



April 10, 2025

## NOTICE OF AWARD

**LUCITA S. LAZO**

9-14 Blackburn St. Neopolitan Brittany,  
Fairview, Barangay Pasong Putik, Quezon City  
Tel No. +63917 – 5248998  
Email: samontelazo@gmail.com

Dear Sir/Madam,

Please be advised that an **Alternative Methods of Procurement via Negotiated Procurement – Highly Technical Consultants** is used by the National Center for Mental Health – Bids and Awards Committee for Contract Services and Consultancy for the **Procurement of Consultancy Service for the Development of the National Mental Health Information System (Phase III) CY 2025** and is hereby awarded to your company for the following:

NO	ITEM DESCRIPTION	QTY/ UOM	UNIT PRICE	TOTAL PRICE
01	<p><b>Project Title: Development of the National Mental Health Information System (Phase III) CY 2025</b></p> <p><b>I. General Objective</b> To develop the <u>National Mental Health Information System</u> to support the implementation of the Philippine Mental Health Act and the National Mental Health Program on the collection of reliable data and information pertaining to mental health</p> <p><b>II. Specific Objective:</b> Overall: To procure the services of a consultant to develop the National Mental Health Information System with the following specific objectives:</p> <ul style="list-style-type: none"><li>a. To sustain the development, launching and implementation of the Administrative Data System (ADS) based on the results of the piloting in Phases I and II;</li><li>b. To sustain the development, launching and implementation of the Research Portal (RP) consistent with the proposed architecture of the MHIS developed in Phases I and II;</li><li>c. To undertake the digital maturity assessments of the main data sources, the NCMH and comprehensive mental health centers to lay the ground for the development of the Patient Data Warehouse</li><li>d. To develop a prototype of the Suicide Surveillance System (SSS)</li></ul> <p><b>III. Scope of Works:</b> <b>Data Governance (DG)</b> 1. Develop the preliminary DG for the MHIS</p>	1 / Lot	Php5,000,000.00	Php5,000,000.00

**There is no Health without Mental Health**



<div>2. Organize stakeholder meetings and workshops to generate inputs and consensus on DG</div> <div>3. Generate and formalize stakeholder and agency commitments as contributors and users of the MHIS</div> <div>ADS and RP</div> <div>1. Undertake stakeholder consultation, meetings and workshops to facilitate the implementation of the ADS and the RP</div> <div>2. Conduct training of agency focal teams/IT for the effective coordination of data entry, data curation and data coordination</div> <div>3. Catalyze and oversee the encoding of data from national agencies into the ADS and the RP</div> <div>4. Iterate activities as needed, toward the continuing improvement of the ADS and RP software</div> <div>PDW</div> <div>1. Assess the mental health patient data landscape</div> <div>2. Assess the digital maturity of the main data sources (hospitals)</div> <div>3. Develop a strategy for implementation of the PDW</div> <div>4. Consultative discussions with the NCMH-MHIS Committee</div> <div>Suicide Surveillance System (SSS)</div> <div>1. Conduct a requirements analysis (RA) for the SSS</div> <div>2. Preliminary development of the SSS</div>															
<table><tr><th>SCOPE OF WORK (ACTIVITIES)</th><th>Time Frame</th><th>Outputs</th><th>Deliverables</th></tr><tr><td><div>Formation of Work Teams</div><div><div>- Draw up TOR of staff</div><div>- Staff recruitment</div><div>- On-boarding and orientation of staff</div><div>- Org structure and Tasking</div></div></td><td><div>Months 1 to 4</div></td><td><div>MHIS Teams formed</div></td><td><div>Inception Report to include workplan and activities &amp; time frames, milestones</div></td></tr><tr><td><div>Data Governance (DG)</div><div><div>- Draft TOR for stakeholders and participating agencies as data users and data contributors</div><div>- Organize relevant stakeholders for the ADS and RP who will contribute and use the ADS and RP</div><div>- Coordination with KMITS, DOH-MHD, DICT</div></div></td><td><div>Months 1 to 4</div><div>Months 5 to 10</div></td><td><div>Data Governance , stakeholder agreements</div></td><td></td></tr></table>	SCOPE OF WORK (ACTIVITIES)	Time Frame	Outputs	Deliverables	<div>Formation of Work Teams</div> <div><div>- Draw up TOR of staff</div><div>- Staff recruitment</div><div>- On-boarding and orientation of staff</div><div>- Org structure and Tasking</div></div>	<div>Months 1 to 4</div>	<div>MHIS Teams formed</div>	<div>Inception Report to include workplan and activities &amp; time frames, milestones</div>	<div>Data Governance (DG)</div> <div><div>- Draft TOR for stakeholders and participating agencies as data users and data contributors</div><div>- Organize relevant stakeholders for the ADS and RP who will contribute and use the ADS and RP</div><div>- Coordination with KMITS, DOH-MHD, DICT</div></div>	<div>Months 1 to 4</div> <div>Months 5 to 10</div>	<div>Data Governance , stakeholder agreements</div>				
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	<ul style="list-style-type: none"> <li>- Sustain discussion with stakeholders and agencies until firm commitments are made</li> </ul>					
	<b>Administrative Data System (ADS)</b> <ul style="list-style-type: none"> <li>- Review the indicators from an informatics perspective</li> <li>- Organize meetings with PCMH member agencies for data governance</li> <li>- Arrange for agency focal teams to coordinate with the MHIS team for data entry</li> <li>- Conduct training of focal teams/IT</li> <li>- Trial encoding of data</li> <li>- Continuing encoding of data</li> </ul>	Months 5-10	Data uploaded to the ADS	<b>Progress Report to focus on the Implementation of the ADS and the RP</b>		
	<b>Research Portal (RP)</b> <ul style="list-style-type: none"> <li>- Convene the stakeholders' meeting and/or individual meetings with academic/research organizations</li> <li>- Arrange for the training of the focal teams/IT units</li> </ul>	Months 5-10	Data uploaded to the RP			
	<b>Suicide Surveillance System (SSS)</b> <ul style="list-style-type: none"> <li>- Conduct the requirements analysis (RA) for the SSS</li> <li>- <b>Preliminary development of the SSS</b></li> </ul>	Months 5 to 10		Final Report <ul style="list-style-type: none"> <li>• RA document</li> </ul>		
	<b>Patient Data Warehouse (PDW)</b>	Months 9-10	Assessment of Digital Maturity of	<ul style="list-style-type: none"> <li>• Report on the Assessment</li> </ul>		

