

# Request for Proposals

**Development and implementation of a Communication Campaign aiming to promote Antiretroviral Therapy (ART) in the minds of national and provincial policymakers in an effort to increase national and provincial government budgets for ART**

**Proposals must be submitted by **May 22<sup>nd</sup> 2015****

**In fairness to all agencies, no extensions will be granted under any circumstances  
Late proposals will be rejected**

**For further information regarding this RFP**

**Please contact:**

FHI 360 Vietnam

Attention: My Ha, Strategic Communications Technical Officer

[nmyha@fhi360.org](mailto:nmyha@fhi360.org)

# Request For Proposals

**Development and implementation of a Communication Campaign aiming to promote Antiretroviral Therapy (ART) in the minds of national and provincial policymakers in an effort to increase national and provincial government budgets for ART**

## **1. General Information on the Request For Proposals**

The SMART TA project, implemented by FHI 360 Vietnam and its partners with funding from USAID, issues this request for services of a professional agency to develop and implement a communication campaign to promote Antiretroviral Therapy (ART) in the minds of policy makers at both national and provincial levels, in an effort to increase national and provincial budgets for ART.

At the conclusion of the campaign, policymakers will regard investment in ART as an effective and essential solution to improve public health and control HIV/AIDS and understand the risks of insufficient ART provisions that will negatively affect not only public health but also social security. The general public will view ART as a life-saving intervention for people living with HIV/AIDS (PLHIV), and understand that with ART, PLHIV can live healthy and normal lives. PLHIV will understand and believe in the effectiveness of ART and seek the treatment for themselves.

### **1.1. Reference**

Title of the project: Development and implementation of a Communication Campaign aiming to promote Antiretroviral Therapy (ART) in the minds of national and provincial policymakers in an effort to increase national and provincial government budgets for ART

This RFP is issued on **Tuesday, May 5<sup>th</sup> 2015** by USAID/SMART TA

### **1.2. Definitions and Abbreviations**

The following definitions and abbreviations are used throughout the request for proposals:

- **Contractor** means an agency awarded the contract
- **HIV** refers to the Human Immunodeficiency Virus
- **PLHIV** refers to People Living With HIV
- **ART** refers to Antiretroviral Therapy
- **RFP** refers to Request For Proposals
- **USAID** refers to the United States Agency for International Development

### **1.3. Incurring Costs**

All costs directly or indirectly related to preparation of a response to this RFP, or in any oral presentation required to supplement and/or clarify the RFP, or during the negotiations between the selected agencies and FHI 360 for the development of the contract, shall be the sole responsibility of, and shall be borne by, responding agencies. Any materials delivered by the agencies will be returned upon request.

#### **1.4. Confidentiality and Reproduction**

This document has been prepared by FHI 360 in connection to the bidding process for the development and implementation of the campaign. It may be not used for any other purposes, reproduced (in whole or in part), quoted, nor passed on to any other agency or individual without specific written permission of FHI 360.

## **2. Background and Rationale**

ART has been available in Vietnam since 2000 and has been scaled up significantly since 2005. By the end of 2013, there were 82,071 people receiving ART, accounting for approximately 35% of PLHIV in the country. It is estimated that by 2015, around 200,000 people will be eligible for ART; Vietnam has set a target of administering free ART to **105,000 people** by the end of 2015.

“At present,” Dr. Bui Duc Duong, the deputy director of Vietnam’s Authority for HIV/AIDS Control (VAAC) explains, “51% of people start treatment at a CD4 cell count below 100 cells/mm<sup>3</sup>, underlining the urgency of expanding access to treatment, regardless of its prevention benefit.” In addition, the number of PLHIV newly initiating ART is not growing but declining in many service sites. Too many clients are dying, dropping out of treatment, or being lost to follow-up.

#### **Current ARV financing related policies**

According to the Prime Minister’s Decision No. 108/2007/ND-CP, ARVs shall be supplied free of charge to PLHIV through the National Target Program and other international projects. The Law on HIV/AIDS Prevention and Control states the government’s support for domestic production of ARVs and includes strong measures to reduce the price of ARVs to increase access to ART for PLHIV.

#### **Benefits and cost effectiveness of early ART**

International research (HPTN 052) shows that if an HIV-infected person adheres to ART, the risk of transmitting the virus is reduced by 96% to his/her sero-discordant sexual partner (according to UNAIDS 2011 *AIDS at 30, SMARTER, FASTER, BETTER CAMPAIGN*).

Studies in Vietnam found approximately 73% of those on ART achieve viral suppression (*Jordan, et. al., 2009*) and that HIV counseling and testing with “immediate” ART targeted to people who inject drugs (PWID) can greatly reduce new infections and be “cost saving” (*Kato, et. al., 2013*).

#### **Current situation of ARV financing in Vietnam**

Approximately 95% of ARV drugs in Vietnam have been funded by international donors, particularly the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. However, it is likely that donor funding will be dramatically reduced by 2016 and funding for HIV/AIDS from the National Target Program was likewise reduced by 65% in 2013, making it difficult to advocate for a sustainable funding source for ARV alone.

