

CALL FOR PROPOSALS

Technical Assistance to support the WHO Special Initiative for Mental Health Philippines: Virtual/Online mhGAP IG and Operations Manual Capacity Building for Health Care Providers PHASE II



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an academic partner to provide technical support for the WHO special initiative for Mental Health Philippines: virtual/online mhGAP IG and operations manual capacity building for health care providers PHASE II under an Agreement for Performance of Work (APW) contract.

The proposals are due by **12 May 2022**.

2. Background

Health systems around the world face enormous challenges in delivering care and protecting the human rights of people with mental, neurological and substance use (MNS) disorders. What is required is to increase the capacity of the primary health care system for delivery of an integrated package of care by training, support, and supervision. Hence, the World Health Organization (WHO) introduced the use of the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings. The latest version of mhGAP Intervention Guide - Version 2.0 (who.int). It consists of interventions for the prevention and management of priority MNS conditions to facilitate the delivery of mental health services in non-specialized health settings.

From October to December 2021, the Phase I of the Virtual/Online mhGAP IG and Operations Manual Capacity Building for Health Care Providers was conducted for the WHO Special Initiative for Mental Health Philippines. It included Situational Analysis of the mhGAP implementation, adaptation of mhGAP key modules, mhGAP Training of Trainers (ToTS) for Supervisors and Training of Healthcare Providers (ToHP).

The Department of Health Mental Health Division, with ongoing support from WHO, aims to increase the number of Local Government Units (LGUs) personnel both in municipalities and cities to be trained in mhGAP, giving priority to the Universal Health Care Advance Implementation Sites. By the end of 2022, the DOH targets 75% of all RHUs in the country to have staffs trained in mhGAP. This target will be increased by an additional 25% to cover all RHUs in the Philippines by the end of year 2023.

The overall objective of the training is to enhance the knowledge, skill and attitude of the participants to identify, assess, treat and manage priority mental health, neurologic and substance use disorders using the mhGAP Intervention Guide in non-specialized settings.

3. Timeline

The implementation timeline is from **May 2022** to **December 2022**.

4. Place of Assignment

Manila, Philippines.

5. Scope of Work

Method(s) to carry out the activity

Under the direct supervision of the WHO Country Office for the Philippines, the contractual partner/institution shall perform the following tasks/responsibilities in close collaboration with the respective officers within the DOH DPCB, the National Center for Mental Health, and other relevant offices.

The contractual partner/institution is expected to:

Method(s) to carry out the activity

- a. Strengthen and institutionalize mhGAP implementation process focusing on situation analysis, adaptation, and integration of reframing modules as assigned by DOH.
Reference materials: <https://www.who.int/publications/i/item/mhgap-operations-manual>.
- b. Provide the DOH adapted mhGAP training package on priority MNS conditions for specialist and non-specialist health care providers in primary care/general health care settings through online/virtual platform, focusing on:
 - i. Introduction to mhGAP; mhGAP operations manual
 - ii. Psychoses
 - iii. Depression
 - iv. Epilepsy
 - v. Suicide to include psychosocial interventions
 - vi. DOH session for planning implementation
- c. Conduct and co-facilitate with master trainers and trainers (mhGAP Operations Team) in virtual/online mhGAP capacity building activities to healthcare providers to the LGUs of Universal Health Care (UHC) Implementation Sites, staggered in three (3) batches:
 - i. Northern Manila District and Central Luzon Region (Region 3);
 - ii. Southern Manila District, CARAGA, Central Visayas Region, Eastern Visayas Region, and Western Visayas Region; and
 - iii. Eastern Manila District, Cagayan Valley Region, CALABARZON, SOCCSKSARGEN, and Zamboanga Region

Outputs and Deliverable:

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

Deliverable 1.1: Develop a 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 the 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 to meet the agreed upon deliverables.

Deliverable 1.2: Discuss the inception report and work plan with DOH Mental Health Division and WHO Philippines. Inception Report to include the following minimum content: Background, Objectives and Outputs, Proposed Methodology, Program of Activities: List of Activities, Timeline, Project Management/Support Structure.

Output 2: mhGAP Operations Manual and Reframing Modules as assigned by DOH.

Deliverable 2.1: Review of situational analysis and existing materials to locally adapt mhGAP Operations Manual and Reframing training package/modules.

Deliverable 2.2: Conduct coordination meetings with WHO, DOH, Regional Mental Health Coordinators, and other key stakeholders on the Adaptation Workshops.

Deliverable 2.3: Submit final version of the locally adapted training package/modules on mhGAP Operations Manual in DOH approved format.

Deliverable 2.4: Submit Reframing training package/Modules in DOH approved format.

Deliverable 2.5: Submit and Present Progress Report with Documentation materials (e.g. proceedings, minutes, photos, videos, recordings, attendance sheet, evaluation summary, presentations) for reviews.

Output 3: Deliver a Virtual/Online locally adapted mhGAP training package with DOH and WHO in 8 provinces in Luzon (Metro Manila, Isabela, Batangas, Quezon, Bulacan, Pampanga, Tarlac, and Bataan), 5 provinces in Visayas (Agusan del Sur, Bohol, Cebu, Leyte, and Iloilo), and 2 provinces in Mindanao (South Cotabato and Zamboanga del Sur).

Deliverable 3.1: Plan, design, and co-facilitate with Master Trainers and trainers (mhGAP Operations Team) an online mhGAP training for non-specialist service providers in primary care facilities of the LGUs of the UHC Implementation sites through online/virtual platform.

Deliverable 3.2: Submit and Present Progress Report with Documentation materials (e.g. proceedings, minutes, photos, videos, recordings, attendance sheet, evaluation summary, presentations) for reviews.

Output 4: Technical Narrative and Financial Report

Deliverable 4.1: Submit Final Technical Report including documentation and analysis of outcome of the capacity building, situation analysis, and adaptation of mhGAP resources, possible recommendations with supporting documentation (e.g. proceedings, minutes, photos, videos, recordings, attendance sheet, evaluation summary, presentations).

Deliverable 4.2: Submit brief financial report.

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.

6. Qualifications

The contractual partner must fulfil the following qualifications:

Education and Certifications

- Essential: The team leader and members must have at least a Master's degree in any of the following fields: public health, epidemiology, information systems or related fields from a recognized university.
- Desirable: With post-graduate degree or advanced studies in public health, social sciences, mental health, or similar from a recognized institution.

Work Experience:

- Team Leader must have at least 7 years of relevant work experience in mhGAP capacity building and implementation, public health programmes
- Relevant experience in mental health program planning, operations and mhGAP implementation; familiar with the health system and community system of the country.

Skills / Technical skills and knowledge:

- With good technical writing and facilitation skills, knowledgeable in basic computer programs, efficient organizational and management skills.

Language Requirement:

- The team or any team member must be fluent in English, Tagalog, and Cebuano, both oral and written.

Competencies

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

7. Contract Time

The work to be done under this contract shall be APW PHASE II: WHO special initiative for Mental Health Philippines: virtual/online mhGAP IG and operations manual capacity building for health care providers as set out in the Terms of Reference. The contract will be completed in not more than 6 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.

8. 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.

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.

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.
- Company profile and curriculum vitae of team members.

Address all cover letters and proposals to:

Dr Rajendra-Prasad Hubraj 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 proposals with the title **Technical Assistance to support the WHO Special Initiative for Mental Health Philippines: Virtual/Online mhGAP IG and Operations Manual Capacity Building for Health Care Providers PHASE II** to Mrs Ying Chen (cheny@who.int) and to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **12 May 2022**.