

CALL FOR PROPOSAL

Contractual Partner for the Establishment of Model Barangay Health Care Centers through promoting the use of Telemedicine and Digital Health in the Urban Health Project Site in Paranaque



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner to provide technical assistance work with Paranaque Local Government Unit, Department of Health (DOH) Center for Health Development Metro Manila (CHD-MM), and Central Office on establishing Model Barangay Health Care Centers through promoting the use of telemedicine and digital health in the Urban Health Project sites in Paranaque under an Agreement for Performance of Work (APW) contract.

Objective(s):

Support the Urban Health Project sites in Paranaque to establish a model barangay health care center through designing the operationalization of innovative technologies and digital health platforms (telemedicine) for the continuity of essential health services in the context of the new normal.

The proposals are due by 04 June 2022.

2. Background

The COVID-19 pandemic disrupted the healthcare system of many communities and displaced many vulnerable groups, especially those who are living in urban poor communities. Access to health care is limited or even restricted due to the risk of COVID-19, individual, families, and communities are grappling with their health care needs because the system is either suspended or repurposed for other needs. Community quarantine caused transport and other essential systems to scale down operations, making access to many basic services extremely difficult for this population. Additionally, access to 'community health care services' i.e., psychosocial support, counseling, nutrition and diet education, and protection during emergencies has been disrupted.

2020 is the first year of the UHC rollout, and the operational level of this reform agenda is at the 'health care provider network' (HPCN) with the province- and city-wide model of care- the formerly devolved health systems are amalgamated into HPCNs to strengthen access to primary care services and ensure coordinated and rationale access to hospital and specialized health care with full financial risk protection via PhilHealth's contracting scheme. HPCNs are proposed to model public and private health care integration to develop a comprehensive health care system within a given geographical area and are an emergency-adaptable health system capable of providing wide-ranging services from primary care to specialized and complex health care via the Apex Hospital.

WHO Philippines and the urban health project sites are proposing to establish a model barangay health care center through the use of innovative digital solutions (telemedicine) to demonstrate that an HCPN created in the context of the new normal and is fully adaptable to UHC reforms.

3. Timeline

The implementation timeline for the project is from **15 June to 15 September 2022**

4. Place of Assignment

Manila, Philippines.

5. Scope of Work

Under the direct supervision of the Health Systems Strengthening Technical Team Leader, the contractual partner will support the designing and operationalization of Innovative technologies and digital health platforms for the continuity of essential health services in the urban health project sites in close collaboration with the City Health Office and Local Government Unit of Paranaque, various departments and offices in DOH and WHO Philippines.

Output 1: In coordination with key stakeholders, support the establishment of the model Barangay Health Care Center through the promotion of the use of telemedicine and digital health

Deliverable 1.1. Complete technical and financial proposal with attached budget matrix and Gantt chart of activities

Deliverable 1.2. Rapid assessment of local health systems focusing on continuity of essential health services and the role of telemedicine, digital health, and similar innovations in the context of the new normal

Deliverable 1.3. Capacity building on promoting the use of telemedicine and digital technology to facilitate access to health services

Deliverable 1.4. Develop implementing measures to support the use and management of telemedicine through a mobile app in selected primary care facilities

Deliverable 1.5. Orientation of stakeholders including health staff and community members on the use of telemedicine and mobile app

Deliverable 1.6. Monitor and assess progress and outcome of telemedicine intervention

Output 2: Facilitate implementation of Health outreach activities for urban poor communities

Deliverable 2.1. Coordinate with the City Health Office for the conduct of a health outreach program for extending the delivery of health care services for urban poor populations. Health care services could possibly include health education, screening, case-finding and management, immunization, vaccination (including for COVID-19) for vulnerable populations and other eligible populations

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. Documents, other information and/or statistics that are not publicly available and have been provided to the contractor for the purposes of undertaking this work may not be published, further analysed, disclosed to third parties, or used for any other purpose even after the end of the contract.

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.

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).

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 the expert's contribution, and as a 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.

6. Completion of Work

The work to be done under this contract shall be a Contractual Partner for the Establishment of Model Barangay Health Care Centers through promoting the use of Telemedicine and Digital Health in the Urban Health Project Site in Paranaque as set out in the Terms of Reference. The contract shall be completed in not more than 3 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 an acknowledgment 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 fulfill the following educational qualifications and work experience:

Education of staff involved:

- Essential: The team leader and members must have at least Masters' degree in health, IT and computer science, organizational management, development policy, and other social sciences
- Desirable: Ph.D. level in public health, IT, computer science, or related background

Experience required:

- At least seven to ten (7-10) years of relevant work experience in the public health sector and local health system
- At least 3-5 projects or research was undertaken with government institutions or academic institutions of similar nature and magnitude in the Philippines and/or internationally
- Proven work performance, and established good working relations with the DOH and WHO on the subject matter(s)
- Familiarity with the local health service delivery and health information system in the Philippines

Language requirements:

- Written and spoken fluency in English is essential

Competencies:

- Ability to engage and communicate with multiple stakeholders
- Skills to respect and promote individual and cultural difference
- Capability of working harmoniously with a positive attitude at work

Other requirements:

The contractor 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.

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.

8. Submission Requirements

Interested institutions should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline
- Company profile and qualifications of team members
- Link to a portfolio of previous work relevant to the TOR (uploaded on file-sharing services such as Dropbox or Google Drive)

Address all proposals to:

Dr Rajendra 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 documents with the title, **Contractual Partner for the Establishment of Model Barangay Health Care Centers through promoting the use of Telemedicine and Digital Health in the Urban Health Project Site in Paranaque** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **4 June 2022**.