

# CALL FOR PROPOSALS

Technical Assistance to support the Development of WHO LIVE LIFE Strategy as applicable to the Philippines



**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 to the development of WHO LIVE LIFE strategy as applicable to the Philippines under an Agreement for Performance of Work (APW) contract.

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

## 2. Background

Humanitarian crises and emergencies (e.g. natural disasters, armed conflict, public health emergencies) pose a number of barriers to suicide prevention such as structural changes in leadership and systems, change in priorities, issues of safety and resource constraints. Yet risk factors for suicide – such as financial difficulties, unemployment and social isolation – can increase during emergencies and therefore efforts to focus on suicide prevention are vital. Under these circumstances, contexts may need to focus on immediate and feasible priorities for suicide prevention. Suicide is a complex phenomenon. More than 700 000 persons die by suicide every year globally. Suicide is the fourth leading cause of death among 15-29 year olds. The reduction of suicide rates in countries is an indicator in the UN SDGs, the WHO GPW13 and Mental Health Action Plan.

LIVE LIFE is WHO's approach to get implementation started and to emphasize the scale-up to national level of four key evidence-based suicide prevention interventions. These interventions include limiting access to the means of suicide, interact with the media for responsible reporting of suicide, foster socio-emotional life skills in adolescents, and early identify, assess, manage and follow up anyone who is affected by suicidal behaviours. Given that many people do not have sufficient access to health care (WHO, 2018b), it is also important to build the capacity of local gatekeepers, whose knowledge of and access to the community enables them to identify at-risk individuals and to mobilize support.

In this regard, technical assistance is requested to support in the development of the WHO LIVE LIFE Strategy as applicable to the Philippines to support the delivery of outputs and outcome of the Mental Health Strategic Plan that is compliant to Department of Health (DOH) standards and aligned to the program and DOH directions for Mental Health.

## 3. Timeline

The implementation timeline is from **May 2022** to **September 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 Mental Health Division of 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. Assess and develop suicide prevention interventions adapted from the WHO LIVE LIFE Strategy as applicable to the Philippines by conducting situational analysis, review of literature, and consultative/collaboration meetings with key sectors and stakeholders. [LIVE LIFE: An implementation guide for suicide prevention in countries \(who.int\)](#); [Suicide worldwide in 2019 \(who.int\)](#);
- b. Train/build the capacity of the existing health and community workforce in early identification, assessment, management and follow-up of suicide risk. Where in-person mental health support is limited, establish systems for remote support (WHO, 2018c) and ensure that staff receive training and feel comfortable using remote methods of communication, particularly when managing risk. <https://www.who.int/publications/i/item/9789241548922>; [IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic | IASC \(interagencystandingcommittee.org\)](#)
- c. Support development of M & E and sustainability plan.

### 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 WHO Philippines and Mental Health Division of DOH DPCB.

#### **Output 2:** Situational Analysis and Adaptation of LIVE LIFE key interventions as applicable to the Philippines.

Deliverable 2.1: Conduct Situational Analysis, Review of Literature and adaptation of WHO LIVE LIFE key interventions (with a focus on Fostering socio-emotional life skills in adolescents; Early identify, assess, manage and follow up anyone who is affected by suicidal behaviours).

Deliverable 2.2: Conduct Consultative/Collaboration meetings with key sectors and stakeholders on Suicide Prevention in Schools and Communities.

Deliverable 2.3: Submit Documentation materials (e.g. proceedings, minutes, photos, videos, recordings, etc.).

**Output 3:** Plan, design, and facilitate e-Training Course for Community Gatekeepers to Early Identify, Assess, Manage and Follow Up.

Deliverable 3.1: Plan, design, and co-facilitate Training of Trainers (ToT) for Community Gatekeepers to Early Identify, Assess, Manage and Follow Up.

Deliverable 3.2: Plan, design, and co-facilitate with the Master Trainers an online training for school personnel/service providers.

Deliverable 3.3: Submit a final prototype of the e-learning course (with training manual, facilitator's guide, instructional guides) for Community Gatekeepers for Suicide Prevention.

Deliverable 3.4: Submit documentation reports on the outcome of online training including: activity design or concept note, post-activity reports, draft documents and presentations, and activity evaluation.

**Output 4:** Monitoring and Evaluation Framework and Sustainability Plan

Deliverable 4.1: Develop and submit a monitoring and evaluation framework and tools

Deliverable 4.2: Develop and submit a sustainability plan

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

Deliverable 5.1: Submit Final Technical Report including documentation and analysis of outcome of the capacity building, situation analysis, adaptation of resources, M&E, sustainability plan, possible recommendations with supporting documentation (e.g. proceedings, minutes, photos, videos, recordings, etc.)

Deliverable 5.2: 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 support the development of WHO LIVE LIFE Strategy as applicable to the Philippines as set out in the Terms of Reference. The contract will 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 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.
- Relevant experience in mental health program planning, operations, and 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.

### **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 support the development of WHO LIVE LIFE Strategy as applicable to the Philippines** 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**.