

# CALL FOR PROPOSALS

## Technical Assistance to Develop Community Health Care Package/Community Toolkit for Community-based Mental Health (CBMH) Training in Key Implementation Sites



**World Health Organization**

Representative Office  
for the Philippines

### 1. Summary

The World Health Organization (WHO) Philippines is looking for a contractual partner or institutional partner to provide technical support on the Development of the Community Health Care Package/Community Toolkit for Community-based Mental Health (CBMH) Training in Key Implementation Sites under an Agreement for Performance of Work (APW) contract.

The proposals are due by **29 April 2022**.

### 2. Background

Community-based mental health (CBMH) is a system of care in which the service-users' community is the primary provider of care for people with mental illness, hence providing more than outpatient psychiatric treatment. This system of care delivers mental health services outside the hospital setting, addressing the population needs in ways that are accessible and acceptable. It augments the programs and services offered by mental health facilities and hospitals by mobilizing non-specialists to help provide mental health care in communities.

In 2021, the Community-based Mental Health (CBMH) Program framework was developed to comply to Section 16 of the IRR of Republic Act No. 11036 (Mental Health Act) which stipulates that responsive primary mental health services shall be developed and integrated as part of the basic health services at the appropriate level of care. The framework was developed with the core principle that mental health is a human right, also taking into account different approaches and perspectives such as the Recovery and Rehabilitation Approach, the Social Ecology Approach, and the Balanced Care Model.

To establish such community-level system, the Department of Health, in collaboration with the World Health Organization (WHO) and other mental health experts pilot-tested the framework by training local officials, community health workers (CHWs) and other key players from five barangays in Lemery, Batangas using the WHO community tool kits and the Tulong Alalay Gabay (TAG) mental health first aid training learning modules. The framework also recognizes that CHWs are well placed to know the day to day challenges and needs of those in their communities, including those who might require mental health care.

The WHO Special Initiative for Mental Health supports the delivery of target outputs and outcomes under the Service Delivery and Governance pillar of the Philippines' Mental Health Strategic Plan 2019-2023 and strengthen the implementation of the Mental Health Act. With this, the DOH has requested WHO Philippines to support the enhancement of the existing Community Health Care Package/Community Toolkit for Community-based Mental Health (CBMH) training in key implementation sites.

### 3. Timeline

The implementation timeline is from **May 2022** to **November 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. Review and provide expert technical insights on current Community-based Mental Health Program including core elements, competencies of mental health service providers, and existing training modules and materials. Reference: [The mhGAP community toolkit: field test version \(who.int\)](#)
- b. Update and finalize Community-based Mental Health Program Training Package (following DOH and WHO formats) and materials based on current literature, policies, guidelines, and assessments reports as necessary.
- c. Design and conduct online/virtual or hybrid training (mixed online and face-to-face) on community-based mental health care in select Local Government Units (LGUs) in Luzon, Visayas, and Mindanao.

##### **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.

##### **Output 2:** Community-based Mental Health Program Training Package

Deliverable 2.1: Review and provide expert technical insights on the existing Community-based Mental Health Program framework based on current literature, policies, guidelines, and assessments reports.

Deliverable 2.2: Submit final training package on Community-based Mental Health Program as approved with DOH and WHO Philippines

Deliverable 2.3: Submit review of literature, policies and guidelines, documentation materials (e.g., proceedings, minutes, photos, videos, recordings, etc.).

**Output 3:** Plan, design, and conduct online/virtual or hybrid (mixed virtual and face-to-face) training on community-based Mental Health care

Deliverable 3.1: Plan, design, and conduct pre- and post-test on community-based Mental Health care with DOH and WHO Philippines

Deliverable 3.2: Plan, design, and conduct at least 5 batches of online or hybrid training on Community-based Mental Health for Local Government Units (LGUs) in Luzon, Visayas, and Mindanao with DOH and WHO Philippines

**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, etc.).

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 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. Contract Time**

The work to be done under this contract shall be APW to Develop Community Health Care Package/Community Toolkit for Community-based Mental Health (CBMH) Training in Key Implementation Sites 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.

## **7. Qualifications**

The contractual partner or institution's members 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, mental health, 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:

- At least five (5) years of relevant work experience in designing M&E frameworks or statistics, public health programmes.
- Relevant experience in mental health program planning, operations, and implementation; familiar with the health system and community system of the country.
- Team lead and members have relevant clinical mental health and mhGAP training experience.

### 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.

## **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 qualifications of team members (if institution) or curriculum vitae (if individual).

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 Develop Community Health Care Package/Community Toolkit for Community-based Mental Health (CBMH) Training in Key Implementation Sites** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) and to [wpphlwr@who.int](mailto:wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **29 April 2022**.