

CALL FOR PROPOSALS

Technical Assistance on the Development of the mhGAP Clinical and Administrative Support and Supervision Protocol for the Philippines



**World Health
Organization**
Philippines

1. Summary

The World Health Organization (WHO) Philippines is seeking an institutional contractual partner to provide technical support to the development of the mhGAP clinical and administrative support and supervision protocol for the Philippines. This assistance will be carried out through an Agreement for Performance of Work (APW) contract.

The proposals are due by **15 April 2025**.

2. Background

There is a wide range of literature describing the gap in the prevalence of mental health conditions and untreated individuals with mental health conditions, despite the existence of evidence-based treatments, particularly in Low-Middle Income Countries (LMICs). Estimates in 2019 indicated that one in eight people (970 million) globally were living with a mental disorder¹ and that 71% of people with psychosis do not receive needed mental health services.² Globally, mental health conditions can be described as widespread, undertreated, and under-resourced.

In the Philippines, a national baseline survey conducted in 2021 found that around 1 in 7 Filipino adults (14% of adult respondents; ~8.6 million) developed at least one mental disorder during their lifetime, and that around 1 in 10 Filipino adults (10% of respondents; 4.2 million) met the criteria for diagnosis of mental disorder in the past 12 months.³

The launch of the Mental Health Gap Action Programme in 2008 and the need to mainstream mental health service prompted the Philippines to start training health professionals (2015), targeting physicians and nurses. The implementation of the WHO Special Initiative for Mental Health in the Philippines provided the opportunity to strengthen the capacity of non-specialist to provide mental health services through the Mental Health Gap Action Program (mhGAP) coupled with post-training support and supervision. For instance, the roll-out of mhGAP in select areas ensured the inclusion of post-training supervision, which facilitated the use of a draft support and supervision guide. This, however, focused on an ideal set of activities and methodology rather than actual guidance on conducting support and supervision.

To integrate mental health to primary health, it is crucial to expand access to mental health services in non-specialist settings and build the capacity of service providers to deliver and collaborate health services traditionally charged to specialists⁴ – a practice known as task-sharing. This practice is perceived to be acceptable and feasible by health care providers and

¹ Global Health Data Exchange [website]. GBD Results Tool. Seattle: Institute for Health Metrics and Evaluation; 2019

² World Health Organization. World Mental Health Report 2022.

³ de Guzman, ML., Crisostomo, ME., Barrios, EB., Ramos-Leynes, C., Gapuz, E., Pascual, M., et al. Philippine National Survey for Mental Health and Well-Being (NSMHW). University of the Philippines – College of Medicine

⁴ World Health Organization. Task shifting: Rational redistribution of tasks among health workforce teams: Global recommendations and guidelines. Geneva. 2008

services users in low resource settings as long as adequate training and compensation for health workers involved in task-sharing, among other considerations are met.

According to the mhGAP Operations Manual, two (2) types of supervision are required to effectively implement mhGAP - administrative and clinical supervision - both of which must be seen as an important component of any training to ensure sustained change in behaviour at clinical level. It can improve the quality of care for people with mental health condition, but more importantly, it allows detection of deviations from practice and address clinical challenges while continuously improving the quality of clinical care.⁵

The technical assistance to develop the mhGAP clinical and administrative supervision protocols aim to standardize the post-training supportive supervision approaches based on supervision aims – improve knowledge and translate that knowledge to clinical practice; improve skills to carry-out routine tasks such as assessing, managing people living with mental health conditions, including complex cases; and improve attitude that focus on the motivation(s), ethics, professionalism, and compassion needed to deliver care to people with mental health conditions.

More specifically, the development of the post-training supportive supervision protocol aims to:

1. Establish standard post-training clinical supervision approaches and procedures to ensure transfer of skills and knowledge from training to clinical practice, including management of difficult or complicated cases;
2. As part of the administrative supervision, integrate records and administrative procedures for mental health conditions into existing systems at local health care facility (RHU, M/CHO, PHO, others);
3. Document and pilot test established clinical and administrative supervision protocols and procedures;
4. Develop or adopt a competency-based assessment tool for mhGAP-trained professionals, including the establishment and validation of its psychometric properties;
5. Pilot-test developed assessment tool in select areas in the Philippines.

