

# CALL FOR PROPOSALS

## Technical Support for the Facility Hypertension and Diabetes e-Registry and Portable Hypertension Reporting Tool



### 1. Summary

The World Health Organization (WHO) Philippines is seeking an institutional contractual partner to provide technical support for the implementation of Facility Hypertension e-Registry and Portable Hypertension Reporting Tool as part of the Healthy Hearts Programme. This assistance will be carried out through an Agreement for Performance of Work (APW) contract.

The proposals are due by **19 January 2024**.

### 2. Background

The Department of Health Western Visayas Center for Health Development (DOH WV CHD), in collaboration with the World Health Organization (WHO) Philippines, continues to implement and adapt actions to reduce premature cardiovascular disease mortality and noncommunicable disease risk factors through the Healthy Hearts Programme. In its third phase, the programme will expand its coverage from District 1 of Iloilo Province to the remaining four districts of Iloilo and the entire provinces of Antique and Aklan. The initiative's objectives remain unchanged – strengthen local health system governance, enhance service delivery for noncommunicable disease (NCD) related services, and increase demand and health service utilization for NCDs, particularly hypertension. One of the project activities is enhancing data systems for policy development and decision-making through the Facility Hypertension e-Registry (e-Registry) and the Portable Hypertension Reporting Tool, which are both developed and refined during the first two phases of the project.

The e-Registry is an Excel-based data collection, organizing, and reporting tool that has been deployed at rural health units (RHUs). It tracks the blood pressure control status, medication use, and adherence to follow-up of individual hypertensive patients, and generates data on a set of standardized performance indicators that can be used to continuously improve the quality of hypertension control at both the health care facility and population levels.

While the e-Registry is far more efficient and effective for monitoring and reporting than the paper-based registries it replaces, it still presents a few limitations. In RHUs that have a limited number of laptops or desktops, the e-Registry is difficult to use as a job aid for real-time data entry during a patient's visit. Furthermore, the e-Registry is not available for data collection and reporting at the barangay level where a growing number of 'stable' patients (i.e. patients with controlled blood pressure) are monitored and receive maintenance medication refills.

To complement the e-Registry and improve the efficiency of the encoding process and the quality of the data collected and the reports generated, the Portable Hypertension Reporting Tool (PoHRT) has been developed. This tool has been field tested in District 1 of Iloilo Province to collect routine blood pressure monitoring and medication refill data at the RHU and barangay health stations.

As the project continues its expansion in 2024, technical support for the rollout and implementation of the e-Registry and PoHRT is necessary to manage, maintain and troubleshoot these tools.

### **3. Timeline**

The implementation timeline for the project is **01 February 2024 to 20 November 2024** (10 months).

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

Metro Manila and Western Visayas, Philippines

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

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

Under the supervision and strategic guidance of the WHO Philippines NCD Unit, the contractual partner shall perform the following tasks/ responsibilities listed below in close collaboration with the DOH WV CHD:

- a. Manage the user accounts of implementing health facilities of the Healthy Hearts Programme.
- b. Diagnose and troubleshoot system issues.
- c. Gather necessary information from users and stakeholders on their data and reporting (current and future) needs.
- d. Conduct training sessions and support the rollout of the tools in the project sites.
- e. Conduct knowledge transfer activities for the IT team at the provincial and regional levels.
- f. Coordinate with WHO Philippines and DOH WV CHD accordingly throughout the project duration.
- g. Ensure that all processes in conducting the project are adhering to government laws and ethical practices.

#### **Outputs and Deliverables:**

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

Deliverable 1.1: Detailed plan of action on how to conduct the activities. The report should include the following, but not limited to, objectives, significance of the project, implementing framework, and methodology. The inception report should also include a project management plan.

Deliverable 1.2: Gantt chart with expected outputs and deliverables

##### **Output 2: Strengthen the existing helpdesk for e-Registry and PoHRT users**

Deliverable 2.1: Review and test the existing version of the e-Registry and PoHRT and identify areas for improvement to facilitate efficient data encoding and report generation.

Deliverable 2.2: Provide support to users for challenges and issues in setting up the tools on their devices, entering patient data, downloading reports, and merging PoHRT data with e-Registry data.

