TERMS OF REFERENCE

SUPPORT TO POLICY DEVELOPMENT FOR THE IMPROVEMENT OF SERVICE DELIVERY NETWORKS IN THE PROVISION OF TOBACCO CESSATION SERVICES

I. Background

Tobacco use remains a major cause of health problems globally. Currently, there is approximately 1.3 billion smokers in the world, and around 4.9 million deaths per year due to tobacco use. If such trend continues, deaths will continually increase to 10 million by the year 2020, 70% of which will be coming from countries like the Philippines (Source: The Role of Health Professionals in Tobacco Control ,WHO, 2005).

In response to the global epidemic, the WHO Framework Convention on Tobacco Control (WHO FCTC) was ratified in 2005 and has since guided the member states towards establishing effective tobacco control strategies. The Philippines ratified the FCTC on February 22, 2005, which approved the Philippine Senate Resolution No. 195 or the '*Resolution Concurring in the Ratification of the Framework Convention on Tobacco Control*.' Having been ratified by the government, the FCTC is considered as part of the law of the land. It is the country's obligation to comply with the treaty and ensure that utmost priority is given to public health over other interests.

With this, WHO introduced the MPOWER measures to assist in reducing the demand for tobacco products at a country level. MPOWER stands for **M**onitoring tobacco use and prevention policies; **P**rotecting people from tobacco smoke; **O**ffering help to quit tobacco use; **W**arning about the dangers of tobacco; **E**nforcing bans on tobacco advertising, promotion and sponsorship; **R**aising taxes on tobacco.

In the county, efforts have been initiated to coordinate and implement tobacco control. The 2015 Global Adult Tobacco Survey showed a decrease on tobacco/cigarette smokers from 28.3% in 2009 to 21.5% in 2015. The National Nutrition and Health Survey report also shows a decrease in tobacco smokers from 34.8% in 2003 to 23.3% in 2015.

In order for a comprehensive Tobacco Control Program to exist based on the WHO FCTC Guidelines, the country has yet to establish a strong network of individuals equipped with skills to confidently offer/assist current tobacco users to quit as well as a sustainable monitoring scheme on tobacco use. The current policy on tobacco cessation must be reviewed and strengthened where gaps may be identified. A functional referral network system must be in place, as front health workers are capacitated on offering brief tobacco intervention services as well as those who offer intensive tobacco intervention.

II. Objectives

1. To identify gaps in current policies particularly on the establishment of a referral network, which shall help the effective implementation of a tobacco cessation service in the country
2. To revise existing or develop supplementary policy on the establishment of a referral network
3. To develop localized existing modules, training/counseling materials, and IECs for training use and distribution
4. To pilot test the developed BTI modules and materials

III. Scope of Work

The duties/responsibilities of the Technical Assistance (TA) provider/ project proponent are the following:

1. Submit inception report, with budget requirement and detailed work plan;
2. Convene and obtain approval of the Technical Working Group on the proposed implementation plan;
3. Convene series of consultative meetings/workshops/writeshops to identify gaps in the existing policy on tobacco cessation;
4. Contribute to the development and revision of existing policies on management of tobacco dependence, including an effective referral network and capacity building on brief tobacco intervention service provision;
5. Localize BTI modules, training manuals, training materials and IECs;
6. Pilot test the BTI modules and materials developed;
7. Perform tasks relevant to the completion of the project ;
8. Work closely and provide regular updates to DPCB-LRDD and HPDPB;
9. Present project outputs in meetings upon request of DPCB-LRDD and HPDPB; and
10. Submit all required reports and deliverables.

IV. Deliverables / Expected Output

1. Inception report shall include concept, time table and with costed work plan
2. Monthly progress reports
3. Consultative meeting/workshop/writeshop design and materials for policy review and revision/development
4. Revision of existing or development of a policy guideline on the diagnosis and management of tobacco dependence
5. Workshop design and materials for the localization of BTI module, materials and IECs
6. Results and recommendations on the pilot testing of the BTI module and materials
7. Final accomplishment report which includes deliverables as stated above
   a. Four (4) printed copies of the final accomplishment report
   b. Electronic copies of the final accomplishment report in PDF and editable document (i.e. .docx) format including annexes
   c. Two (2) sets of hard copy of BTI manual, training materials and IEC including camera ready (BTI manual, training materials and IEC)

V. Estimated Duration of Engagement

All deliverables shall be submitted by the ***first (1st) week of December 2017***.