		<div>the DOH-Comprehensive MH Centers</div> <div>Design of the PDW and implementation plan based on the assessments</div>	<div>of DOH hospitals</div> <div>• Recommendations for Design and Implementation of the PDW</div>								
<div>IV. Deliverables / Output:</div> <div><p>This project is the continuation of the <b>Phase II - Preparation, Design and Feasibility Check for a Digitalized Mental Health Information System</b> which endeavored to lay the foundation for the design of the Mental Health Information System by defining the information and data requirements through systematic stakeholder consultation. This also established the current and the "desired" data flow based on the outcomes of the analysis of benchmarking information as well as the stakeholders' responses and ground-level feedback from system implementers. This phase determined the readiness of the stakeholders for digitalization of the MHIS and the needed practical measures to level up their attitude toward digitalization. This phase has been covering the first two project years and will serve as inputs to part II.</p><p>Consequently, this <b>Phase III – Preliminary Implementation of the Digitalized Mental Health Information System</b>, will be the continuation of the initial two phases in the development of the national mental health information system.</p><p>This phase will continue the development of the system and implement the Administrative Data System (ADS) based on the results of Phases I and II, develop and pilot the Research Portal (RP), and lay the ground for the development of the Patient Data Warehouse (PDW) consistent with the proposed architecture in Phases I and II.</p><p>The entire project is expected to come up with:</p><div><div>1. Administrative Data System (ADS) with essential adjustments to be based on indicators in the Strategic Mental Health Plan 2023-2028, populated with data from national government agencies</div><div>2. Research Portal (RP) pre-populated with data from participating academic and research institutions</div><div>3. <b>Preliminary development of the Suicide Surveillance System (SSS)</b></div><div>4. Assessments for the Patient Data Warehouse (PDW)</div></div><p>The MINIMUM outputs or deliverables shall include the following during the Contract Execution Stage</p></div> <table><tr><th>Act</th><th>Scope of Works</th><th>Deliverables</th></tr><tr><td>1</td><td><div>A <b>Data Governance</b> Committee will be formed to develop a data governance policy document and to provide guidelines the</div></td><td><div><b>Inception Report</b> should include: work plan i.e. activity milestones &amp; time frame and report on</div></td></tr></table>						Act	Scope of Works	Deliverables	1	<div>A <b>Data Governance</b> Committee will be formed to develop a data governance policy document and to provide guidelines the</div>	<div><b>Inception Report</b> should include: work plan i.e. activity milestones &amp; time frame and report on</div>
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		<p>implementation, data handling and utility, and monitoring/evaluation of the MHIS related to research.</p> <p>Stakeholder Consultations on the Data Governance Scheme. A series of consultations will be organized such as consultations with primary stakeholders (data producers and users); and consultations with Core MHIS Group which includes the NCMH. The stakeholder consultations should cover the:</p> <ul style="list-style-type: none"> <li>▪ agencies of the PCMH to review the indicators from an informatics perspective and actions needed to improve/enhance the indicator data</li> <li>▪ stakeholders involved in mental health research including the Philippine Council for Health Research and Development (PCHRD), academe/higher education institutions, non-government organizations, donors and funding institutions, facilities and private organizations.</li> <li>▪ Analysis should include information on the readiness for <i>digitalization</i> of the hospitals and the anticipated challenges in digitalization when it comes to research and health facilities.</li> </ul>	<p>the progress of activities for the three systems under development i.e. ADS, RP, PDW.</p>			
	2	<p><b>Assessment of the DOH Hospitals' Digital Maturity.</b> The report will establish the need for and feasibility of digitalization, including the obstacles and challenges to realize it. The report will also indicate the requisite resources i.e. financial, human resources and technological.</p>	<p><b>Progress Report.</b> This report will assess the digital readiness of the hospitals and what practical measures are needed to address the gaps and limitations.</p>			
		<p><b>Progress on the Implementation of the ADS and RP</b> in the participating agencies. Available data on MH in school, workplaces and community settings will</p>				

