

CALL FOR PROPOSAL

Technical Assistance for supporting the establishment and functioning of the Performance Accountability System (PAS) platform on Governance for Local Government Unit (LGU) Engagement in the Province and Municipalities of Aklan



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization Philippines is looking for an individual or institution contractual partner to provide technical assistance, supervision and implementation of the Performance Accountability System (PAS) platform on governance for Local Government Unit (LGU) engagement using in the Province and Municipalities of Aklan. This approach has been introduced and utilized in the Subnational Initiative Project, Phase 1 (SNIP1) in Davao Region, and is proposed for project sites of the Subnational Initiative Project, Phase 2. Proposed contract will be under an Agreement for Performance of Work (APW) contract.

The proposals are due by 27 June 2021.

2. Background

The World Health Organization Country Office, Philippines is currently implementing the Subnational Initiative Project (SNIP), Phase 2 in collaboration with the Philippines Department of Health (DOH) and the Center for Health and Development of Regions CARAGA, Davao, and Western Visayas, with funding support from the Korean International Cooperation Agency (KOICA).

The project is called “Strengthening Health Care Provider Network (HCPN) with Enhanced Linkage to Community for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH). The objective is to improve the health systems of the three (3) regions for better health for maternal, child, and adolescent health. The project will respond based on the following health outcomes; supported communities to develop effective approaches to essential health services for RMNCAH, strengthened governance and management for the responsiveness of HCPN, and sustained and scaled up the initial gains in Region XI from the Subnational-Initiative Phase 1 Project.

In 2016, the World Health Organization, Philippines implemented the SNI Phase 1, in collaboration with DOH Regional Office XI modeling the Performance Accountability System for maternal and newborn health and approaches in mobilizing communities for MNH. These innovative approaches were rapidly developed and adapted as a response to high number of maternal deaths in Malita, Davao Occidental during the first semester of 2015, in order to address bottlenecks in Indigenous populations' access to ante-natal care and facility deliveries. These tools have been rolled out across all ten (10) municipality project sites of SNI Phase 1. The strategy included:

- Performance Accountability System for municipal and barangay levels developed in and introduced as short-term planning and self-evaluation for identifying problems that may be quickly addressed;
- Barangay level maternal tracking system to ensure that Barangay Health Workers (BHWs) can easily maintain contact with and support for expectant mothers for ANC and facility delivery; and
- Barangay team approach to strengthen first tier community linkages with health system and support mothers in the navigation of health services. This has been merged with

and is being formalized as the Region XI - Team D approach under the direct leadership of the Regional Director at that period.

The above-mentioned innovative approaches provided opportunity for SNI Project Phase 1 on complementary focus of the first tier of the health care provider network (HCPN), the community level. This was best achieved through engagement and empowerment of Municipal and Barangay level officials and teams to reduce sense of passive acceptance and establish community level responsibility for first tier support. For the current project, the provincial LGU shall be included in the PAS cycles.

The Philippines Health Agenda in 2016 to 2022 identified the Service Delivery Network, renamed in 2018 as the Health Care Providers Network (HCPN) as one approach to deliver quality health care to the Filipinos. WHO/PHL SNI shall hinge on this national policy to hook the innovative approaches and assist the DOH regional teams in the implementation of the guidelines on health care provider network (HCPN) at the local levels. This time, the strategy needs to include how to navigate through the COVID-19 pandemic towards the new normal.

3. Timeline

The implementation timeline for the project is from **July 2021** to **December 2021** (6 months).

4. Place of Assignment

Aklan.

5. Scope of Work

In close collaboration with the World Health Organization, Philippines and the Department of Health - Center for Health and Development Western Visayas. The APW will be assigned to the respective Regional or Provincial Project site, and shall assist in the implementation of the SNI P2 project focusing on the adaption of the innovative approaches on SDN Tier 1 – community level, and capacity building of the DOH regional teams especially the DOH representatives to effectively provide technical assistance to LGUs in strengthening the governance and health systems which will be very helpful in organizing and making functional HCPNs. The main objectives of the level of efforts of the APW holder is the institutionalization of the Performance Accountability System through continuing cycle of breakthrough planning and audits in the Project sites. The APW holder shall perform the following activities:

1. Facilitate discussion with the DOH-CHDs and Provincial TA team (DOH representatives and PHO MNCHN team) in aligning the breakthrough plan with the DOH Regional M&E framework and/or HCPN plan and identify activities contributing to the attainment of MNCHN indicators.
2. Mentor and coach the Provincial TA team DOH representatives and PHO MNCHN team in facilitating the breakthrough planning and audits;
3. Mentor and coach the Municipal Health Board and MLGOO in dissemination and utilization of audits result.
4. As part of the HCPN Tier 1 tool development,
 - Engage the DOH CHD-MNCH team and selected members of the Provincial TA Team, develop the concept of the recognition and award scheme; and the guide for dissemination and utilization of audits results and the systematic formulation of the succeeding breakthrough strategy and plan (inputs-process);

