

# CALL FOR PROPOSAL

**Technical Assistance for the Implementation of the Urban Health Project in selected LGU sites (Valenzuela and Parañaque)**



**World Health Organization**

Representative Office  
for the Philippines

## 1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner to provide technical assistance to work with the Parañaque and Valenzuela Local Government Unit, Department of Health (DOH) Center for Health Development Metro Manila (CHD-MM), and Central Office on Improving the health of the urban poor communities and protect them from adverse outcomes of COVID-19 under an Agreement for Performance of Work (APW) contract.

### Objectives:

Support the Urban Health Project sites, Valenzuela and Parañaque to:

1. Support communities living with endemic COVID-19 through implementing risk-based approaches.
2. Strengthen and capacitate the establishment of model Barangay Health Centers fit for the new normal.
3. Support the preparedness of schools for face-to-face learning in the context of the new normal.
4. Promote multisectoral actions in addressing social determinants of health of urban poor populations.

The proposals are due by 17 April 2022.

## 2. Background

In Philippines, about half of Filipinos now live in urban areas. About 28% live in slums and informal settlements with poor and unhealthy living conditions. (DOH). Metro Manila is the largest urban area composed of about 14M population (or 12% of Philippine population). Informal settlements in Metro Manila have grown over the years. According to a study cited by the government-funded Philippine Institute for Development Studies, about 5 percent of Metro Manila residents were living in informal settlements in 2003. The figure went up to more than 10 percent in 2009. Two years later, the Department of Interior and Local Government submitted a report to Malacañang placing the number of informal settlers at 2.7 million or about 25 percent of Metro Manila's population. In Metro Manila, households in informal settlements increased by more than 81 percent between 2000 and 2006.

Like all countries, the Philippines is plagued by the COVID-19 pandemic. In March 2020, the Department of Health (DOH) announced the country's first reported local transmission. Since then, the Philippines has been responding to mitigate the impact of the pandemic and has

been implementing numerous interventions with varying levels and degrees of success. The country remains in Stage 2 localized community transmission with some geographic areas showing higher transmission intensity and indications of widespread community transmission. National Capital Region (NCR) and adjacent areas: Regions 4-A (CaLaBaRZon) and 3 (Central Luzon) are at Stage 3, with large-scale community transmission.

Previous experience in other pandemics, such as the Ebola in West Africa, and SARS and Influenza Pandemic (H1N1) in Asia, show that interventions that adopted a community-centric lens were more successful than others in driving sustainable impact. Studies revealed that crisis preparedness and response is not effective without the participation of vulnerable communities. When involved in the mitigation process, the communities' "confidence, capacities, and coping mechanisms develop in an upward spiral", and they are more accepting of and amenable to remedial initiatives and approaches.

Engaging local communities is generally important to delivering high-quality, people-centered health care, and to building resilient and inclusive systems for development. There are several reasons to involve slum communities. First, community engagement helps to develop initiatives and solutions that are relevant to the unique characteristics, assets, and constraints of each slum. Second, communities are proximate to and can best identify their diverse and evolving needs in the face of the pandemic. The voice and support of communities help to map, prioritize, and address needs in the context of each slum. Third, building trust with communities can improve their adoption of and compliance with services (and minimum health standards). Fourth, involving communities can enable solutions to be sustained and scaled.

In 2021, WHO and KOFIH in collaboration with the Department of Health (DOH) supported a project targeting urban poor communities in two cities: Parañaque and Valenzuela, both located in the NCR. Valenzuela City has been identified by DOH as one of two cities in Metro Manila to be part of Universal Health Care (UHC) integration sites. The city, along with the other sites, will be supported by both DOH and PhilHealth to demonstrate various approaches and mechanisms to achieve technical, managerial, and financial integration.

The project will be implemented in Parañaque City and Valenzuela City. The proposed implementation sites will include at least 10 urban poor communities in Barangays Santo Nino, Moonwalk and Vitalez in Parañaque City and Barangays Marulas and Malinta in Valenzuela.

