

CALL FOR PROPOSALS

**Strengthening Civil Society Organization (CSO)
Engagement in the COVID-19 Response at National and
Local Levels**



**World Health
Organization**

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for institutional contractual partners among registered civil society organizations for projects aimed at protecting the lives of the Philippine's most vulnerable and marginalised residents from COVID-19 under an Agreement for Performance of Work (APW) contract.

The WHO will prioritise applications focusing on mitigating the short and medium-term impact of COVID-19.

The fund is open for applications that deploy community-based approaches to reduce COVID-19 transmission in areas where vulnerable populations reside. These areas include:

1. Low-income populations in settlements of highly urbanized cities (Manila and Davao)
2. Remote and/or rural poor communities
3. Returning overseas migrants/workers and/or internally displaced people
4. People living in isolated small island communities

Applicants from registered civil society organizations working in the above-mentioned areas and communities for a minimum of two years, preferably with a physical presence in the identified areas supporting the delivery of WHO recommended interventions, will be encouraged to apply.

2. Background

The first case of COVID-19 in the Philippines was reported in January 30, 2020, with the first local transmission confirmed on March 6, 2020. At the time of writing, there are 2,020,484 cases of COVID-19 and 33,680 Filipino lives have been lost due to the pandemic.

The numbers continue to rise and daily reports show that COVID-19 continues to spread in the country. WHO notes that transmission is occurring in large, densely populated cities and in major economic centres. The WHO is also monitoring transmission in towns and provinces, previously classified as zero transmission areas. This widespread transmission is driven in part by the emergence of new, highly transmissible variants and is inevitable in a pandemic.

Vulnerable populations including the elderly, ethnic and religious minorities, indigenous communities, pregnant women, the urban poor, populations in geographically isolated areas (GIDAs), displaced people including those living in shelters, children, people with disabilities (PWDs) and the sick are significantly affected by the pandemic. Vulnerable groups often do not have access to proper health care and access to basic water, sanitation, and hygiene facilities to prevent COVID-19 transmission. Further, many vulnerable populations may live and work in

crowded and congested places, where there is no or limited space for physical distancing, isolation, and quarantine.

The WHO Strategic Preparedness and Response Plan for COVID-19 (SPRP) highlights the importance of mobilizing all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the COVID-19 response and in preventing cases at individual and community levels through various public health approaches. To support the 'whole of society' approach to the COVID-19 response through involvement of civil society and communities as equal partners integral to national pandemic responses and recovery, the COVID-19 Solidarity Response Fund Steering Committee is providing resources to strengthen civil society engagement in COVID-19 response at the national and local levels. This current call for proposals is an extension of the CSO Initiative in the Philippines.

To strengthen the "whole of society" approach, WHO Philippines will partner with selected organisations, such as civil society organisations (CSOs) and non-governmental organisations (NGOs). Priority will be given to organisations who have a proven track record of implementing high impact emergency response initiatives in vulnerable populations.

The selection criteria for prospective project partners will focus on community-based projects that incorporate the following public health characteristics:

- Understand and address the social and environmental dynamics of transmission and vulnerability.
- Conduct effective and tailored risk communication with vulnerable groups. This may include traditional communication, social media and other relevant local/cultural communication norms.
- Develop risk communication and community engagement (RCCE) strategies to improve the COVID-19 vaccine rollout and to combat misinformation, stigma and fear about the pandemic.
- Respectfully incorporate cultural dimensions of the pandemic in their interventions, such as analysing how different individuals and communities understand and react to the disease.
- Include activities that complement and support national and local government efforts, amplifying the government's COVID-19 strategy of PDITR (Prevent, Detect, Isolate/Quarantine, Treat, Mainstream Normal)
- Identify barriers in access to health facilities and improve health seeking behaviour of remote and rural poor and/or indigenous communities during COVID-19

3. Timeline

The implementation timeline for the project is from **01 October** to **30 December 2021**.

4. Place of Assignment

Designated project sites selected for implementation in the Philippines

5. Scope of Work

Successful applicants will submit, at their own expense, a response to this Call for Proposal, which is 4-8 pages, excluding annexes.

