

PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

Service through policy research

18F Three Cyberpod Centris, North Tower EDSA corner Quezon Avenue, Quezon City Tel: (632) 372-1291 / 372-1292 http://www.pids.gov.ph

REQUEST FOR PROPOSAL

- 1. The Philippine Institute for Development Studies (PIDS) invites all eligible individual consultants to submit proposals for the Qualitative Data Analyst for Development of Integrated Service Delivery / Public Health Programs Monitoring and Evaluation Framework and Application of Analysis in Relevant Quantitative Data.
- 2. The Approved Budget for the Contract (ABC) is **PhP320,000.**
- 3. Interested consultants must submit the following documents using PIDS the prescribed forms:
 - a) Curriculum Vitae of the proposed Consultant(s)¹
 - b) Technical Proposal Form¹
 - c) Financial Proposal Form¹
 - d) Filled out Data Privacy Notice and Personal Data Protection Form¹
 - e) Statement of Completed contracts²
 - f) Statement of All Ongoing and Awarded But Not Yet Started Contracts²
 - g) Notarized Omnibus Sworn Statement (for ABC above PhP50,000.00) 1
 - h) Income/Business Tax Returns (for ABC above PhP500,000.00) 1
 - i) PhilGEPS Registration Number (certificate or screenshot) 1
 - j) Valid Mayor's/Business Permit (Firm) or BIR Certificate of Registration³ (Individual).
- 4. Interested consultants may obtain further information from the Procurement Management Division at telephone via email at procurement@pids.gov.ph.
- 5. The Institute shall adopt the Quality-Based Evaluation procedure in selecting consultants based on the attached Terms of Reference.
- 6. The deadline for submission of proposals is on 26 June 2024 (5:00 PM) addressed to:

The BAC Chairperson for Consultancy
Services c/o The BAC Secretariat
Procurement Management Division
18/F Three Cyberpod Centris – North Tower, EDSA cor. Quezon Ave., Quezon City

Proposals may also be submitted through email at procurement@pids.gov.ph.

7. PIDS reserves the right to reject any or all of the proposals, declare a failure of bidding, or not award the contract if there is evidence of collusion, including any act that restricts, suppresses, or nullifies competition, or if there is a failure to follow the prescribed bidding procedures. PIDS also reserves the right to waive any required formality in the proposals received and select the proposal it determines most advantageous to PIDS.

DR. VALERIÉ GILBERT T. ULEP Chairperson PIDS-BAC for Consultancy Services

Reference No.:2024-203

¹Applicable for individual consultants and firms

²Applicable for firms only

³ Individual consultants must issue Official Receipt (OR) during payment.

Philippine Institute for Development Studies TERMS OF REFERENCE

QUALITATIVE DATA ANALYST

for

<u>Development of Integrated Service Delivery / Public Health Programs Monitoring</u> <u>and Evaluation Framework and Application of Analysis in Relevant Quantitative</u> <u>Data</u>

1. Background and Rationale

The Universal Health Care Act of 2019 guarantees all Filipinos a comprehensive, quality, equitable, and affordable healthcare system. The Act introduces system-level reforms aimed at ensuring healthy populations and communities. Specifically, the reform focuses on a primary care-oriented, integrated health system that offers Filipinos a wide range of health services with minimal financial risk. To effectively monitor and evaluate these reforms, we must enhance our capacity to collect, measure, analyze, and present data from health facilities. Achieving this requires the implementation of interoperable health information systems (HIS).

HIS refers to systems that produce information for the evidence-informed decision-making affecting all levels of the health system which have four key functions: (1) data generation, (2) data compilation, (3) data analysis and synthesis, and (4) data distribution and the use of data. HIS therefore gathers and shares consolidated and analyzed data mainly from health facilities, providing valuable information to decision-makers responsible for health-related policies. With such a system, we can gain a more longitudinal view of the country's health situation, facilitating the transition to a life-stage-based approach in our health programs. Moreover, it will enable local and national evidence-based decision-making to become more strategic.

However, the current data sources in the Philippines face challenges (such as fragmentation, format integrity, and periodic data collection) which hinder the full realization of the benefits of HIS. To help address these issues, this paper aims to assess the practices and standards of the Philippines' HIS, comparing them with global best practices and considering their impact on key stakeholders, which are the regulators, purchasers, providers, and consumers. The objective is to identify areas of improvement and highlight essential data that decision-makers should focus on to drive effective changes in the country's health policies.

By examining the state of the country's HIS and aligning it with international standards, we can pave the way for a more robust and efficient HIS, supporting the goals of the Universal Health Care Act and ultimately improving the health and well-being of all Filipinos.

2. Objectives of the Study

- a. Describe then contextualize the "ideal" health information system (HIS), specifically focusing on its functions across different agents: DOH, PhilHealth, healthcare providers, and consumers.
- b. Critically assess the current state of health information system vis-a-vis ideal, focusing on its functions across the different agents by examining the following elements:
 - i. Policies, laws, and governance structure
 - ii. Technical design and infrastructure
 - iii. Acceptability and health human resources

c. Create a comprehensive data collection framework that will serve as the foundation for determining the necessary data fields to be collected and provide valuable insights for policymaking, clinical decision-making, and research purposes.

