



## REQUEST FOR PROPOSAL

1. The Philippine Institute for Development Studies (PIDS) invites all eligible individual consultants to submit proposals for the **Stakeholder Engagement and Communications Consultant for Universal Healthcare (UHC) Provider Payment Reforms in the 2023 Comprehensive Outpatient Benefit Package and Coordinated Approach to Community Health Towards UHC Project: Baseline Assessment of the Implementation of Provider Payment and Outpatient Benefit Reforms in the Philippines.**
2. The Approved Budget for the Contract (ABC) is **PhP337,400.00.**
3. Interested consultants must submit the following documents using PIDS the prescribed forms:
  - a) Curriculum Vitae of the proposed Consultant(s)<sup>1</sup>
  - b) Technical Proposal Form<sup>1</sup>
  - c) Financial Proposal Form<sup>1</sup>
  - d) Filled out Data Privacy Notice and Personal Data Protection Form<sup>1</sup>
  - e) Statement of Completed contracts<sup>2</sup>
  - f) Statement of All Ongoing and Awarded But Not Yet Started Contracts<sup>2</sup>
  - g) Notarized Omnibus Sworn Statement (for ABC above PhP50,000.00)<sup>1</sup>
  - h) Income/Business Tax Returns (for ABC above PhP500,000.00)<sup>1</sup>
  - i) PhilGEPS Registration Number (certificate or screenshot)<sup>1</sup>
  - j) Valid Mayor's/Business Permit (Firm) or BIR Certificate of Registration<sup>3</sup> (Individual).
4. Interested consultants may obtain further information from the Procurement Management Division at telephone via email at [procurement@pids.gov.ph](mailto: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 **24 September 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](mailto: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. VALERIE GILBERT T. ULEP**  
Chairperson  
PIDS-BAC for Consultancy Services

Reference No.:2024-309

<sup>1</sup>Applicable for individual consultants and firms

<sup>2</sup>Applicable for firms only

<sup>3</sup>Individual consultants must issue Official Receipt (OR) during payment.

**Philippine Institute for Development Studies**  
**TERMS OF REFERENCE**

**Stakeholder Engagement and Communications Consultant**  
**for**  
**Universal Healthcare (UHC) Provider Payment Reforms in the 2023 Comprehensive Outpatient Benefit Package (COBP) and Coordinated Approach to Community Health Towards UHC (CATCH) Project: Baseline Assessment of the Implementation of Provider Payment and Outpatient Benefit Reforms in the Philippines<sup>1</sup>**

## 1. Background and Rationale

Universal Health Coverage (UHC) is a global goal that ensures that everyone can access essential health services without financial hardship. To achieve this, the Universal Health Care Act of 2019 was passed in the Philippines. This Act mandates the Philippine government to take significant steps towards achieving UHC by expanding access to quality healthcare services, especially for the poorest and most vulnerable communities. This includes PhilHealth adopting Disease-Related Group (DRG) and capitation in paying for inpatient and outpatient care services, respectively. The DRG-based system classifies inpatient hospital cases based on similar clinical characteristics and resource utilization. DRG-based payment systems can incentivize hospitals to focus on patients with less complex diagnoses, who are more likely to be assigned to higher-paying DRGs. Currently, this payment reform is one of the most commonly used systems to reimburse hospitals for their services based on these classifications.

This study operationalizes the evaluation of provider payment reforms and the expansion of outpatient health insurance (i.e., KONSULTA) under the UHC Act (2019). The Department of Health (DOH) and PhilHealth plan to pilot DRGs implementation and outpatient benefit package (which uses a capitation payment system) in select provinces in the country under the CATCH Program by the third to the fourth quarter of 2023. Hence, assessing whether these provider payment reforms will impact health sector goals (i.e., improve efficiency, quality, and equity of healthcare services), at least in pilot sites, is critical.

## 2. Objectives

Generally, the objective of the study is to conduct a baseline assessment of the local health system in the eight (8) CATCH pilot sites (control and intervention provinces).

Specifically, the study aims to:

- a. Develop a comprehensive framework as the lamppost for evaluating province-wide health sector reform under the UHC Act. This will inform the development of tools for the baseline assessment survey of population, healthcare providers, and facilities.
- b. Conduct baseline assessment in the four (4) pilot sites and four (4) control sites of the CATCH program capturing the following broad health indicators on the following domains:
  - a. Population-level
    1. Health outcomes (e.g., self-rated health or HRQL)
    2. Perception of need, including health literacy

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<sup>1</sup> The Consultant may be an individual or a firm.

3. Healthcare access, coordination, and integration dynamics
  4. Health expenditures and financial protection,
  5. Quality of care
- b. Healthcare facilities, including leaders
1. Supply-side readiness
  2. Staffing patterns
  3. Facility financing (e.g., revenue sources and expenditure)
  4. Management and leadership dynamics (e.g., talent and performance management),
  5. Multi-sectoral programs
  6. Quality of care (including patient safety)
  7. Patient load
- c. Provider behaviors
1. Compensation, benefits, and welfare
  2. Referral and coordination practices
  3. Quality of care

### 3. Objectives of the Engagement

To operationalize the provider-payment and outpatient benefit package reforms introduced by the Universal Health Care (UHC) Act of 2019, engaging and building the capacity of stakeholders—including but not limited to PhilHealth and the DOH—is critical. Thus, there is a need to engage a **Stakeholder Engagement and Communications Consultant** to lead the implementation and monitoring of all communications and capacity-building activities for the project. This is essential to ensure the long-term sustainability of the reforms.

