

# CALL FOR PROPOSALS

**Engagement of a Civil Society Organization (CSO) to provide technical assistance to support further implementation for sustainability, monitoring, and evaluation of the Performance Accountability System (PAS) platform in the Province and Municipalities of Aklan**



**World Health Organization**

Representative Office  
for the Philippines

## CALL FOR PROPOSALS

### 1. Summary

The World Health Organization (WHO) Philippines is looking for a Civil Society Organization (CSO) to provide technical assistance to Department of Health (DOH) Center for Health Development (CHD)-Western Visayas Region, Provincial Health Office of Aklan and different health sectors partners to further enhance health governance and health systems in Local Government Units (LGUs) of Aklan province, with initial introduction at a regional level thru CHD-VI. The partner will closely collaborate with LGUs and Project Management Unit (PMU) of WHO Subnational Initiative Phase 2 Project to ensure successful implementation of Performance Accountability System (PAS) approach and other Health Governance and System platforms in barangays/municipalities/provinces in Aklan where the SNIP2 is currently being implemented under an Agreement for Performance of Work (APW).

The proposals are due by **30 April 2022**.

### 2. Background

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

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

In 2016, the WHO Philippines implemented the SNI Phase 1, in collaboration with DOH Regional Office XI modeling the Performance Accountability System (PAS) for maternal and newborn health and approaches in mobilizing communities for MNH. These innovative approaches were rapidly developed and adapted as a response to high number of maternal deaths in Malita, Davao Occidental during the first semester of 2015, to address bottlenecks in Indigenous populations' access to ante-natal care and facility deliveries. These tools have been rolled out across all ten (10) municipality project sites of Subnational Initiative Project Phase 1 (SNI1). The Performance Accountability System (PAS) approach has been a core strategy where other SNI project was anchored to, such as community engagement and mobilization, capacity building of community health workers, as well as health service providers. Specifically, the abovementioned innovative approach includes

- (1) Performance Accountability System (PAS) for municipal and barangay levels developed

in and introduced as short-term planning and self-evaluation mechanism to identify public health issues that may be quickly addressed; (2) to ensure that Barangay Health Workers can easily maintain contact with and support for expectant mothers for ANC and facility delivery (Barangay-level maternal tracking system); (3) to strengthen first tier community linkages with health system and support mothers (Barangay team approach). It is noteworthy that the PAS has been merged with and is formalized as the Region XI -Team D approach under the direct leadership of the Regional Director.

Furthermore, PAS approach provided an opportunity for SNI Project Phase 1 on complementary focus of the first tier of the health care provider network (HCPN) at the community level. This was best achieved through meaningful engagement with municipal and barangay level officials and relevant teams, suggesting a pathway for community-level health response and establishing functional, first-tier health response teams and support groups.

The above-mentioned innovative approaches were introduced and adopted in all Subnational Initiative Phase 2 project sites (Agusan del Sur, Aklan and the whole region of Davao) to scale up. It shall be noted that adaptation and implementation of all other project activities were anchored into the PAS strategy. However, there have been varied degrees of progress in implementation in each LGUs across 3 regions. To ensure standardized and sustained implementation of project activities in all project sites, there is an emerging need for a dedicated partner that would be attached to SNI project team in Aklan, providing technical support in further implementation, monitoring, and evaluation, and initial orientation and introduction at the regional level thru the CHD-Western Visayas, of PAS in all barangays/municipalities/provinces in Aklan where the SNIP2 is currently being implemented.

### **3. Timeline**

The implementation timeline for the engagement is from **15 May 2022 to 31 December 2022**.

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

Provincial Health Office of Aklan.

### **5. Scope of Work**

The partner shall work under contract with the Office of the World Health Organization Office of the Representative in the Philippines as part of the Sub-National Initiative Phase 2 – Health Systems Strengthening. The partner shall be under the strategic guidance and supervision of the HSS Team Lead with direct supervision of the Technical Officer of the RMNCAHN.

In partnership with the WHO and the Department of Health – Center for Health and Development VI, the partner shall assist in implementation of the SNIP2 project focusing on institutionalizing the Performance Accountability System (PAS) through successful facilitation of breakthrough planning and audits in Aklan. Furthermore, the partner shall assist in building capacity of the DOH regional teams especially DOH management officers (DMOs), who will take charge in promoting PAS at a regional level. The partner is also expected to provide same level of advisory services to SDN Tier 1 – community level on a regular basis to strengthen local health governance system and create functional HCPNs, and in linking the community to their respective HCPNs.