It is projected that by 2016, Vietnam will be in acute shortage of about 600 billion VND if ARVs are purchased internationally and 1,400 billion VND if purchased locally.

It is urgent to raise awareness of benefits and cost-effectiveness of ART, potential funding cut-offs, and limited government financial investment in ART for policymakers, the public, and PLHIV and their families. These groups need to be engaged in ART issues to pursue the goal of sustaining ART funding, which plays an important role in general public health and in the HIV/AIDS epidemic in particular.

As a technical assistance partner, FHI 360 with funding from USAID seeks to initiate a **three-month communication campaign until end of 2015. It aims to advocate for a sustainable budget for ART in Vietnam:**

- To make government decision-makers at both national and provincial levels aware of the urgent need to increase budgets for ARV
- To create a public, enabling environment to inform decision-making related to ARV financing
- To facilitate discussion among high-level government decision-makers (at national, provincial, and ministry levels) on ARV financing solutions (which can be mobilized from national or provincial budget or other sources including health insurance)

More details of the campaign are outlined below. FHI 360 is now looking for an outsourced experienced media, communication or advertising firm to work as a partner with us in this campaign.

### 3. Agency Creative Brief

#### 3.1. Campaign Theme/Purpose

The campaign aims:

- To make government decision-makers at both national and provincial levels aware of the urgent need to increase budgets for ARV
- To create a public, enabling environment to inform decision-making related to ARV financing
- To facilitate discussion among high-level government decision-makers (at national, provincial, and ministry levels) on ARV financing solutions (which can be mobilized from national or provincial budget or other sources including health insurance)

#### 3.2. Audience

Government of Vietnam decision-makers (both at national and provincial levels)

#### 3.3. Communication Objectives

Over the course of the campaign,

Our primary audience – government decision-makers– will:

- **KNOW**
  - The benefits of ART to public health and social welfare and the risks of an HIV/AIDS epidemic resurfacing

- The huge financial gap for ARV that needs to be addressed as donor funding declines and the urgent need to invest in ART
- That the benefits of ART outweigh the cost of investment
- **BELIEVE** that ART is a financially effective and essential solution for public health and HIV/AIDS control
- **BEHAVE**: make decisions to increase financial investment in ART

Our secondary audience –the general public – will:

- **KNOW** that HIV/AIDS is no longer a dead end. There is treatment for PLHIV so that they can live normally in their communities with very low risk of transmitting HIV to others. PLHIV can live healthy, fulfilling lives and contribute to society. Support for ART means improving public health and eliminating HIV/AIDS for an AIDS-free generation.
- **BELIEVE** that ART is a smart solution for public health and HIV/AIDS control
- **BEHAVE**: show favourable attitudes toward ART that reduce stigma and discrimination toward PLHIV

### 3.4. Obstacles

- Existing social stigma and discrimination toward PLHIV
- Mass media has negatively portrayed HIV as a dead end and a consequence of misguided lifestyles
- Limited government funding for the National Target Program

### 3.5. Campaign Tone

The tone of the campaign will be serious but emotionally affecting, informative, and positive. Messages and media should engage with and stimulate the audience. We would like the campaign to be memorable, aspirational, affecting, and compelling to the people we reach. It is imperative that the campaign tone is not preachy, judgmental, or moralistic.

### 3.6. Communication Channels and Events

Besides communication channels through television, newspapers, and/or formal government portals, channels and events will be highly targeted to reach out key decision makers. Utilization of social media where appropriate and efficient would be considered.

Possible events to be considered, not limited to: Marking of the 100,000<sup>th</sup> ARV patient in August 2015, National Assembly Meeting in Oct, 2015, the 6th National Scientific Conference of HIV/AIDS Control (Nov. 25<sup>th</sup> – 26<sup>th</sup> 2015), World AIDS Day (Dec. 1, 2015).

### 3.7. Creative Considerations

In this campaign, it is important to:

- Avoid any images that negatively portray PLHIV
- Include USAID and VAAC logos when appropriate

## 4. Campaign Timeline and Budget

The campaign will be executed over three-month period.

Cost effectiveness will be considered carefully and the overall budget for the campaign will not exceed **US\$100,000**, which will cover all activities that should be listed in the submitted scope of work (design, production, placement and management (e.g. special events) of campaign components, as well as all fees and agency commissions).

It is anticipated that the campaign will be officially launched no later than **August 2015**.

## 6. Preparing Proposals

Agencies are required first to submit in English (A) a technical proposal, and (B) a cost estimation proposal. Instructions for each proposal are provided below. Please follow the sequence of the topics as indicated in the instructions.