Deliverable 2.3: Update the codes and formulae as required based on the errors or bugs encountered.

Deliverable 2.4: Update fields and forms in the tools as needed by the project team and tool users.

Deliverable 2.5: Consolidate service request forms and information from users and stakeholders on their data and reporting needs, summarize findings and actions taken, and provide a monthly report to DOH WV CHD and WHO Philippines.

### **Output 3: Training sessions and knowledge transfer activities**

Deliverable 3.1: Conduct training sessions (in-person and/or virtual) for tool users and stakeholders. Each session must be documented and summarized as part of the progress and final reports.

Deliverable 3.2: Information session/s with relevant offices, particularly the IT team, at the provincial and regional levels for systems or back-end adjustments. Each session must be documented and summarized as part of the progress and final reports.

### **Output 4: End-of-engagement technical and financial reports**

Deliverable 4.1: Submission of the final technical narrative report that includes project implementation and financial report.

Deliverable 4.2: Store all project materials (data, recordings, notes, photos, references, etc.) in a cloud folder. All raw data and source documents shall be submitted to WHO Philippines.

### **NOTE ON CONFIDENTIALITY AND OWNERSHIP**

The results, products, and reports of this APW are to be treated as confidential and must not be handed over to third parties. The WHO has exclusive ownership of the reports and reserves the right to further disseminate relevant information. Documents, other information and/or statistics that are not publicly available and have been provided to the contractor for the purposes of undertaking this work may not be published, further analyzed, disclosed to third parties, or used for any other purpose even after the end of the contract.

## **6. Contract Time**

The work to be performed under this Agreement for Performance of Work (APW) shall be carried out in accordance with the Terms of Reference and the approved Inception Report. The contract is expected to be completed within a **maximum period of 10 months** from the commencement of the work, unless otherwise agreed upon in writing between the Owner and the Contractor. All work shall be executed in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and instructions. Failure to adhere to these requirements shall be the sole responsibility of the Contractor.

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 amount to 0.5% of the total contract amount per day (Saturdays, Sundays, and holidays are included) but not to exceed 10% of the contract amount. These liquidated damages shall cover 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.

## **7. Qualifications**

The contractual partner must meet the following qualifications:

### Education and Certifications

- The team lead must have at least a university degree in information technology, health or social sciences.
- A post-graduate degree or advanced qualification in the aforementioned fields and health informatics is an advantage.

### Work Experience

- The team lead must have at least three (3) years of demonstrable experience in the area of information system development and implementation.
- Familiarity with existing information systems used for NCDs in the Philippines is an advantage.
- Previous partnership/collaboration of good standing with WHO, other UN agencies and development organizations, DOH, or other government agencies is desired.

### Technical Skills and Knowledge

- Strong programming skills using Microsoft Excel Visual Basic for Applications (for the e-Registry) and KoboToolbox (for the PoHRT)
- Extensive knowledge and skills in training/ human resource capacity building for public health
- Able to communicate well with DOH, WHO, partners, and other relevant stakeholders
- Demonstrated capacity in planning, managing, and reporting activities

### Language Fluency

- With good verbal and written communication skills in English and Filipino

In addition, the contractor 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.

## **8. Other requirements**

- Ability to engage and communicate with multiple stakeholders
- Skills to respect and promote individual and cultural differences
- Capability of working harmoniously with a positive attitude at work
- Willing to travel to the project sites for training sessions and monitoring activities

## **9. Management of Conflict of Interest**

Any interest by entity (individual/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's conflict of interest rules are designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and of its normative work. If not identified and appropriately managed such situations could undermine or discount the value of expert's contribution, and as 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.

## **10. 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 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.

## **11. 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:

### **Dr Rui Paulo de Jesus**

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 Support for the Facility Hypertension and Diabetes e-Registry and Portable Hypertension Reporting Tool** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) with a copy to [wpphlwr@who.int](mailto:wpphlwr@who.int). Proposals submitted to the designated email addresses will be considered for shortlisting and will be contacted by the WHO Philippines.

The deadline for submission of proposals is on **19 January 2024**.