### **3. Timeline**

The implementation timeline for the project is from **25 April 2022 to 25 August 2022**.

### **4. Place of Assignment**

Manila, Philippines

## **5. Scope of Work**

Under the direct supervision of the Health Systems Strengthening Technical Team Leader, the contractual partner will support the quality implementation of the urban health project in close collaboration with the City Health Office and Local Government Unit of Valenzuela and Parañaque, various departments and offices in DOH and WHO Philippines.

### **Output 1: Inception Report and Activity Plan**

Deliverable 1.1. Complete technical and financial proposal with attached budget matrix and Gantt chart of activities

### **Output 2: Support the overall implementation and coordination of the Urban Health Project in LGU sites (Valenzuela or Parañaque)**

Deliverable 2.1: Conduct engagement activities with leaders and decision-makers at the city and community levels in Valenzuela or Parañaque to secure support and cooperation for the project

Deliverable 2.2: Conduct a rapid assessment of the situation of urban poor communities in the areas covered by the project. Review of latest local data and information and qualitative methods of information gathering and collect relevant information for planning and decision-making

Deliverable 2.3: Support the development of the project M&E and provide advisory coaching and validation

Deliverable 2.4: Coordinate and consult with project partners and stakeholders, including project beneficiaries (urban poor communities), and agree on key activities and participatory arrangements to be observed in the implementation.

Deliverable 2.5: Facilitate Health outreach activities for urban poor communities

Deliverable 2.6. In consultation with the project partner, DOH and other stakeholders propose the best strategy and sustainability plan for year 3 implementation

### **Output 3: Support the development of health-promoting behaviors activities and share contextualized information**

Deliverable 3.1: Based on the result of situational analysis, develop and implement health and communication strategy

Deliverable 3.2: Production and distribution of relevant IEC materials (flyers, posters, etc) and use of social media to disseminate said communication materials

Deliverable 3.3: Work with local community actors to deliver the health-related messages

### **Output 4: Support the preparedness of schools for face-to-face learning in the context of the new normal**

Deliverable 4.1. Assess the preparedness of school for COVID 19

Deliverable 4.2. Facilitate implementation and adoption of relevant, measures or guidelines in compliance with national guidelines/policies on COVID 19 prevention and management in schools

Deliverable 4.3. Development and implementation of COVID 19 response plan in schools

Deliverable 4.4. Monitoring and evaluation of the school COVID 19 response

### **Output 5: Provide a technical report with photo documentation at end of the project**

Deliverable 5.1. Progress report

## Deliverable 5.2. Final Narrative & 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. Completion of Work

The work to be done under this contract shall be Technical Assistance for the Implementation of the Urban Health Project in selected LGU sites (Valenzuela and Paranaque) as set out in the Terms of Reference. The contract shall be completed in not more than 4 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 or institution's members must fulfil the following educational qualifications and work experience:

**Education of staff involved:**

- Essential: The team leader and members must have at least Masters' degree in health, organizational management, development policy and other social sciences, economic or urban planning
- Desirable: Ph.D. level in public health or related background

**Experience required:**

- At least seven to ten (7-10) years of relevant work experience in public health sector and local health system
- At least three to five (3-5) projects or research undertaken with government institutions or academic institutions of similar nature and magnitude in the Philippines and/or internationally
- Proven work performance, and with established good working relations with the DOH and WHO on the subject matter(s)
- Familiarity with the local health service delivery system in the Philippines

**Language requirements:**

- Expert in both written and spoken English.

**Other requirements:**

The contractor 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.

**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 a 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.

## 8. Submission Requirements

Interested institutions should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline
- Company profile and qualifications of team members
- Link to a portfolio of previous work relevant to the TOR (uploaded on file-sharing services such as Dropbox or Google Drive)

Address all proposals to:

**Dr Rajendra Yadav**

Acting 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, **Technical Assistance for the Implementation of the Urban Health Project in selected LGU sites (Valenzuela and Parañaque)** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) and [wpphlwr@who.int](mailto:wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **17 April 2022**.