	be analyzed and tested for their adequacy for policy development.	
3	<b>Preliminary development of the SSS.</b> Building on the DOH initiative, the MHIS team will come up with a <b>model data</b> of the Suicide Surveillance System.	<b>Final Report</b> • <b>End of Phase III Status of the Implementation of ADS and RP</b>
	<b>Status Report on the Implementation</b> of the Administrative Data System (ADS), the Research Portal (RP), and the preliminary assessments for the Patient Data Warehouse (PDW)	

**Standard Requirements for Deliverables:**

1. All deliverables must have acceptance, as proof of approval.
2. Four (4) sets of hard copies and **a soft copy** of the deliverables shall be submitted.

**V. Project Site:**

National Center for Mental Health, Nueve de Pebrero St., Brgy. Mauway, Mandaluyong City

**VI. Implementation Arrangements:**

**A. Obligations of the NCMH:**

1. Designate respective focal persons or a Technical Working Group who will coordinate with the Consultant with regards to the technical and administrative requirement of the project;
  - a. Oversee the overall conduct of activities, as well as the crafting of required deliverables as defined and agreed upon in the Contract.
  - b. Provide assistance in coordinating the activities needed to execute the project.
  - c. Ensure the accuracy of all information and/or data to be supplied to the Consultant except when otherwise expressly stated in the Contract.
  - d. Assist in coordinating with and issuing instructions as may be necessary and appropriate to other government agencies for the prompt and effective implementation of the services.
  - e. Attend training or any related activities that the Consultant will conduct.
2. Evaluate the overall conduct of the project, and review and approve the project deliverables;
  - a. Make prompt reviews of the Consultant's deliverables.
3. Make available all information, data, and other requirements needed for the implementation of the project;
  - a. Timely provision of all resources, access, information, and decision-making under its control (e.g. provision of a conducive place/area to act as the data center; provision of leased-line Internet connectivity to the data center) which are necessary for the project and as identified in the Agreed Inception Report and/or Updated Project Plan, except where provision of such items is explicitly identified in the Contract as being the responsibility of the Consultant. Delay by the end-users may result in an appropriate extension of the time for