The partner will be assigned to perform the following activities:

1. Facilitate a series of technical discussion sessions with DOH-CHDVI and Provincial TA team (DMOs and PHO MNCHN team) to successfully align the breakthrough plan with the DOH Regional M&E framework and/or HCPN plan & identify relevant priority program intervention or activities with high impact potential.
2. Provide regular technical assistance to the Provincial TA team DMOs and PHO MNCHN teams to facilitate the breakthrough planning and audit processes.
3. Provide advisory service to Municipal Health Boards and relevant stakeholders in dissemination and utilization of audit results.
4. (as part of the HCPN Tier 1 tool development) Engage the DOH CHD-MNCH team and selected members of the Provincial TA Team to develop the award schemes and an implementation guide for dissemination and utilization of audit results.
5. In partnership with the Provincial Health Team -DMOV and DMOs IV, and PHO and MNCHN team of project sites) Design Provincial-level PAS Support Mechanisms & build consensus among relevant stakeholders. This task will include establishment of a set of new performance indicators to measure the functionality of Municipal Local Government Unit (MLGU) and relevant local stakeholders.
6. Develop and facilitate the trainings of DOH-CHD staff and DMOs on PAS strategy and provide necessary technical assistance (strategic planning & advisory service) to DOH-CHD in scaling up.

**Output 1:** Time-bound and costed activities related to the assignment is identified.

Deliverable 1.1. A final work plan (including detailed PAS implementation's supportive supervision, monitoring, and evaluation strategy) with budget and timeline submitted.

Deliverable 1.2. List of references, partner LGUs and responsible parties identified; and a detailed stakeholder analysis conducted.

Deliverable 1.3. Comprehensive inception report submitted.

Deliverable 1.4. Final technical and financial report detailing the status of PAS implementation in Aklan submitted.

**Output 2:** Provide technical supportive supervision, coaching and mentoring services to the Provincial TA team (DOH representatives and PHO UHC team) on PAS cycles to facilitate breakthrough planning and audits processes.

Deliverable 2.1: List LGUs with respective PAS strategy support teams and document evidence of existing PAS strategy collaboration (plans, accomplishments, administrative order/local issuance, and technical discussions)

Deliverable 2.2: Identify emerging issues, gaps in service delivery and RMNCAH indicators.

Deliverable 2.3. Facilitate technical discussions with the Provincial Team to identify (or concretize) interventions and or strategies to address identified health issues/service deliver gaps; and document the outcome of discussions.

Deliverable 2.4. Provide advisory service to the Provincial Team on conduct of audits and breakthrough planning; and document the processes.

Deliverable 2.5. Provide advisory service to the Provincial and Municipal Health Board and MLGOO, SK, guiding dissemination and utilization of previous audit results.

**Output 3:** Conduct PAS strategy implementation monitoring and evaluation activities.

Deliverable 3.1: Orient the CHD Western Visayas Region on PAS and train all DMOs and the UHC Focal Person, on the PAS cycles and monitoring tasks.

Deliverable 3.2: Develop or redefine M&E tools to monitor and evaluate the implementation of PAS strategy in Aklan, including the timelines of M&E activities.

Deliverable 3.3: Document and report evaluations on PAS strategy implementation in sites where the capacity building related activities were provided to LGUs, including detailed recommendations for LGUs and WHO.

Deliverable 3.3: Document and report the status of the implementation of PAS approach in Aklan; and identify and document scale-up strategy at provincial/municipal/regional level.

Deliverable 3.4: Provide ongoing technical assistance to DMOs, Provincial Team and relevant stakeholders to ensure existence of functional PLGU/PHO-PDOHO PAS strategy support mechanism(s) in the project sites.

**Output 4:** Perform other relevant tasks as directed by his/her immediate supervisors.

## **6. Qualifications**

The contractual partner must meet the following qualifications:

### **Professional Experience**

- Registered CSO with proven track record of working in the RMNCAH and health governance domains in the Philippines (at least 7-10 years).
- Experience with implementing similar initiatives that aimed at addressing gaps in local health care delivery and local governance system in the Philippines.
- Knowledge and familiarity with WHO's universal health coverage (UHC)/2030 Agenda for Sustainable Development and DOH's Universal Health Care (UHC) principles.

### **Technical Skills and Knowledge**

- Knowledge and familiarity with WHO/DOH, relevant public health policies, and operations.
- Excellent communication and reporting skills.
- Proficiency in basic ICT systems and applications is an advantage.

### **Language**

- With excellent verbal and written communication skills in English and Filipino.
- Verbal and written skills in the Bisayan language is an advantage.

## **7. Other Requirements**

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

## **8. 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 8 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 for 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% of the 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.

### **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.

### **Management of Conflict of Interest**

Any interest by an entity (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).

World Health Organization (WHO) conflict of interest rules is designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and consequently, 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 Statement**

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt-out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO have the right to disseminate any information outside the agreed project's scope.

## 9. Submission of Requirements

Interested organizations should submit electronic copies of the following:

- Cover letter;
- Technical Proposal with financial details and proposed timeline; and
- Company profile and qualifications of team members (CVs)

Address all proposals to:

**Dr Rajendra Prasad Hubraj Yadav**

Acting 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 cover letter and proposals with the title **“Engagement of a Civil Society Organization (CSO) to provide technical assistance to support further implementation for sustainability, monitoring, and evaluation of the Performance Accountability System (PAS) platform in the Province and Municipalities of Aklan”** to 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.

Deadline of submission of application is on **30 April 2022**.