### 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 Consultant is expected to work with the Project Team and undertake the following tasks/activities:<sup>2</sup>

1. Participate in stakeholder consultations organized by PhilHealth and PIDS for relevant studies under the PIDS-DOH-PHIC partnership, engaging stakeholders such as:
  - a. Main Clients: PhilHealth Universal Health Care Surge Team, Department of Health OSEC-Office of Assistant Secretary, Department of Health Disease Prevention and Control Bureau
  - b. PhilHealth Technical Units: DRG Technical Working Group (TWG), Task Force Informatics (TFI), Benefits Development and Research Department (BDRD), Standards and Monitoring Department (SMD), among others
  - c. DRG Experts: World Bank Philippines, Thailand Case Mix Center
  - d. Clinical and Coding Experts: Philippine Surgical and Medical Societies, Clinical Coding Societies
  - e. Non-Health Care Sector Stakeholders: Health care providers, patient organizations academe, non-government organizations (NGOs), development partners, members of Congress, PIDS offices, and board;

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<sup>2</sup> 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.

2. Lead creation of stakeholder mapping and communications/messaging plan for stakeholder engagement:
  - a. Identify the relevant end-users for each study product, action points for each stakeholder, and communication materials required following the action points;
  - b. Develop communication tools and events for stakeholder engagement and disseminating updates on PPM reforms;
  - c. Develop the slide decks required for and present during the stakeholder consultations building on the available technical materials by the study team;
  - d. Coordinate with the stakeholders on any inquiries and concerns relevant to the technical component of the studies conducted;
3. Lead the drafting of Diagnosis-Related Group (DRG) governance protocol, including
  - a. Specific steps/phases of the governance process and their timelines
  - b. Stakeholder roles and responsibilities
  - c. Transparency engagement charter/guidelines
4. 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); and
5. Perform such other professional, highly technical, and confidential duties and responsibilities as the Research fellow may assign from time to time.

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

<b>Activities and Deliverables</b>	<b>Due Dates</b>	<b>Payment Tranches</b>
<b>Inception Report</b> - including Work Plan on all the activities in the Scope of Work	1 week after signing	15%
<b>Progress Report 1</b> – including <ul style="list-style-type: none"> <li>- progress status on all the activities in the Scope of Work</li> <li>- Draft stakeholder mapping and communications/messaging plan</li> </ul>	October 30, 2024 (Month 2)	25%
<b>Progress Report 2</b> – including <ul style="list-style-type: none"> <li>- progress status on all the activities in the Scope of Work</li> <li>- Draft DRG governance protocol</li> </ul>	November 31, 2024 (Month 3)	25%
<b>Revised versions of</b> <ul style="list-style-type: none"> <li>- stakeholder mapping and communications/messaging plan</li> <li>- DRG governance protocol</li> </ul> <b>Terminal Report</b> – including all accomplishments on all the activities in the Scope of Work <b>Turnover of data and materials used</b> together with Certification indicating the turnover of data as well as the deletion of such data and that it will allow PIDS to verify if the data is complete	December 15, 2024 (Month 4)	35%

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

## 5. Qualifications of the Consultant

Education	<b>Medical Doctor (MD) and/or with at least Master’s Degree</b> in health sciences, public health, development communication, business administration, or related fields
Experience	At least 2-3 years of professional experience in health financing, public health systems, clinical practice, communications, or fields related to the scope of work
Competencies	<ul style="list-style-type: none"> <li>• Intermediate level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills</li> <li>• Advanced level functional competencies: data processing, problem solving and analysis, dissemination, and technical writing</li> <li>• Advanced skills in communication and capacity-building activities</li> </ul>

## 6. Project Duration

The engagement will commence upon the signing of the contract until **December 31, 2024**, on a part-time basis. The Consultant’s work must be completed 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 337,400.00**, 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

Applicant consultants will be reevaluated based on the following criteria:

<p>Consultant Qualifications</p> <p>Education</p> <ul style="list-style-type: none"> <li>• <b>Medical Doctor (MD) and/or with at least Master’s Degree</b> in health sciences, public health, development communication, business administration, or related fields</li> </ul> <p>Training and experience</p> <ul style="list-style-type: none"> <li>• At least 2-3 years of professional experience in either health financing, public health systems, clinical practice, communications, or related fields</li> </ul> <p>Competencies</p> <ul style="list-style-type: none"> <li>• Intermediate level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills</li> </ul>	50%
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<ul style="list-style-type: none"><li>• Advanced level functional competencies: data processing, problem solving and analysis, dissemination, and technical writing</li><li>• Advanced skills in communication and capacity-building activities</li></ul>	
Plan of approach and methodology; <ul style="list-style-type: none"><li>• Clarity, feasibility, innovativeness, and comprehensiveness of the approach</li><li>• Incisive interpretation of problems and reflection on suggested solutions</li></ul>	50%
Total	100%

b. Detailed rating sheet (see attached file)

Prepared by:   
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Project Director

Reviewed by:   
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Division Chief II, RPMD

Approved by: **RENEE ANN JOLINA C. AJAYI**  
Department Manager III, Research Services