

CALL FOR PROPOSALS
Technical Assistance for the Organization of
the Midterm Implementation Review for the
Healthy Hearts Project in District 1, Iloilo Province



1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner to organize and manage the Midterm Implementation Review for the Healthy Hearts Project (HHP) in District 1 of Iloilo Province, Western Visayas under an Agreement for Performance of Work (APW) contract.

The proposals are due by 16 July 2022.

2. Background

Cardiovascular disease (CVD) remains the leading cause of mortality in the Philippines accounting for a third of all deaths in the country. CVD, mostly classified as ischemic heart disease, cerebrovascular diseases, and hypertensive heart diseases, killed 217,552 Filipinos in 2017 alone.

To address this public health concern, the WHO Philippines, in collaboration with the Department of Health (DOH) and Resolve to Save Lives, launched the Healthy Hearts Project Phase I in October 2018 to scale up actions to reduce premature CVD mortality and noncommunicable disease (NCD) risk factors in the Philippines. The project sought to cover 12 of the 16 Philippine regions and aimed to reduce the prevalence of hypertension, reduce consumption of salt, and eliminate trans-fat by (1) increasing access to hypertension diagnosis and treatment, (2) increasing the control rate of hypertension, and (3) creating an enabling environment for reduced salt consumption and elimination of trans fat in the diet.

However, due to the limitations brought about by the COVID-19 pandemic in March 2020, the project pivoted during the crisis to meet key Phase I project components and deliverables until December 2020. Discussions with key partners and stakeholders resulted in an agreement to scale down the implementation of its sub-national hypertension component from 12 regions to one (1) region: Region VI (Western Visayas). As restrictions intensified across the country, the partners and stakeholders further recognized the need to develop a selection criterion in identifying a smaller geographic area for project implementation with the aim of increasing the opportunity for the project to demonstrate results amid the pandemic, hence, the selection of District 1, Iloilo Province as the sub-national pilot site for the project's hypertension component. District 1 is composed of seven municipalities with income classification ranging from first to fourth class: Guimbal, Igbaras, Miagao, Oton, San Joaquin, Tigbauan, and Tubungan.

The Healthy Hearts Project Phase II in District 1, Iloilo Province was initiated in January 2021 to sustain the gains in Phase I and to ensure the transition towards ownership and sustainability of the project at national and local levels. The project aims to demonstrate the implementation of scalable models that ensure safe and efficient delivery of essential services that address hypertension and non-communicable diseases in times of COVID-19 and beyond, that is integrated within the Universal Health Coverage roll-out at the sub-national level. Among others, Phase II includes the pilot implementation of the electronic Registry for Hypertension, Portable Hypertension Reporting Tool (PoHRT), e-Learning Course on the Healthy Hearts Technical Package, and the Pharmacy Outsourcing Model. A no-cost extension for Phase II implementation was granted until the end of the year.

As the project begins its sustainability planning, the Team will engage an institution or academic partner to assist the project in realizing one of its key milestones which is the conduct of a midterm project implementation review. The review will allow partners and stakeholders, as well as the project team, to determine current project progress against set targets since the inception of Phase II. This will be an opportunity to assess and evaluate project performance and generate evidence to inform key decision-makers and accountable actors of necessary changes or improvements in the current project execution and management. It will also be an opportunity to strengthen existing partnerships and build a network among the newly installed Local Chief Executives in the District and their respective team members.

3. Timeline

Technical assistance is needed from **25 July to 10 October 2022**.

4. Area of Assignment

The project implementation review will be conducted in Iloilo City.

5. Scope of Work

Objectives

The overall role of the institutional contractual partner is to facilitate and organize the Healthy Hearts Project Implementation Review. In coordination with WHO Philippines Noncommunicable Diseases Unit and the Department of Health Western Visayas Center for Health Development, the selected contractual partner shall perform the following activities:

Expected Outputs

Output 1: Inception report with detailed action plan and timeline of activities

Deliverable 1.1: A detailed plan of action on how to conduct the 2-day face-to-face project implementation review. The report should include the following, but not limited to, objectives, the significance of the project, implementation of the framework, methodology, data collection tools, processes for data collection, analysis, validation, consultation, and presentation of findings. Target participants include the Local Chief Executives, the Municipal Health Officers, the Development Management Officers, Project Coordinators, and Project Encoders from the seven (7) pilot sites. The inception report should also include a project management plan.

