

**CALL FOR PROPOSALS**  
**Technical Assistance on the on-site mhGAP**  
**Capacity Building for Health Care Providers in**  
**CARAGA and Eastern Visayas Regions**



**1. Summary**

The World Health Organization (WHO) Philippines is looking for a contractual partner or institutional partner to provide technical support on the on-site mhGAP capacity building for health care providers in CARAGA and Eastern Visayas Regions under an Agreement for Performance of Work (APW) contract.

The proposals are due by 20 March 2022.

**2. Background**

The expansion of mental health workforce in non-specialized settings is essential to ensure access to quality mental health care and support to people with mental, neurological and substance use (MNS) disorder. In 2017, burden of mental disorders in the Philippines measured by Disability-adjusted life years (DALYs) was at 2,762.88 per 100,000 population. With a rate of 0.52 per 100,000 population in 2017, mental health care services were provided by an estimated 5 Psychiatrist for every 1 million population. Situational Analysis for the WHO Special Initiative for Mental Health (March 2020) described the specialist Human Resources for Mental Health including Neurologists, Psychiatrist, Psychologist, Psychiatric Nurses, and Mental Health Social Workers. Analysis showed that data as of March 2020, there were around 483 Neurologist (0.5 per 100,000), 548 Psychiatrists (0.5 per 100,000), 133 Psychologist (0.1 per 100,000), and around 516 Psychiatric Nurses (0.5 per 100,000). More info: [WHO Special Initiative for Mental Health: Philippines](#).

On 16 December 2021, Tropical Cyclone Rai has made its third landfall in the vicinity of Liloan, Southern Leyte and fourth landfall in Padre Burgos, Southern Leyte. The province of Southern Leyte declared a State of Calamity under Sangguniang Panlalawigan Resolution No. 60 on 20 December 2021. As of 21 December 2021, more than 19,000 families were displaced and housed in evacuation centers. The latest Health Quad cluster Report in January highlighted the need for MHPSS and mhGAP capacity building in select municipalities in Southern Leyte.

At the onset of the Typhoon Rai, the local health systems was unprepared to deal with the disaster due to very limited resources. The primary care has little capacity to respond, and the mental health component has not been integrated into the health services network. The DOH and other partners have deployed teams to conduct psychosocial support activities (Levels I and II) but there are limited number of partners providing Level III and IV interventions and have already disengaged in their target communities. The Surveillance in Post-Extreme Emergencies and Disasters (SPEED) has already reported close to 100 cases of individuals showing early symptoms of distress and disaster-induced problems (grief, anxiety, depression).

As DOH and other government agencies are moving towards the recovery phase of the Typhoon Odette (RAI) response, there are still residual humanitarian needs which needs to be addressed in parallel. Post-disaster long term MHPSS activities which will contribute to the long-term recovery and regular programming of the region has to be instituted (e.g.,

continuation of Levels III/IV specialized services for mental health, provision of psychotropics, and training of personnel on mhGAP). The Mental Health Gap Action Programme (mhGAP) was developed to scale up care for identified MNS disorder, accompanied by the mhGAP-Intervention Guide (mhGAP-IG) as a resource to facilitate delivery of evidence-based MNS care guidelines in non-specialized settings. The latest version of [mhGAP Intervention Guide - Version 2.0 \(who.int\)](https://www.who.int/publications/i/item/mhgap-intervention-guide-version-2.0)

### **3. Timeline**

The implementation timeline is from **March 2022** to **June 2022**.

### **4. Place of Assignment**

Caraga and Eastern Visayas, 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, DOH CARAGA and Eastern Visayas Centers for Health Development.

The contractual partner/institution is expected to:

#### **Method(s) to carry out the activity**

- a. Strengthen and institutionalize mhGAP implementation process focusing on situation analysis, adaptation and support processing for Medication Access Sites. Reference materials: <https://www.who.int/publications/i/item/mhgap-operations-manual>.
- b. (Onsite) Provide the comprehensive mhGAP training package on priority MNS conditions for specialist and non-specialist health care providers in primary care/general health care settings in CARAGA and Eastern Visayas Regions focusing on Psychoses (psychosis and bipolar disorder), Depression, Epilepsy, and Self-Harm/Suicide. Reference materials: [mhGAP training manuals for the mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings \(who.int\)](https://www.who.int/publications/i/item/mhgap-training-manuals-for-the-mhgap-intervention-guide-for-mental-neurological-and-substance-use-disorders-in-non-specialized-health-settings).
- c. Conduct On-site mhGAP capacity building activities and supervision to healthcare providers to the target LGUs of CARAGA and Eastern Visayas Regions:

Form four teams for the on-site training and supervision in the following target areas:

- i. Surigao del Norte (mainland-11 municipalities and 1 city).
- ii. Surigao del Norte (Siargao island-9 municipalities).
- iii. Province of Dinagat Island (7 municipalities).
- iv. LGUs of Southern Leyte in Eastern Visayas Region (10 municipalities/RHUs with no mhGAP-trained MDs).

- d. Support development of M & E and sustainability 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 DOH Mental Health Division, DOH CHD CARAGA and Eastern Visayas with WHO Philippines.

#### **Output 2:** Situational Analysis and Adaptation of mhGAP.

Deliverable 2.1: Conduct and Submit the Situational Analysis of mhGAP implementation using the mhGAP Operations Manual.

Deliverable 2.2: Submit review of literature, policies and guidelines., documentation materials (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 2.3: Conduct consultation workshops, draft TOR for mental health services referral pathway/network (e.g, direct referrals or telemedicine).

#### **Output 3:** Deliver Onsite Comprehensive mhGAP training package in 28 Municipalities of CARAGA Region (PDI - 7 municipalities; Surigao del Norte – 21) and 10 municipalities of Southern Leyte in Eastern Visayas Region.

Deliverable 3.1: Plan, design, and facilitate onsite mhGAP trainings for specialists and non-specialists service providers in primary care facilities focusing on Psychoses (psychosis and bipolar disorder), Depression, Epilepsy, and Self-Harm/Suicide.

Deliverable 3.2: Submit Progress Report/s and documentation materials to DOH and WHO Philippines for reviews (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 3.3: Support development of M&E and sustainability plan (community-based mental health interventions).

#### **Output 4:** Technical Narrative and Financial Report

Deliverable 4.1: Submit Final Technical Report including documentation and analysis of outcome of the capacity building, situation analysis, and adaptation of mhGAP resources, possible recommendations with supporting documentation (e.g., proceedings, minutes, photos, videos, recordings, etc.).

Deliverable 4.2: Submit brief financial report.

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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-site mhGAP Capacity Building for Health Care Providers in CARAGA and Eastern Visayas Regions as set out in the Terms of Reference. The contract will be completed in not more than 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 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, Tagalog, and Cebuano, 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. 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 Rajendra Yadav**

Acting 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 **Agreement for Performance of Work to provide technical support on the on-site mhGAP Capacity Building for Health Care Providers in CARAGA and Eastern Visayas Regions** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) and to [wpphlwr@who.int](mailto:wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **20 March 2022**.