

CALL FOR PROPOSALS

Technical Assistance on the Implementation of the Community-based Mental Health (CBMH) Program in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)



**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 pilot implementation of Community-based Mental Health (CBMH) Program in Maguindanao under an Agreement for Performance of Work (APW) contract.

The proposals are due by 20 October 2022.

2. Background

Exposure to adverse events and large-scale humanitarian emergencies such as natural disasters or armed conflicts, along with many other biologic and socioeconomic factors, increase the risk of developing mental health conditions. People facing these events often have to cope with difficult experiences such as loss of loved ones, violence, and displacement causing them to experience psychological distress. These traumatic events had long been and are still being experienced by the majority of the estimated 5 million people living in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), stemming mostly from poverty and conflicts between identity groups as the region transitions to full political autonomy. The effects of these events are aggravated by lagging health indicators such as low facility and workforce density, indicating that a large proportion of the local population have limited access to primary care services.

The overall situation in BARMM is also evident in Maguindanao where majority (1.3 million excluding City of Cotabato, PSA, 2020) of the population resides. Situational analysis conducted in Maguindanao affirmed that natural disasters, armed conflicts, and the advent of the COVID-19 pandemic aggravated trauma, fear, sadness, and sleeping problems experienced by affected individuals, with reported increase in incidence of gender-based violence and teen pregnancies despite the presence of mental healthcare as Mental Health and Psychosocial Support Services (MHPSS) and Psychological First Aid (PFA) supported by the Department of Health (DOH), Ministry of Health (MOH), and local and international development partners. The Mental Health Gap Action Program (mhGAP; [mhGAP Intervention Guide - Version 2.0 \(who.int\)](https://www.who.int/publications/mhgap/mhgap-intervention-guide-version-2.0)) which was developed to scale up care for mental health disorders, was also initiated in 2017, allowing provinces and RHUs with trained professionals to diagnose, treat, and follow up patients with mental health conditions. However, consistent supply of essential medicines, limited number of competent, trained personnel remain as a challenge in implementing an effective mental health program in the province.

Considering the overall situation in BARMM and particular areas such as Maguindanao, it is evident that there is substantial mental health needs in the region. This puts great emphasis on the need to expand mental health workforce in non-specialized settings, including the involvement of trained community health workers and lay persons in the community. More than community as a setting, communities as a resource and agents of change can play a vital role in

delivering quality mental health services and narrow the gap between people who require mental health services and those who are able to access treatment and evidence-based interventions. The Community-based Mental Health (CBMH) Program aims to deliver mental health services and evidence-based interventions outside the formal health care settings and provide more than outpatient psychiatric treatment to address population needs in ways that are accessible and acceptable especially among the vulnerable and marginalized population (CBMH Guidebook, 2021). Its framework outlines key elements of CBMH including the necessary competencies of non-specialists for community mental health programs and services, monitoring and evaluation (M&E), and the critical steps in setting up CBMH Programs. The CBMH Program also recognizes the characteristics of Community Health Workers and lay persons of being known and often trusted members of the community which is an important factor in improving access to care as it can reduce stigma and discrimination (mhGAP Community Toolkit, 2019). This, however, does not ignore the fact that for the Community Health Workers and lay persons to effectively perform, resources required must be given and provide careful training and supervision.

The WHO Special Initiative for Mental Health (SIMH) supports the Department of Health in the operationalization of the Mental Health Act (Republic Act 11036) by scaling up access to quality mental health services and evidence-based interventions.

3. Timeline

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

4. Place of Assignment

Cotabato City, Philippines

5. Scope of Work

Method(s) to carry out the activity

Under the direct supervision of the WHO Country Office for the Philippines Technical Officer on Mental Health, the contractual partner/institution shall perform the following tasks/responsibilities in close collaboration with the respective officers in Department of Health – Mental Health Division and the BARMM Ministry of Health.

This technical assistance aims to:

- a. Strengthen and institutionalize the Community-based Mental Health Program in BARMM, focusing on mental health service development and capacity building of Health Care Providers and Community Health Workers through preliminary implementation in municipalities of Maguindanao.
- b. Establish baseline information on mental health service delivery in the provinces of BARMM through situational analysis (<https://apps.who.int/iris/rest/bitstreams/1156555/retrieve>) and other applicable health service availability and readiness assessment tools.

- c. Develop reference materials and training modules (as participant's and trainer's manual) on preventing, identifying and supporting people with mental health conditions suitable for Community Health Workers, Religious Leaders, and lay persons in the community.
- d. Conduct on-site pilot testing of developed training modules for Community Health Workers (Barangay Health Workers) and Midwives on identifying, referring, and supporting people requiring mental health services, focusing on the priority conditions (Psychosis, Depression, Epilepsy, and Self-harm) in the following area clusters:
 - i. Buluan
 - ii. Datu Piang
 - iii. North and South Upi
- e. Support the development of monitoring and evaluation (M&E) 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 the BARMM Ministry of Health, DOH – Mental Health Division, and WHO Philippines.

Output 2: Establish baseline information on mental health system in BARMM through Situational Analysis and other applicable assessment tools.

Deliverable 2.1: Conduct and submit the Situational Analysis, describing prevailing circumstances that may affect integration of community-based mental health services in the general health system.

Deliverable 2.2: Submit review of literature, policies, guidelines, and other documents supporting the Situational Analysis, including documentation materials (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Output 3: Develop reference materials and training modules (participant's and trainer's manual) for Community Health Workers on identifying and supporting people with priority mental health conditions

Deliverable 3.1: Review and consolidate relevant guidelines, manuals, and other materials on preventing mental health conditions, identifying, and supporting people with mental health conditions, and strengthening the capacity of Community / Barangay Health Workers.

Deliverable 3.2: Develop simplified reference materials on preventing mental health conditions, identifying, and supporting people with priority mental health conditions (Psychosis, Depression,

Epilepsy, and Self-harm) suitable for Barangay Health Workers and other Community Health Workers and leaders.

Deliverable 3.3: Develop training modules (participant's manual and facilitator's manual) on preventing mental health conditions, identifying, and supporting people with priority mental health conditions (Psychosis, Depression, Epilepsy, and Self-harm) suitable for Community / Barangay Health Workers, Religious Leaders, and lay persons in the community.

Output 4: Pilot test of developed training modules.

Deliverable 4.1: Plan, design, and facilitate on-site pilot testing of developed training modules on preventing mental health conditions, identifying, and supporting people with priority mental health conditions (Psychosis, Depression, Epilepsy, and Self-harm) in the barangays of Buluan, Datu Piang, North and South Upi in Maguindanao, targeting Barangay Health Workers (BHWs) and Midwives as participants.

Deliverable 4.2: Submit Progress Report/s and documentation materials to BARMM Ministry of Health and WHO Philippines for review (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 4.3: Develop monitoring and evaluation (M&E) plan to facilitate continuous collection of information that will support assessment of progress over time.

Output 5: Technical Narrative and Financial Report

Deliverable 5.1: Submit Final Technical Report including documentation and analysis of outcome of the pilot testing, and situation analysis, with expert technical recommendations on implementing Community-based Mental Health Program 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 on the Implementation of the Community-based Mental Health (CBMH) Program in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) 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 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.
- 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 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.

8. 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.

9. 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.

10. 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. Graham Perry Harrison

Officer-in-Charge

Office of the WHO Representative for 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 on the Implementation of the Community-based Mental Health (CBMH) Program in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)** to Mrs Ying Chen (cheny@who.int) and to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **20 October 2022**.