	<p>operational acceptance or accomplishment/ conclusion of the project as agreed by both parties</p> <p>b. Prepare and process relevant issuances (i.e. hospital order, memorandum, etc.) and other related documents.</p> <p>c. Provide sufficient, properly qualified operating and technical personnel, as required by the Consultant to properly carry out the project at or before the time specified in the Terms of Reference, and/or Updated Project Plan.</p> <p>d. Designate appropriate staff to make all appropriate logistical arrangements, if necessary; and</p> <p>4. Provide the budgetary requirements needed in the project implementation.</p> <p>a. Endorse for payment of the Consultant upon presentation of the required materials, documents and other outputs, the amount due from receipt of claims supported with documents subject to acceptance of deliverables by the Technical Working Group.</p> <p><b>B. Consultant</b></p> <p>1. Perform the services and carry out the obligations with all assiduousness, efficiency, and economy, in accordance with generally accepted professional techniques and practices, and shall observe sound management practices, and employ appropriate advanced technology and safe methods.</p> <p>2. Conduct all activities with due care and diligence, in accordance with the Contract and Terms of Reference, and with the skill and care expected of a competent provider of the services required.</p> <p>3. Acknowledge that any failure to acquaint itself with all such data and information shall not relieve its responsibility for properly estimating the difficulty or cost of successfully performing the Contract.</p> <p>4. Timely provision of all resources, information, and decision making under its control that are necessary to reach a mutually agreed Updated Project Plan within the time schedule specified in the Terms of Reference. Failure to provide such resources, information, and decision making may constitute grounds for termination.</p> <p>5. Comply with all laws in force in the Philippines. The laws will include all national, provincial, municipal, or other laws that affect the performance of the Contract and are binding upon the Consultant. The Consultant shall indemnify and hold harmless the NCMH from and against any and all liabilities, damages, claims, fines, penalties, and expenses of whatever nature arising or resulting from the violation of such laws by the Consultant or its personnel, including the sub-contractors and their personnel. The Consultant shall not indemnify the NCMH to the extent that such liability, damage, claims, fines, penalties, and expenses were caused or contributed to by a fault of the NCMH.</p> <p>6. Abide by all the terms and conditions stipulated in the project contract.</p> <p>7. Submit to the NCMH TWG the final materials, reports and documents specified in the contract, terms of reference, and agreed upon during negotiation.</p> <p>8. All outputs of the project such as specifications, designs, reports, and other documents, materials, data and/or software developed by the Consultant for the NCMH shall become and remain the property of the NCMH, and the</p>			
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	<p>Consultant shall not later than upon termination or expiration of the Contract, deliver all outputs to the NCMH, together with a detailed inventory thereof. The Consultant may retain a copy of outputs but use of are subject to the restrictions about future use of these outputs, documents and software, is subject to the approval of NCMH.</p> <p>9. Copyright. The Intellectual Property Rights in all deliverables shall remain vested in the owner of such rights.</p> <p>10. Personnel of the Consultant shall sign a Non-Disclosure Agreement to protect information that are confidential and/or sensitive information in which the loss of, misuse of, or unauthorized access to or modification can adversely affect the <i>national interest of the country, conduct of the NCMH's programs, or the privacy to which an individual is entitled.</i></p> <p>11. <b>For the purpose of security and confidentiality, the following are the arrangements:</b></p> <p>a. The NCMH and the personnel of the Consultant shall each keep confidential and shall not, without the written consent of the other party to the Project divulge to any third party any documents, data, or other information of a confidential nature, furnished directly or indirectly by any of the Parties in connection with the Project; or where the personnel of Consultant is the Receiving Party, generated by the personnel of Consultant in the course of the performance of its obligations under the Project and relating to the businesses, finances, employees, or other contacts of the NCMH or the NCMH's use of the System, whether such information has been furnished or generated prior to, during, or following termination of the Project.</p> <p>b. Data that maybe used for testing and actual operation of the system like data on patient or persons and licensing health facilities, goods, and services or other data that will encroach into the privacy of or jeopardize the interests of persons, and concerned entities or provide due advantage of third parties are considered confidential.</p> <p>c. NCMH shall not, without the Consultant's prior written consent, use any Confidential Information received from the Consultant for any purpose other than the operation, maintenance and further development and/or completion of the Project. Similarly, the Consultant shall not, without the NCMH's prior written consent, use any Confidential Information received from the NCMH for any purpose other than those that are required for the performance of the Project.</p> <p>12. For the purpose of review and approval of documents and other outputs by the NCMH, the following are the arrangements:</p> <p>a. The Consultant shall prepare and submit the materials or documents for the NCMH's approval or review through the TWG.</p> <p>b. Any part of the Project covered by or related to the documents to be approved by the NCMH shall be executed only after the approval of the documents. Likewise, all documents supporting progress payment shall have to go through the same process.</p> <p>c. Within three (3) working days after receipt by the TWG of any documents requiring NCMH's approval, the TWG shall either return one copy of the document to the</p>			
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Consultant with its approval endorsed on the output/document or shall notify the Consultant in writing of its disapproval of the document and the reasons for disapproval and the modifications required.

- d. Any document shall not be disapproved except on the grounds that the document does not comply with some specified provision of the Contract, satisfactory requirements of the Technical Working Group, or that it is contrary to good industry practice.

