

## **NOTICE OF VACANCY**

**Technical Advisor to provide Technical Assistance on Post-Implementation Coaching, Mentoring, Supportive Supervision, Monitoring, and Evaluation of the Performance Accountability System (PAS) and other Health Governance and System platforms in the Subnational Initiative Phase 2 Project Sites**



**World Health Organization**

Representative Office  
for the Philippines

### **1. Summary**

The World Health Organization (WHO) Philippines is looking for an individual contractual partner to provide technical assistance to Department of Health (DOH) Centers for Health Development (CHDs), Provincial Health Offices (PHOs) and different health sector partners to further enhance health governance and health systems in Local Government Units (LGUs) of Aklan, Agusan Del Sur and Davao region. The technical advisor will closely collaborate with LGUs and Project Management Unit (PMU) of WHO Subnational Initiative Phase 2 Project to ensure successful implementation of Performance Accountability System (PAS) approach and other Health Governance and System platforms in barangays/municipalities/provinces in the abovementioned 3 regions where the SNIP2 is currently being implemented.

The proposals are due by 26 June 2022.

### **2. Background**

The World Health Organization Country Office, Philippines is currently implementing the Subnational Initiative Project (SNIP), Phase 2 in collaboration with the Philippines Department of Health (DOH) and the Center for Health and Development of Regions Caraga, Davao, and Western Visayas, with funding support from the government of Korea through 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 aims to improve 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.

In 2016, the WHO Philippines implemented the SNI Phase 1, in collaboration with DOH Regional Office XI modelling the Performance Accountability System (PAS) for maternal and newborn health and approaches in mobilizing communities for MNH. These innovative approaches were rapidly developed and adapted as a response to high number of maternal deaths in Malita, Davao Occidental during the first semester of 2015, to address bottlenecks in Indigenous populations' access to ante-natal care and facility deliveries. These tools have been rolled out across all ten (10) municipality project sites of Subnational Initiative Project Phase 1 (SNI1). The Performance Accountability System (PAS) approach has been a core strategy where other SNI project was anchored to, such as community engagement and mobilization, capacity building of community health workers, as well as health service providers. Specifically, the abovementioned innovative approach includes (1) Performance Accountability System (PAS) for municipal and barangay levels developed in and introduced

as short-term planning and self-evaluation mechanism to identify public health issues that may be quickly addressed; (2) to ensure that Barangay Health Workers can easily maintain contact with and support for expectant mothers for ANC and facility delivery (Barangay-level maternal tracking system); (3) to strengthen first tier community linkages with health system and support mothers (Barangay team approach). It is noteworthy that the PAS has been merged with and is formalized as the Region XI -Team D approach under the direct leadership of the Regional Director.

Furthermore, PAS approach provided an opportunity for SNI Project Phase 1 on complementary focus of the first tier of the health care provider network (HCPN) at the community level. This was best achieved through meaningful engagement with municipal and barangay level officials and relevant teams, suggesting a pathway for community-level health response and establishing functional, first-tier health response teams and support groups.

The above-mentioned innovative approaches were introduced and adopted in the SNI Phase 2 project sites, particularly in Agusan del Sur, Aklan and the whole region of Davao Region. Similarly, all other SNI Phase 2 project activities are anchored into the PAS strategy, to ensure ownership of the project by the government partners. However, there are varied degrees of implementation, phases reached, and successes in each LGUs across the project sites. To ensure uniform and sustained implementation of project activities in all project sites, regular and constant monitoring and evaluation of PAS and other project activities is needed. The consultant shall proactively reach out and support Local Chief Executives and Policy Makers and other relevant local stakeholders by providing continued coaching and mentoring and supportive supervision, to be able to attain the sustainability of PAS in the SNI Phase 2 project. This is especially necessary where there will be new sets of elected local officials in the project sites, from the national elections of 2022; instead of doing an APW for training the new local officials, it will be the role of the technical consultant to orient them.

### **3. Timeline**

The implementation timeline for the consultancy is from **July 2022** to **December 2022**.

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

Home-based. Duty travels to Aklan, Agusan Del Sur and Davao provinces will be required

### **5. Scope of Work**

The consultant shall work under contract with the Office of the World Health Organization Office of the Representative in the Philippines as part of the Sub-National Initiative Phase 2 – Health Systems Strengthening. He/she shall be under the strategic guidance and supervision of the HSS Team Lead with direct supervision of the Technical Officer of the RMNCAHN. He/she will closely collaborate with relevant WHO staff, including SNIP2 National Coordinator, M&E Specialist and Technical Coordinators based at DOH in 3 project sites. He/she will travel to 3 project sites as needed.

The main objective of this consultancy is to provide technical assistance to abovementioned public health stakeholders on a regular basis so that relevant project interventions/approaches would be successfully implemented as well as institutionalized through the PAS approach in the 3 project sites.

In close collaboration with WHO/PHL, the consultant shall:

**Output 1: 1. Time-bound and costed activities related to the consultancy is identified.**

**Deliverable 1.1:** Comprehensive inception report submitted. This gives detailed work plan (including PAS implementation's supportive supervision, coaching, mentoring, monitoring and evaluation strategy) with budget and timeline for the consultancy for full 15 months for Aklan, Agusan Del Sur and Davao region submitted, although the contract is initially for 5 months.