Deliverable 1.2: GANTT Chart with expected outputs and deliverables

Output 2: Develop the design of the Implementation Review, including organization and management of the event

Deliverable 2.1: Facilitate pre-and post- administrative requirements for the conduct of the project midterm review

Deliverable 2.2: Draft programme of activities and facilitate sending of invitation letters to the target participants and confirmation of their attendance

Deliverable 2.3: Act as Secretariat and manage the confirmation and registration of all participants, ensuring clear instructions including check-in and check-out details, hotel policies, daily program, etc.

Deliverable 2.4: Coordinate with the venue to ensure that the meals and snacks are arranged taking into consideration the dietary needs of participants

Deliverable 2.5: Prepare a stage and the equipment needed for presentations and other activities including securing high-speed wi-fi and free internet access

Deliverable 2.6: Print tarpaulins, procure pens, pads, and other collaterals as approved by Project Team

Deliverable 2.7: Execute the hosting, facilitating, and moderating of the sessions throughout the event

Deliverable 2.8: Document the technical proceedings of the project implementation review

Output 3: Documentation of HHP progress implementation and facilitate cross-learning of best practices between local government units (LGUs)

Deliverable 3.1: Collection, analysis, and synthesis of current knowledge and experiences of project implementation since its inception, including lessons learned and good practices

Deliverable 3.2: Gathering of stories from the field

- Two (2) human interest stories for online publication
- A minimum of 200 high-quality photos of donors, partners, and beneficiaries
- Minimum of two (2) 1–2-minute audio-visual presentation

Deliverable 3.3: Facilitate cross-learning sessions between LGUs (i.e., field trips, virtual presentations, etc.)

Output 4: Technical reports and financial statements

Deliverable 4.1: Store all project materials (raw data, recordings, notes, photos, references, etc.) in a cloud folder. All raw data and source documents shall be submitted to WHO Philippines.

Deliverable 4.2: Submission of the final technical narrative report that includes project implementation and financial report.

6. Qualifications

The institutional contractual partner must fulfill the following qualifications:

Education

- The team leader must have at least a bachelor's degree in medical and allied sciences or other related fields
- A post-graduate degree or advanced qualification in public health, non-communicable diseases, research, project management, and implementation science are an advantage.

Experience

- The team leader must have at least five (5) years of experience in public health programs and project implementation and review such as, but not limited to, National Hypertension Program, PHIC Konsulta Package, and others
- The team lead or key staff must have at least three (3) years of experience in research, monitoring and evaluation, and health promotion and social media advocacy
- Previous partnership/collaboration of good standing with WHO, DOH, other UN agencies, or development organizations is an advantage.

Technical Skill and Knowledge

- Project management
- Monitoring and evaluation
- Technical writing
- Communication and media
- Events organizing

Language

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

Other Requirements

- Must not have a direct or indirect interest in the tobacco, alcohol, or breastmilk substitute industries.
- Able to adapt to relevant and reasonable project demands and submit deliverables within timelines.

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, supported by the approved Inception Report. The contract will be completed in not more than **two and a half (2 1/2) 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 a 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 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 of the sum of 0.5% of the total contract amount per day (Saturdays, Sundays, and holidays are included) but not to exceed a total of 10%

(ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and 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. Ethical and Professional Standards

- WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to putting the WHO Values Charter into practice.
- WHO has zero tolerance toward 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.

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 conflict of interest rules is designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and 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.

Confidentiality Statement

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO has the right to disseminate any information outside the agreed project's scope.

9. 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

Address all proposals to:

Mr Lluís Vinals Torres

Officer-in-Charge Office of the 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 for the Organization of the Midterm Implementation Review for the Healthy Hearts Project in District 1, Iloilo Province**" to Mrs Ying Chen (cheny@who.int) with a copy to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **16 July 2022**.