#### VII. Desired Qualification of the Consultant

The following qualifications shall be required in evaluating the Consultant:

Expertise required	<ul style="list-style-type: none"> <li>• Personal experience of project formulation or management of information system</li> <li>• Personal experience on organization, capacitation or implementation of mental health systems</li> <li>• Personal experience on management/governance of projects/programs national in scope</li> </ul>
Minimum number of years of experience	3 years
Minimum number of projects undertaken / managed of similar nature	1 successful project of similar nature

#### Key Personnel / Manpower:

- a. The data set development team shall be composed of technical staff involved in mental health systems or related health systems
- b. The system development team shall be composed of highly technical staff involved in or has experience in bioinformatics, data software/system enhancement/maintenance and implementation/expansion, and network rehabilitation and management including procurement, supervision, and management services. Specific expertise required includes execution of training and monitoring activities.
- c. The team shall be multi-disciplinary but may not necessarily be hired for the whole duration of the project:

Key staff	Educational Qualification	Experience	Training
Project Manager	With a graduate degree related to bioinformatics/informatics/information engineering or other related courses	At least 3 years of professional experience in IT project management with expertise in system development to implementation and maintenance	32 hours of IT or info systems project management

	Public Mental Health Professional	Doctorate of Medicine and specialty in psychiatry. Preferred: with graduate degree in Public Health/ Psychology/ Public Administration/ Governance or related fields. Desirable: with Fellowship or Diplomate status in psychiatry	At least 2 years of clinical/public mental health practice. Preferable: Previous work involving policy related to the Mental Health Act. Desirable: Experience with Community-Based Programs	8 hours relevant training			
	Project assistant coordinator	Graduate degree in business administration/ health economics or any relevant discipline	At least 2 years of professional experience in administrative & financial management	8 hours of relevant training			
	Information systems analysts/ program developers	Bachelor's degree or graduate degree in computer science, information technology informatics, applied mathematics and related courses	At least 18 months of professional experience in system analysis and design/development, programming, system implementation; with programming knowledge and skills on PHP scripting language, 10aravel, JQuery, Javascripts, JSON, tracing/debugging, GIT, noSQL/MongoDB/MySQL, Docker, API, SOAP, AJAX, and PHP security and best practices	16 hours relevant training			
	Database Administrator	Bachelor's degree or graduate degree in computer science, information technology informatics, MIS, computer	At least 18 months of professional experience in database design, administration and implementation	16 hours relevant training			

	engineering and related course	with knowledge and experience in Apache, MySQL, PHP, RDBMS, OODBMS and XML database management systems	
Network and security administrator	Bachelor's degree or graduate degree in computer science, information technology informatics, MIS, computer engineering and related course	At least 18 months of extensive experience in network infrastructure components and cabling( Hardware, VLANs), network security, both concepts and hardware and firewall management	16 hours relevant training

#### VIII. Terms of Payment

The following payment tranches shall be made upon submission of respective documents and records:

Tranche	Output/Deliverable	% of Total
First	<b>Inception Report.</b> Funds to be released to cover mobilization costs and start up activities such as stakeholder schedule of consultations and preparation of tools for data gathering and conduct of consultations and data gathering activities.	30%
Second	<b>Second Progress Report.</b> This will include the 1) assessment of the DOH Hospitals' Digital Maturity; 2) Implementation of the ADS and RP in the participating agencies. Available data on MH in school, workplaces and community settings will be analyzed and tested for their adequacy for policy development.	50%
Third	<b>End of Phase III Status Report on</b> the Administrative Data System (ADS), the Research Portal (RP), the Suicide Surveillance System and the Patient Data Warehouse (PDW). This will summarize actions needed to sustain the implementation of the systems.	20%
		100%

#### IX. Project Cost and Duration

The maximum project duration is **ten (10) months** from the issuance of Notice to Proceed. The financial proposal shall not exceed the approved budget for the contract (ABC) of Five

Million Pesos (5,000,000.00) inclusive of taxes and duties. Those exceeding the ABC shall be automatically rejected. The cost will be charged against the sub-allotment fund (SAA no. 2024-03-001227 dated March 15, 2024) for the continuation of operations for the implementation of Various Health Programs per Department Order No. 2024-0087 dated March 15, 2024.			
<b>TOTAL:</b>			<b>PHP5,000,000.00</b>

You are hereby required to provide the following within ten (10) calendar days;

- Performance Security in any forms and amount stipulated below:

A. Cashier's Managers Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	Five Percent (5%) of the Total Contract Price
C. Surety Bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

Failure to provide any of the above shall constitute sufficient ground for cancellation of the Award and forfeiture of the Bid Security.

Truly yours,



NOEL V. REYES, MD, FPPA, MMHoA  
Medical Center Chief II

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CONFORME:

LUCITA S. LAZO   
Authorized Representative

Date and Time: 4/25/2025