- With the Provincial Health Team and PHO and MNCHN team of project sites, develop strategies of a Provincial level support mechanism for PAS. This also calls for establishing another set of performance indicator which governance and health systems in nature, those that will indicate that MLGUs will continue to produce results. The evaluation of health program indicators is already covered by existing tools and processes like program implementation review and existing scorecard.
5. Design and facilitate the training of DOH-CHD technical staff and the DOH Management Officers (DMOs) on PAS and provide TA (technical advisory, mentoring) in replicating PAS to other areas – one cluster in each province. The PAS tool utilized in SNI Phase 1 shall be used and if needed., can be enhanced further; and
 6. Design and facilitate strategic planning of DOH CHD Local Health Divisions of Regions VI.

Output 1: Accurate and time-bound, properly costed activities related to the consultancy is identified.

Deliverable 1.1: Work and financial plan with detailed budget and timelines for the full six (6) months per project site x 2 sites.

Deliverable 1.2: List of references, partner LGUs and persons responsible identified with respective roles; to be submitted with the WFP.

Deliverable 1.3: Comprehensive inception report related to the consultancy

Output 2: Functional PLGU/PHO-PDOHO PAS support mechanism in the project sites (in collaboration with the respective DOH -CHD).

Deliverable 2.1: List of LGUs with respective PAS support team or group per LGU.

Deliverable 2.2: Documented meetings/collaborations, plans and accomplishments of the PAS Team, including that with the CHDs.

Deliverable 2.3: Administrative order or local issuances in support of the PAS organization and activities.

Output 3: Conducted PAS cycles, from indicator identification, issues or gaps and intervention identification, audit and breakthrough planning.

Deliverable 3.1: List of MNCHN issues, gaps in service delivery and indicators to be included for accountability to.

Deliverable 3.2: Intervention schemes or strategies for the identified gaps and issues planned and documented.

Deliverable 3.3: Quarterly or semi-annual audit and breakthrough planning conducted and documented.

Deliverable 3.4: Bi-monthly progress report submitted to WHO Philippines Country Office and the respective DOH CHD

Output 4: Post-PAS implementation evaluation and monitoring; included in final technical report

Deliverable 4.1: Developed monitoring and evaluation tool for the PAS implementation, including timelines or regularity of the conduct of M&E.

Deliverable 4.2: Documented and reported first evaluation of the PAS cycles in the respective project sites.

Deliverable 4.3: Technical and financial report submitted after each project site's TA and evaluation on PAS.

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. Qualifications

The contractual partner must meet the following qualifications:

Education and Certifications

An individual/ agency/ organization/ institution in existence for at least five years in the Philippines. Familiarity with local health care delivery system in the Philippines particularly the roles and functions of Local Health Boards, Association of Barangay Captains, DOH representatives in policy and planning. Must be knowledgeable of WHO's universal health coverage (UHC) principles, and on the Philippine Health Agenda is an advantage.

Work Experience

With relevant experience in implementing the Performance Accountability System (PAS) in a national government agency or Local Government Unit (LGU) and Health Systems and Governance. Experience in working with the UN system and knowledge of UN system procedures is an advantage.

Technical Skills and Knowledge

Knowledge and familiarity with WHO and DOH work, relevant policies and operations. Excellent oral communication and reporting skills. Proficient in basic ICT systems and applications is an advantage.

Language

With excellent verbal and written communication skills in English and Filipino.

In addition, the contractual partner must have no direct or indirect interest in the tobacco industry, alcohol industry, arms dealing or human trafficking.

7. Other Requirements

Willingness to travel to the project sites for orientation on PAS, for audit and planning purposes, and for M&E after at least a twelve (12) week PAS implementation.

8. Contract Time

The work to be done under this Agreement for Performance of Work (APW) shall be completed as set out in the Terms of Reference. The contract will be completed in not more than six (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 for 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% of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and 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.

9. Submission Requirements

Interested individuals or institution should submit electronic copies of the following:

- Cover letter;
- Proposal with financial details and proposed timeline; and
- Company profile and qualifications of team members (for institution)
- Curriculum vitae (for individuals)

Address all cover letter and proposals to:

Dr Rabindra Abeyasinghe

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 cover letter and proposals with the title **Technical Assistance for supporting the establishment and functioning of the Performance Accountability System (PAS) platform on Governance for Local Government Unit (LGU) Engagement in the Province and Municipalities of Aklan** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of application is on **27 June 2021**.