

CALL FOR PROPOSALS

Technical Assistance on the mapping of, and situation analysis of Indigenous People (IP), collectively or individually in each of the three (3) SNIP 2 project sites (Aklan, Agusan del Sur and Davao Region)



**World Health
Organization**

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines through the Subnational Initiative Project, Phase 2 (SNIP2) is looking for an individual or institution contractual partner to provide technical assistance on the mapping of, and situation analysis of Indigenous People (IP) in each of the three (3) project sites: Aklan, Agusan del Sur and Davao Region under an Agreement for Performance of Work (APW) contract.

The applications are due by 6 October 2021.

2. Background

The World Health Organization Philippines Country Office is currently implementing the Subnational Initiative Project Phase 2 in collaboration with the Philippines Department of Health and with funding support from the Korea 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. Especially in Phase 2, participation of community level is one of the main activities and this can be achieved through engagement and empowerment of Municipal and Barangay level including indigenous people (IP).

There are estimated 14-17 million indigenous peoples (IPs) belonging to 110 ethno-linguistic groups all over the Philippines. Even though the Philippine constitution recognizes and states protection of the rights of IPs but, they are usually among the poorest, most marginalized, and disadvantaged groups of people. They are usually neglected from the system, including that of health because of differences in culture, beliefs and language. Also, most of them are living in geographically isolated and disadvantaged areas (GIDA) which aggravates discrimination and exclusion from the mainstream including health sector.

There are 15 major IP groups in the Davao region, 4 major IP groups in Agusan Del Sur and 2 IP groups in Aklan. Mostly, they are located in GIDA and are catered for their reproductive health needs, particularly birthing services by their own Traditional Birth attendants (TBA) called ‘Hilot’. Accessibility is one identified factor that hinders their capacity to access health service needed. Also, local government is struggling to collect and analyze health information related to IPs which could be the key for improving IPs’ health status with appropriate political support. Therefore, it is important to recognize and understand IPs’ situation in each project site and develop a specific approach to implement project activities suited for this special group of beneficiaries and that are culturally sensitive which will hopefully improve their health outcomes.

This time, mapping of IPs and situation analysis which will help in developing appropriate strategies is needed. This will include ways on how to conduct activities efficiently during the COVID-19 pandemic, through the new normal.

3. Timeline

The implementation timeline for the project is from **October 2021 to February 2022**.

4. Place of Assignment

Will be based within the project site region or province, where the engagement shall be implemented.

5. Scope of Work

In coordination with World Health Organization Representative in the Philippines as part of the Sub-National Initiative Phase 2, under the direct supervision of the SNIP2 National Coordinator and in collaboration with the Field Coordinators, closely collaborating with the respective Department of Health - Center for Health Development (DOH-CHD).

In close collaboration with WHO/PHL and DOH CHDs, the selected contractual partner shall be carried the following activities:

“The applicant or the proponent should clearly express if the proposal is for one (1) project site only or if the 3 project sites will be worked upon collectively.”

Output 1: Map the IP Groups in each project site and conduct a situational analysis and identify gaps on MNCAH care. 10% of the project time.

Deliverable 1.1: Conduct literature review or coordination with the LGU local civil registry, health office or Office for Indigenous Population, to access the list of IP groups in the project site.

Deliverable 1.2. Review administrative order and local issuances in support of IP groups, if available, taking special note on any issuances on health service provision and access.

Deliverable 1.3 SERVICE DELIVERY: Comprehensive situational analysis reports on IP groups in the area of assignment which should include health services, manner of delivering health services, gaps and issues.

Output 2: Research on health service access and behaviour of IP groups. 10% of project time.

Deliverable 2.1 Map through literature review, LGU reports and plans involving health facilities for IP groups in each region.

Deliverable 2.2 ACCESS AND DEMAND GENERATION FOR SERVICES:
Document the process of accessing health facilities by IP groups and identified needs and difficulties they have. This is to be done through key informant interview (KII) or thru conduct focused group discussion (FGD) with IP groups to check health literacy, access to health information, and health service seeking behaviour.

Output 3: Develop a strategy to be used in the project and provide technical revision on activities targeting IP groups.

Deliverable 3.1: Evaluate and report the technical revision on IP targeted project activities and suggestions, based on the findings from Outputs 1 and 2.

Deliverable 3.2. Recommend ways on developing or in improving existing schemes or strategies on a) demand generation for services, b) service delivery, c) monitoring of service provision among IP groups.

Deliverable 3.3 Identify and recommend further sustainable strategies on how to increase demand and improve and strengthen service provision to the IP community for each project site.

Deliverable 3.4 Present the IP mapping, situational analysis and recommendations to the LGU, especially to DOH-CHDs, PHOs, MHOs and the local Office for Indigenous Population per project site.

Deliverable 3.5: Submit a final technical and financial report on the engagement.

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 individual contractual partner or institution's members must fulfil the following qualifications:

Education and Certifications

- Educational Degrees or Certificates of any "Bachelor's Degree" or equivalent degree on health or social sciences; a bachelor's degree in Anthropology is preferred.
- Master's degrees on public health is an advantage.

Work Experience

- At least 5 years work experience with Local Government Units (LGU).
- With relevant experience in community engagement, stakeholder consultation and IP engagement in any part of the Philippines.
- With relevant experience working with marginalized groups, communities and Indigenous Peoples.
- Good writing and interpersonal skills with strong communication skills in Cebuano dialect would be an advantage.
- Knowledge of and work experience with the WHO and 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.
- Familiarity and previous work and engagement with the IP groups and the health system in the Philippines.
- Proficient in project strategy and implementation.

Language

- Expert fluency in English, Tagalog both oral and written.
- Fluency in Cebuano or Aklanon would be an advantage.

7. 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 three (3) months from the commencement of the work, or otherwise as agreed in writing among the Owner and the Contractor. The activity could either be done by different individual APW contract per project site, or collectively by 1 APW contractor, mapping IPs in the 3 project sites. The timeline is 1 month per project site for individual APWs or to perform the work within 3 months for the collective mapping of the 3 sites.

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 of 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% (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

Willingness to travel to the project sites for research and submit deliverables within timelines. For proponents who opt to do the mapping collectively, this can be done and delivered within a total of 3 months; the APW contractor could either do the mapping themselves by travelling to the project sites one after the other OR they can contract staff local to the respective project sites, to conduct the mapping and situational analysis for them; then develop one collated report.

9. Submission Requirements

Interested individuals or institution 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 letter and proposals to:

Dr Rabindra Abeyasinghe

WHO Representative in 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 on the mapping of, and situation analysis of Indigenous People (IP), collectively or Individually in each of the three (3) SNIP2 project sites (Aklan, Agusan del Sur and Davao Region)** to Mrs Ying Chen (cheny@who.int) and wpplwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of application is on **06 October 2021**.