3. Timeline

The implementation timeline for the project is from 12 May 2025 to 26 September 2025.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Under the direct supervision of the WHO Country Office and in collaboration with the Mental Health Program Division of the Department of Health and the National Center for Mental Health (NCMH), the technical experts are expected to:

Output 1: Review of literature and existing protocols

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 seven (7) days of commencing the

⁵ mhGAP Remote Supervision Guide (Long version)

assignment, will demonstrate the contractual partner's conceptual and implementation approach following minimum content:

- Background of the Technical Assistance
- Objectives and Outputs
- Proposed methodology
- Program of activities
- List of Activities
- Schedule/Timeline
- Budget Requirement
- Project Support Structure
- Itemized workplan
- Gantt chart of activities

Deliverable 1.2: Discuss the inception report and work plan with DOH-Mental Health Program Division, National Center for Mental Health, and WHO Philippines

Output 2: Review of literature and existing protocols

Deliverable 2.1: Review related literatures and existing protocols for clinical supervision including case conference/presentation, observed sessions, supervisor and peer support, and reflective discussion.

Deliverable 2.2: Submit report on Review of Literature, including documentation of the processes and results.

Output 3: Develop and pilot support and supervision protocol

Deliverable 3.1: Develop new clinical supportive supervision protocol, or adapt existing protocols for conference/presentation, observed sessions, supervisor and peer support, and reflective discussion based on reviewed literature, local context and approaches, and available resources.

Deliverable 3.2: Pilot test and document developed or adapted post-training clinical supervision protocol, integrating results of the pilot testing in the final technical report.

Deliverable 3.3: Adopt and establish administrative supervision procedures including the integration of administrative supervision outputs into existing information and management systems at local health care facility.

Output 4: Develop mhGAP competency assessment tool

Deliverable 4.1: Review related literature on competency assessment tool development, validation, and establishment of psychometric properties.

Deliverable 4.2: Develop, as necessary, or adapt existing or field testing version of an assessment tool based on identified competencies of mental health service providers by the Department of Health.

Deliverable 4.2: Pilot test the new, or adapted assessment tool based on identified competencies of mental health service providers by the Department of Health.

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 and the DOH have the exclusive ownership of the reports and reserve 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 analysed, disclosed to third parties, or used for any other purpose even after the end of contract.

6. Contract Time

The work to be performed under this contract 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 five **(5) 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 leader and members must have at least a Master's degree in any of the following fields: public health, epidemiology, medicine, psychiatry or related fields from a recognized university.
- Team leader must have at least seven (7) years of relevant work experience in developing frameworks and approaches to improve or enhance capacity-development initiatives relating to mental health;
- Members must have at least three (3) years relevant experience in adapting and rolling-out training modules in mental health, particularly the mhGAP-IG 2.0 and the mhGAP Operations Manual;
- Members must have at least three (3) years relevant experience in mental health program planning, operations, and implementation; and
- Good working knowledge of the health system and community systems of the country

Work Experience

- Proven experience in the field of Public Health, medicine, more specifically capacity-building on Mental Health, mhGAP.
- Previous work with WHO, other international organizations and/or major institutions in the field of Mental Health, Public Health

Technical Skills and Knowledge

- Adequate technical knowledge to conduct and develop competency assessments.
- Adequate technical knowledge to review literatures, models, and materials regarding mental health including assessment and management (pharmacologic and psychological interventions) of MNS conditions;
- Adequate technical knowledge to conduct mhGAP post-training support and supervision.

Language Fluency

- Expert fluency 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

Medical clearance is not required for the APW. The development of the support and supervision protocol as well as the competency assessment tool may require occasional travel to pilot sites.

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 is 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 Assistance on the Development of the mhGAP Clinical and Administrative Support and Supervision Protocol for the Philippines**, to Mr Hassan Mohamed Mursal (mursalh@who.int) with a copy to 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 **15 April 2025**.