VIII. Budget Requirements and Release

Budget ceiling of **FOUR MILLION PESOS (Php 4,000,000)**. Budget release shall be based on the submission of expected outputs and shall be released on a tranche basis. Other deliverables may be added as required by the PCHRD.

Tranche	Expected Output
First tranche 40%	➢ Signed MOA ➢ Inception report (shall include concept, time table and with costed work plan)
Second tranche 30%	➢ Monthly progress reports ➢ Consultative meeting/workshop/writeshop design and materials for policy review and revision/development
Third tranche 20%	➢ Monthly progress reports ➢ Documentation of consultations ➢ Workshop design and materials for the localization of BTI module, materials and IECs
Last tranche 10%	➢ Revision of existing or development of a policy guideline on the diagnosis and management of tobacco dependence ➢ Results and recommendations on the pilot testing of the BTI module and materials ➢ Final accomplishment report

IX. Implementation Arrangement

1. Contact

DR. MA. ELIZABETH I. CALUAG
Medical Officer V
Lifestyle-Related Diseases Division, DPCB
3/F, Bldg. 14, San Lazaro Compd., DOH, Sta. Cruz, Manila

DR. MA. CRISTINA R. GALANG
Medical Specialist IV
Technical Officer for Tobacco Control
Lifestyle-Related Diseases Division, DPCB
3/F, Bldg. 14, San Lazaro Compd., DOH, Sta. Cruz, Manila

DR. BEVERLY LORRAINE C. HO
Chief, Health Research Division
Health Policy Development and Planning Bureau
Department of Health
San Lazaro Compound, Tayuman, Sta. Cruz, Manila

Tel. no 781-4362

2. Project Management

The TA provider/ project proponent shall lead the management of this project in consultation with DPCB-LRDD and HPDPB.

3. Reporting Obligation, Notices, and Approval Process

a. The TA provider/ project proponent shall coordinate closely with DPCB-LRDD and PCHRD throughout the duration of the engagement;
b. The TA provider/ project proponent shall periodically update DPCB-LRDD, HPDPB, and PCHRD on the progress of work;
c. DPCB-LRDD and HPDPB shall have the prerogative to call for a meeting anytime as warranted. The TA provider/ project proponent shall likewise make same request as deemed necessary; and
d. DPCB-LRDD, HPDPB, and PCHRD shall have the primary responsibility for the acceptance of the project deliverables.
e. PCHRD shall have the primary responsibility for processing of payment/ tranche releases.

4. Responsibilities of the TA Provider/ Project Proponent

a. Abide by all the terms and conditions stipulated in this engagement;
b. Be responsible for the timely provision of all outputs and conduct of activities that are necessary within the time schedule/ implementation schedule agreed upon; and
c. Coordinate all activities with DPCB-LRDD and HPDPB.

5. Responsibility of DPCB-LRDD

a. Provide technical assistance and reference materials as needed
b. Provide directions and inputs relevant to the conduct of the project activities
c. Co-monitor the work progress of the TA provider/ project proponent
d. Assist the TA provider/ project proponent in administrative matters

6. Responsibility of HPDPB

a. Co-monitor the work progress of the TA provider/ project proponent
b. Provide additional assistance to the TA provider/ project proponent in administrative matters, if required

7. Responsibility of PCHRD

a. Allocate and provide the project cost/amount to the TA provider/ project proponent
b. Be primarily responsible for the monitoring of work progress of the TA provider/ project proponent including the complete and timely submission of deliverables
c. Release tranche upon receipt of reports and other related deliverables from the TA provider/ project proponent

X. Proprietary Rights/ Ownership

The final output/results of the study/project shall be the sole ownership of the Department of Health. No part of the outputs/results may be reproduced or stored in a

retrieval system, or transmitted in any form or by any means, electronic, mechanical or photocopying, recording or otherwise, without the prior written permission of the DOH.

XI. Desired Qualifications of TA Provider/ Project Proponent

Type: Institution

1. Engaged in the field of public health and systems development for at least three (3) years
2. With an efficient team of clinical expertise on tobacco cessation , artist/illustrator capable of creating good lay-outs and designs for module materials
3. With good communication and facilitation skills (written and oral)
4. Has good track record and extensive client portfolio

*****

Prepared by:

MA. CRISTINA GALANG, MD, MPH
Medical Specialist IV
Technical Officer for Tobacco Control

Recommending Approval:

MA. JOYCE U. DUCUSIN, MD, MPH
OIC – Director III, Disease Prevention and Control Bureau

Approved by:

MARIO S. BAQUILOD, MD, MPH
OIC – Director IV, Disease Prevention and Control Bureau