In close collaboration with the City/Municipal/Provincial Health Office and the Department of Health, and under the technical supervision of the WHO Philippines, the APW partner shall perform the following deliverables:

1. Contractual partner will pre-finance and develop an Inception Report (6-10 pages, excluding attachments or annexes). Upon approval by WHO Philippines, the first 50% of the budget will be released. The inception report will include a Rapid Rural Appraisal (RRA) of vulnerable populations at the project location and will include a baseline situational analysis and target and impact indicators in a simple log frame.
2. Based on the RRA, in discussion with WHO, revise the initial project timeline, narrative and budget allocation, without amending the administrative/ organizational: project cost ratio, where salaries and management cost should not be more than the total operational cost.
3. In consultation with WHO Philippines and other partners on the ground, the contractual partner will implement the agreed upon workplan.
4. Brief midterm evaluation report with narrative about impact of the project so far, challenges, and recommendations moving forward. The midterm report should include visual documentation of activities, including photos and videos. Upon approval by WHO Philippines, this will release the next 25% of the budget.
5. Final project impact narrative and analysis and financial report. The final project report should have supporting documents (e.g. attendance lists, photos of activities etc.). The financial report should be supported by relevant financial documents (e.g. pay slips, receipts etc.). Upon approval by WHO Philippines, the final 25% of the budget will be released.

Output 1: Inception Report with Detailed Work and MEL Plan

Deliverable 1.1: Inception report with attached work plan, Monitoring, Evaluation and Learning (MEL) plan, budget matrix, and Gantt chart of activities

Deliverable 1.2: Rapid Rural Appraisal including stakeholder mapping and analysis; defined workplan

Output 2: Midterm Progress Report

Deliverable 2.1: Accomplishment report based on the updated RRA and agreed upon indicators in the MEL plan

Deliverable 2.2: Community-based tools and information, education, and communication (IEC) materials developed from the first month of project implementation

Output 3: Technical and Financial Report

Deliverable 3.1: Final technical report with supporting documentation (e.g. proceedings, minutes, photos, videos, recordings, etc.)

Deliverable 3.2: Community-based tools (surveys, IEC materials, audio/video materials etc. developed from the project.)

Deliverable 3.3: Final financial report with supporting documentation (e.g. pay slips, receipts etc.)

6. Qualifications

The contractual partner must fulfil the following qualifications:

SEC-registered or other government registration with proven track record of implementing community-based projects in their proposed areas.

Organisational Expertise

- Team members with degrees in nutrition, public health, health policy or other related fields
- Minimum of five years of relevant field experience in public health, advocacy and partnership building, development of policies and legislation, conducting assessment and research, organizing, and facilitating meetings and workshops, and technical meetings, writing technical reports and documents
- Minimum of five years of experience collaborating with relevant government agencies at the local, regional and/or national levels
- Relevant experience in health communication and education campaigns an advantage
- Evidence of successfully managing and implementing community-based projects with grants between USD 10,000 to USD 100,000.
- Relevant experience working with international and multilateral agencies (especially UN agencies) is an advantage

Technical Skills and Knowledge:

- Excellent technical writing skills, good facilitation skills, knowledgeable in basic computer programs, efficient organizational and management skills
- Extensive background in public health and public policy an advantage

Language Fluency

- Excellent verbal and written communication skills in English and Filipino

7. Other Requirements

The contractual partner must be able to adapt to relevant and reasonable project demands and submit deliverables under tight timelines.

In addition, the contractual partner must have no direct or indirect interest in the following industries: tobacco, alcohol, armaments, or human trafficking. Applicants will be screened for eligibility under the WHO Framework of Engagement with Non-State Actors (FENSA).

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, supported by the approved Inception Report. 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 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 Inception Report, the Owner shall charge the Contractor liquidated damages. This shall be in the amount of 0.5% of total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed 10% (ten percent) 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.

CONFIDENTIALITY STATEMENT

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.

9. Submission Requirements

Interested institutions should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline (see attached template)
- Company profile and qualifications of team members

Address all 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 proposals with the title “**Strengthening Civil Society Organization (CSO) Engagement in the COVID-19 Response at National and Local Levels**” 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 **21 September 2021**.