices and early gains to be used for summits and project reviews. The APW partner will be responsible for specifying which project site to document and will closely collaborate with the Provincial Health Office and Center for Health Development-Region XI for Davao during the documentation process.

The proposals are due by 28 October 2022.

# 2. Background

The World Health Organization Philippines with funding support from the Government of Korea through the Korean International Cooperation Agency (KOICA), Philippines is currently implementing the Subnational Initiative Project (SNIP), Phase 2 in collaboration with the Department of Health (DOH) and the Center for Health and Development of Caraga, Davao, and Western Visayas regions.

The project is called "Strengthening Health Care Provider Network (HCPN) with Enhanced Linkage to Community for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)". Fulfilling the project's objective to improve the health systems of the three (3) regions for better maternal, child, and adolescent health, the following health outcomes are expected: 1) supported communities to develop effective approaches to essential health services for RMNCAH 2) strengthened governance and management for the responsiveness of HCPN and 3) sustained and scaled up initial gains of the project in Region XI from the Subnational-Initiative Phase 1 Project.

As the project is on its second year of implementation, it will be appropriate to see its initial gains; to learn how the project may have contributed to the improvement of health services within the community; and if these communities have indeed been linked to HCPNs or are the mothers, children and adolescent able to better access health care services.

## 3. Timeline

The consultant shall be engaged for a period of approximately 40 days spread over the period of October 31 to November 30, 2022. The final outputs shall be submitted to WHO Philippines in two tranches, i.e. digital photos and feature stories shall be submitted no later than November 10, and documentary video no later than November 15.

## 4. Place of Assignment

Davao Region, the place of assignment will be Davao City.

# 5. Scope of Work

Under the direct supervision of the WHO Representative through the Technical Focal Person for RMNCAHN and for Communications, the APW partner shall do the following:

- a. Organize a professional team to conduct video and photo shoots including interviews with selected health leaders and beneficiaries from pre-identified sites
- b. Develop the guide questions for the interviews.
- c. Develop detailed script and feature stories based on the project's strategic approaches, results, best practices, and testimonials from partners and beneficiaries obtained through reports, related field documents, and discussion with WHO's SNI staff and Communication team
- d. Provide interview transcripts in both English and local languages
- e. Follow WHO branding guidelines and protocols, which includes: 1) obtaining consent from all interviewees and named and unnamed photo and video subjects and 2) applying prescribed guidelines for the use of logos on key visuals and communication materials
- f. Organize a preview with selected staff from WHO CO, DOH -CHD, and PHOs
- g. Edit and finalize the video and written feature stories based on the inputs, comments of the WHO staff
- h. Submit final copies of the video and feature stories (2 sets) on 15 November 2022

## WHO CO, in turn, shall:

- a) Provide the reports and other related documents to the contractual partner as a backgrounder.
- b) Pre-identify and coordinate the area sites and informants to be interviewed.
- c) Accompany the team during the video and photo shoots.
- d) Provide editorial guidance and comprehensive feedback to the outputs.

## **Outputs and Deliverable:**

<u>Output 1</u>: Three (3) video stories with approximate running time of 1-2 minutes each. Each narrative video will highlight each of the three priority areas: Health systems strengthening (governance-PAS, and HIS-FRESAA/iHOMIS+ focus), service delivery (human resource and facilities capacity building), and on community mobilization/demand generation (IEC job aid, transportation support from community, IP involvement)

Deliverable 1.1: Develop story lines and script

Deliverable 1.2: Transcribe and translate the interviews to English

Deliverable 1.3: Edit the narrative videos, with at least 3 rounds of feedback from WHO and the Respective PHOs (CHD XI for Davao region)

Deliverable 1.4: Final version of the narrative video (in MP4 format)

Deliverable 1.5: Raw video footage of interviews and b-roll

Note: The audio requirements such as background music and voice over narration shall be included and provided by the contractual partner.

<u>Output 2:</u> Photo set with at least 100 high-resolution images from the implementation sites of each project site. The photos should not be digitally altered or manipulated in any way, except for minimal editing such as color correction.

Deliverable 2.1: High resolution photos described above, submitted to WHO Deliverable 2.2: Detailed caption of each photo and add the caption which will be made available in the International Press Telecommunications Council (IPTC) metadata

<u>Output 3</u>: Three (3) written feature stories highlighting the three priority areas of "Strengthening Health Care Provider Network (HCPN) with Enhanced Linkage to Community for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Project.

Deliverable 3.1: Draft of feature stories with selected photos

Deliverable 3.2: Revised versions of the stories based on the feedback of WHO staff

Deliverable 3.3: Final version of the feature stories

**Output 4**: End of engagement technical and financial report submitted.

Deliverable 4.1: Technical report that contains a narration of the project implementation process and the specific roles of the collaborators

Deliverable 4.2: A matrix on workplan versus actual work done, as well as planned cost versus actual cost, with explanation of any deviation.

Deliverable 4.3: End of engagement technical and financial reports.

Note: All materials produced during this project must be handed over to WHO staff at the end of the project:

- All video files, including rushes and b-roll, final videos in HD
- All photo files, including post-processed selected photos
- All illustration files, including templates, vector files, final materials

#### 6. Contract Time

The work to be done under this Agreement for Performance of Work (APW) shall be completed as set out in the Terms of Reference. The contract will be completed in not more than 40 days 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 for this Contract, for failure to complete all the work stipulated within the Terms of Reference, the Owner shall charge the Contractor liquidated damages. This shall be in the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed 10% (ten percent) of the total contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and 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:

#### Qualifications required:

Communications professional with a degree in journalism, communication arts, development communications, multimedia arts, and related communication degrees. Any relevant certification in the areas of photography and videography is preferred.

# - Experience required:

At least 5 years of relevant experience in producing feature stories and professional videography and photography outputs for clients.

Preferably with relevant experience in providing creative services to UN agencies or agencies engaged in the development or humanitarian sector.

## - Skills / Technical skills and knowledge:

Expertise in video production, and with field coverage, and ability to edit outputs based on the revision guidelines prepared by WHO staff

Strong photojournalism skills

Excellent writing skills, especially feature and human-interest stories

Strong planning skills and the ability to work under pressure

## - Language requirements:

Fluency in written and oral communication in English, Filipino, and Bisaya/Cebuano (Expert – read, write and speak)

## 8. Other Requirements

The contractual partner must have no direct or indirect interest in the milk formula/breast milk substitute industry, tobacco industry, alcohol industry, arms dealing or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

## 9. 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.

**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 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.

#### 10. 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.

### 11. Submission Requirements

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

- Cover letter
- Proposal with financial details and proposed timeline
- Curriculum vitae specifying previous work and related experiences
- Link to a portfolio of previous work relevant to the TOR (uploaded on file-sharing services such as Dropbox or Google Drive)

Address all cover letters and proposals to:

#### **Dr Graham Harrison**

Officer-in-Charge WHO Representative in 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 on Content Development for SNI Phase 2 in Davao Region**" to Mrs Ying Chen (<a href="mailto:cheny@who.int">cheny@who.int</a>) and to <a href="mailto:wpphlwr@who.int">wpphlwr@who.int</a>. Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on 28 October 2022.