

# **CALL FOR PROPOSALS**

## **Development of National Surveillance System for Suicide Attempts and Self-Harm: Setting-Up of Suicide Registry System PHASE II**



### **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 national surveillance system for suicide attempts and self-harm: setting-up of suicide registry system PHASE II under an Agreement for Performance of Work (APW) contract.

The proposals are due by 12 June 2022.

### **2. Background**

The Mental Health Act (RA No. 11036) commits the government to promote well-being of people and ensure that mental health is valued, promoted and protected. It also challenged the government and its stakeholders to address the suicide deaths in the country by developing prevention interventions.

Since suicides are preventable especially with timely and effective evidenced-based interventions, the Department of Health (DOH) partnered with the World Health Organization (WHO) to develop a registry system. In 2021, a prototype National Suicide Registry was developed through a technical assistance entitled Development of a National Surveillance System for Suicide Attempts and Self-Harm. The registry was piloted in three hospitals: National Center for Mental Health, Vicente Sotto Memorial Medical Center and The Medical City.

Key partners and stakeholders attributed the successful implementation of the pilot suicide registry system to the following key components of the development process: clear use of terminologies and definitions, prioritization of data privacy and confidentiality, maximizing ease of use by collecting data at first point of contact, streamlining of data collection process with hospital protocol, and continuous analysis and monitoring of data.

The development of the National Suicide Registry prototype could not be more timely now that the DOH in collaboration with the National Center for Mental Health (NCMH) and development partners are in the process of establishing the Mental Health Information System (MHIS) where suicide is one of the data sets being developed. As soon as the MHIS has been established, it will then include information collected from medical facilities thru the said registry.

In this regard, the DOH has requested WHO Philippines for a technical assistance for the Phase II of the Development of National Surveillance System for Suicide Attempts and Self-Harm (National Suicide Registry) to set up suicide registry systems in 16 DOH-retained government medical facilities (one per region), one LGU hospital, and one private hospital using the prototype created in Phase I.

### **3. Timeline**

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

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

Manila, Philippines with possible travel to Pilot Sites

#### **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:

- a. Reassess the prototype suicide registry system for compatibility and interoperability with health information systems of key hospitals and research institutions.
- b. Establish the suicide registry system in DOH-retained hospitals and medical centers, LGU hospital, and private hospital using the prototype suicide surveillance system developed during the Phase I of the technical assistance -as aligned with the resource stratified framework for mental health facilities ;
- c. Strengthen and improve the suicide surveillance system and to support the overall suicide prevention strategy using data analyzed from the pilot hospitals;
- d. Develop the manual of procedures for the suicide registry;
- e. Conduct training on data encoding and systems management.
- f. Support development of related policy in operationalization of the National Suicide Registry, to include details for its implementation

##### **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: Reassessment of the prototype suicide registry for compatibility and interoperability**

Deliverable 2.1: Reassess the compatibility and interoperability of the prototype suicide registry to existing health information system, including telemedicine / teleconsultation interface of key hospitals and research institutions.

Deliverable 2.2: Provide expert technical recommendations on the revisions and improvements necessary to integrate the suicide registry system to key health information systems and data repositories.

**Output 3: Setting up of the Suicide Registry System in DOH-retained hospitals, government-, and private-owned hospitals.**

Deliverable 3.1: Facilitate and document setting-up of the suicide registry system in 16 DOH-retained hospital, One (1) government / LGU – owned hospital, and One (1) private-owned hospital.

Deliverable 3.2: Analyze and present data from the 18 identified hospitals to support revision and improvement of the suicide registry system, as necessary.

**Output 4: Development of the suicide registry Manual of Procedures and end-users training and Related Policy**

Deliverable 4.1: Plan, design, and facilitate planning workshops on the development of the suicide registry Manual of Procedures, training on data encoding, and systems management.

Deliverable 4.2: Conduct / roll-out training on suicide registry data encoding and systems management.

Deliverable 4.3: Submit Progress Report/s and documentation materials to DOH and WHO Philippines for reviews (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 4.4: Submit the printable (print-ready) version of the suicide registry Manual of Procedures.

Deliverable 4.5: Submit drafts to support policy in operationalization of the National Suicide Registry, to include details for its implementation

**Output 5: Technical Narrative and Financial Report**

Deliverable 5.1: Submit Final Technical Report including documentation and analysis of outcome of the reassessment of the prototype suicide registry, setting up of the suicide registry system in select hospitals, planning workshops, and end-users training of the suicide registry system.

Deliverable 5.2: Submit brief financial report.

**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:**

- At least five (5) years of relevant work experience in designing M&E frameworks or statistics, public health programmes, and health information systems.
- 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.
- Intermediate to advanced skills in management information systems development, particularly health information systems.

#### Language Requirement:

- The team or any team member must be fluent in English and Tagalog, 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 Development of National Surveillance System for Suicide Attempts and Self-Harm: Setting-Up of Suicide Registry System PHASE II** 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. 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.

## **11. 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.

## **12. Submission Requirements**

Interested contractual partner/institutions 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: **Development of National Surveillance System for Suicide Attempts and Self-Harm: Setting-Up of Suicide Registry System PHASE II** 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.

The deadline for submission of proposals is on **12 June 2022**.