**Deliverable 1.2:** Final technical and financial report detailing the status of PAS implementation in the 3 project sites, and monitoring findings & recommendations for scale-up after conducting M&E activities and providing ongoing TA and supportive supervision services submitted.

**Output 2: Provide technical supportive supervision, coaching and mentoring services to the Provincial TA team (DOH representatives and PHO UHC team) on PAS cycles, from identifying common health challenges/indicators, redefining suitable barangay/provincial/municipal level interventions to facilitating the breakthrough planning and audits.**

**Deliverable 2.1:** List of RMNCAHN issues, gaps in service delivery and indicators to be included for accountability is identified.

**Deliverable 2.2:** Intervention schemes or strategies to address collectively identified health gaps and issues devised and documented.

**Deliverable 2.3:** Coached, supervised and provided TA on the quarterly or semi-annual audit and breakthrough planning which will be conducted and documented.

**Deliverable 2.4:** Provide mentoring and coaching services to the Provincial and Municipal Health Board and MLGOO, SK, guiding the dissemination and utilization of previous audit results

**Deliverable 2.5:** Monthly progress report submitted to WHO Country Office level and to the respective DOH-CHDs.

**Output 3: PAS implementation monitoring and evaluation for SNI Phase 2 project sites.**

**Deliverable 3.1:** Develop coaching and mentoring, and M&E tools to monitor and evaluate the implementation of PAS strategy in SNI Phase 1 and Phase 2 project sites, including timelines of M&E activities

**Deliverable 3.2:** Document and report evaluations on PAS cycles in sites where the capacity building related activities were provided to LGUs, including detailed recommendations for LGUs and WHO

**Deliverable 3.3:** Document and report the status of the implementation of PAS approach in Aklan, Agusan Del Sur and Davao region; and identify and document scale-up

strategy/initiatives at provincial/municipal/regional level. This includes detailed recommendations for LGUs, DOH and WHO.

**Output 4: Organize a health summit event to present the results of PAS, and to showcase good practices of LGUs who have successfully implemented and demonstrated positive results in planning and financing MNH interventions**

**Deliverable 4.1:** Collaborate with DOH CHD-MNCH team and selected members of provincial teams to prepare 2022 DOH-WHO health summit.

**Deliverable 4.2:** Design and facilitate strategic planning of DOH CHD CHD/Local Health Divisions and WHO and supervises the preparation and documentation of the health summit proceedings, including information packages and presentations in timely manner.

**Deliverable 4.3:** Document the outcome and proceedings of the health summit, including recommendations and innovative interventions/strategies that were discussed to further address existing health issues in the SNI Phase 2 project sites. This will be for a national presentation to relevant government agencies such as but not limited to DOH, NEDA, and to the League of Municipal Mayors and the League of Provincial Governors.

**Deliverable 4.4:** Prepare and deliver presentations on the outcome of the event to DOH, WHO and other relevant stakeholders at the national and the regional level.

*(Note: contracting of secretariat and venue for health summit and for the national presentation will be done by WHO Country Office's Admin and Finance Unit)*

## **6. Qualifications and experience**

The contractual partner must meet the following qualifications:

### Education and Certifications

- Consultant-applicant should be a college graduate from any course, preferably with master's degree in Public Systems or Public Health with Development Communication units
- Academic units or training earned in any Health Governance course is of great advantage

### Work Experience

- An individual working for at least ten (10) years in the Philippines. Deep understanding of the local health care delivery system in the Philippines particularly the roles and functions of Local Health Boards, Association of Barangay Captains, civil society organizations (CSO), and community leader/head, in case of indigenous population (IP), in relation to LGUs, DOH representatives in policy and planning. Must be knowledgeable of WHO's universal health coverage (UHC) and DOH's Universal Health Care (UHC) principles, and on the Philippine Health Agenda.
- At least 5 years relevant experience in implementing and evaluating the Performance Accountability System (PAS) in a Local Government Unit (LGU)

## Technical Skills and Knowledge

- Knowledge and familiarity with WHO and DOH work, relevant policies, and operations.
- Excellent oral communication and reporting skills.
- Proficiency in basic ICT systems and applications is an advantage.

## Language

- With excellent verbal and written communication skills in English and Filipino. Ability to speak in Visayan and Ilonggo is of great advantage.

## **7. Contract Time**

The work to be done under this short-term consultancy (STC) shall be completed as set out in the Terms of Reference. The contract will be completed in not more than 5 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 of 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.

## **8. Other Requirements**

The contractor (both the institution and any individuals engaged on this work) shall have no direct or indirect involvement or interest, in any form, in arms dealing, drugs, alcohol industry, tobacco industry or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

## **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 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.

## 10. 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).

World Health Organization (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.

## 11. 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 have the right to disseminate any information outside the agreed project's scope.

## 12. Submission Requirements

Interested individuals should submit electronic copies of the following:

- Cover letter
- Curriculum Vitae

Address all cover letters to:

**Dr Graham Harrison**

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 applications with the title **“Technical Advisor to provide Technical Assistance on Post-Implementation Coaching, Mentoring, Supportive Supervision, Monitoring, and Evaluation of the Performance Accountability System (PAS) and other Health Governance and System platforms in the Subnational Initiative Phase 2 Project Sites”** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) and to [wpplwr@who.int](mailto:wpplwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **26 June 2022**.