3. Objectives of the Consultancy

The qualitative aspect of this project will involve gathering secondary data and conducting, organizing, and transcribing key informant interviews (KIIs) with various stakeholders including representatives from health facilities and government offices. This approach will provide valuable insights on the use of health information systems in the country. KIIs and focus group discussions (FGDs) will be conducted and transcribed. As such, the project seeks to hire a consultant who will be responsible for the analysis of the qualitative information gathered during the KIIs and FGDs.

4. Scope of Work, Deliverables, and Schedule of Payment Releases

Under the guidance and technical oversight of a PIDS Research Fellow who serves as the Project Director, the Consultant¹ is expected to work with the Project Team and undertake the following tasks/activities²

- 1. Conduct qualitative data analysis based on the results of the KIIs and FGDs.
- 2. Review data and ensure its validity and reliability.
- 3. Conduct desk reviews and gather secondary data using the project's data gathering tool.
- 4. Analyze, interpret, and present the data to develop the study's findings and recommendations.
- 5. Provide policy recommendations based on the results of the analysis.
- 6. Sign a Non-Disclosure Undertaking with PIDS. Any information gathered and generated in the implementation of the project shall be processed subject to the applicable provisions of the Republic Act No. 10173, known as the "Data Privacy Act of 2012" and its Implementing Rules and Regulations and relevant issuances of the National Privacy Commission (NPC).
- 7. Others as may be assigned by the Project Director.

The Consultant will prepare the following outputs based on the schedule below:

Activities and Deliverables	Due Dates ³	Payment Tranches
Inception Report, including workplan	August 22, 2024	15%
• Progress Report, including all updates on scope of work items 1-5	September 5, 2024	40%

² If the consultant needs to undertake physical/face-to-face interviews and data collection and related activities, the consultant has to ensure compliance with existing and future policies, rules, and resolutions as may be issued by concerned government agencies pertaining to health and safety.

¹ The consultant may be an individual or a firm.

³ Due dates are indicative and subject to change after another round of review after the draft contract's availability. The adjusted timelines will be reflected in the Contract.

 Draft Report/Discussion Paper⁴, including preliminary analyses. Presentation in a Research Workshop 	September 26, 2024	20%
 Final Report/Discussion Paper, addressing comments to the Draft Reports and comments from the Research Workshop⁵ Terminal Report Turnover of draft and materials used together with Certification indicating the turnover, as well as the deletion, of such data and that it will allow PIDS to verify if the data is complete. 	November 25, 2024	25%

NOTE: Payments will be based on the acceptance and approval by PIDS of the corresponding outputs

5. Qualifications of the Consultant

Education

 At least bachelor's level degree in public health, health management, health policy, health service delivery, information systems, statistics, data science, social sciences, and other relevant disciplines.

Experience

- At least 3 years of relevant experience in data analysis.
- One year of relevant experience in data quality assurance, data visualization, and reporting is desired.

Skills

 Advanced skills in mixed-methods research, information systems, and monitoring, and evaluation

⁴ For applicable outputs, the draft and final reports submitted by the consultants should be aligned with the following guidelines: PIDS' Guide in the Preparation of Manuscript for Publication and General Guidelines in Preparing and Formatting a PIDS Discussion Paper, Guidelines in the preparation of Policy Notes.

⁵ For research outputs that will be released as a PIDS Discussion Paper (DP), the consultant shall prioritize the publication outlets of PIDS, particularly the peer-reviewed Philippine Journal of Development (PJD) and Research Paper Series (RPS). If the DP is not selected by PIDS Management for publication either as a PJD article or an RPS issue, the consultant may identify other dissemination outlets outside of PIDS. Guidelines for Authorship in PIDS Research Projects shall apply.

6. Project Duration

The engagement will commence upon the signing of the contract until December 31, 2024⁶, on a parttime basis. The work must be completed by within this period, and no man days will be chargeable after this date.

7. Approved Budget for the Contract

The approved budget for this consulting service is up to PHP 320,000.00 depending on the qualifications. This amount does not include travel and accommodation during fieldwork. PIDS will shoulder the cost of fieldwork, if any. PIDS shall not cover hospitalization and other COVID-related health expenses of the consultant as no employer-employee relationship exists between the PIDS and the Consultant.

8. Evaluation Criteria

a. Evaluation Criteria:

Consultants will be evaluated based on the following criteria:

Consultant's Qualifications:	50%
a. Education	
 At least bachelor's level degree in public health, health management health policy, health service delivery, information systems, statistics, data science, social sciences, and other relevant disciplines. 	
b. Experience	
At least 3 years of relevant experience in data analysis.	
 One year of relevant experience in data quality assurance, data visualization, and reporting is desired. 	
Advanced skills in mixed-methods research, information systems, and monitoring, and evaluation	l
Plan of approach and methodology:	50%
a. Clarity, feasibility, innovativeness, and comprehensiveness of the approach.	
b. Incisive interpretation of problems and suggested solutions.	
Total	100%

⁶ Due dates are indicative and subject to change after another round of review after the draft contract's availability. The adjusted timelines will be reflected in the Contract.

b. Detailed rating sheet (see attached file)

Prepared by: DR. VALERIE GILBERT T. ULEP

Senior Research Fellow and Project Director

Reviewed by: MS. CHRISTINE RUTH P. SALAZAR

Division Chief II, RPMD

Digitally signed by Ajayi Renee Ann Jolina Catibog

Approved by:

Department Manager III, RSD