### 6.1. Technical Proposal

The technical proposal for this RFP consists of 3 parts (not exceeding 20 pages, excluding organizational chart and resumes):

#### Part 1: Agency Experience and Capabilities

1. Provide your agency's legal documents, including: 1) copied business license; 2) business/performance references (minimum of two) to prove your agency ability to work with government, non-government, and community groups; 3) Latest Financial statement.
2. Describe your agency and why it is qualified to undertake this project. Include prior experience (especially on advocacy campaigns), size and history of organization, etc. Provide a list of significant projects accomplished in the past two years, including project names, a brief description of the project and work performed, names, addresses and telephone numbers of clients.
3. Evidence that your agency is able to work with government, non-government, and community groups through participatory, non-discriminatory, and non-stigmatizing approaches.

#### Part 2: Staff Qualifications and Management Approach

1. Present the organizational chart and elaborate on project management for this project.
2. Provide resumes describing the educational backgrounds and work experiences for each of the key staff (particularly the Account Manager and Creative Director) who will work on this project.
3. Indicate the percentage of their time that will be devoted to this project.

#### Part 3: Strategic Approach and Media Plan

1. Describe the agency's understanding of the communication problem to be addressed, the objectives of the campaign and the strategic approach recommended by the agency. The strategic approach should reflect the goals outlined in the agency brief and should address how the various components of the strategy (including creative approach, messaging, use of mass media, social media, and use of public relations activities/events) will be used/linked in order to achieve the communication objectives. Measures/indicators to ensure success will be included. It

- is, however not necessary to include creative concepts or materials in this proposal, but may be in the later process.
2. Propose a recommended media plan and schedule for all recommended advertising and public relations. Please include in your recommendation the materials/activities included in the “Communication Channels” section of the Agency Brief, and propose other communication channels that would best utilize the campaign’s budget and meet communication objectives.
  3. Identify any anticipated complications which may arise in the implementation of the campaign, and how to address and resolve such complications.

**6.2. Cost Proposal**

Agencies are requested to provide a cost proposal for this project with a detailed budget not exceeding **US\$100,000**. Cost effectiveness is considered critical.

The template for the cost proposal is as follows:

Budget Category	Amount (USD)
<b>Salaries</b> <ul style="list-style-type: none"> <li>• Staff 1 – Title – Level of Effort</li> <li>• Staff 2 – Title – Level of Effort</li> <li>• Etc.</li> </ul>	
Total Salary Costs	
<b>Fringe Benefits</b> <ul style="list-style-type: none"> <li>• Type of benefit/amount</li> </ul>	
Total Fringe Benefit Costs	
<b>Consultants/Endorsements</b> <ul style="list-style-type: none"> <li>• Description/amount</li> </ul>	
Total Consultant or Endorsement Costs	
<b>Travel</b> <ul style="list-style-type: none"> <li>• Description/amount</li> </ul>	
Total Transportation Costs	
<b>Other Direct Costs</b> <ul style="list-style-type: none"> <li>• Materials production costs (description/amount)</li> <li>• Other campaign costs (description/amount)</li> </ul>	
Total Other Direct Costs	
Indirect Costs (if applicable)	
Fee (if applicable)	
<b>Total Budget</b>	

**7. Proposal Submission Requirements**

Each agency must submit an original plus three (3) unbound copies and one (1) CD-ROM of their proposal.

Proposals (in English) must be physically received at FHI 360 by **5:00 pm on May 22<sup>nd</sup> 2015** (see address below). Proposals not physically received by the stated time will not be accepted. In fairness to all agencies, no extension will be granted under any circumstances:

**Development and Implementation of a Communication Campaign for ART**

**Family Health International (FHI 360)**  
**7th floor, Hanoi Tourist Building, 18 Ly Thuong Kietstreet**  
**Hanoi, Vietnam**

Only short-listed candidates will be contacted. Proposals with accompanying documentation will not be returned to unsuccessful candidates.

## 8. Proposal Evaluation

Evaluation of the proposals will be conducted by the Review Committee. The proposals will be scored against the below criteria. The scoring will be tabulated and the proposals will be ranked based on the numerical scores received. Detailed screening results will not be released.

Criteria	Value of Criteria
<b>1. Technical Proposal</b>	
• Agency's Experience and Capabilities	10
• Proposed Staff Qualifications and Management Approach	20
• Strategic Approach	30
• Media Plan	20
<b>2. Cost Proposal</b>	20
Total	100

The Committee will make the selection of the short-listed applicants based on the proposal score and the reasonableness of the cost. **Notification of the short-listed agencies is anticipated to be made by June 1, 2015.**

## 9. Presentation

The short listed companies will be requested to prepare a 30-minute oral presentation (using Power Point) of their proposal (technical and cost proposals). **This presentation should not be submitted with the proposal mentioned above.** However, this presentation should be ready for the final selection process that should happen shortly after short list candidates are announced. FHI 360 will make every reasonable attempt to schedule each presentation at a time that is agreeable to the agency. Failure of an agency to conduct a presentation on the date scheduled may result in rejection of the agency's proposal.

## 10. Award Process

Notification of final selection is anticipated to be made before **June 15<sup>th</sup> 2015**. FHI 360 reserves the right to make final decisions, and its decision is final.

After the final selection has been made, FHI 360 will work with the selected agency to develop a phased contract under which the agency will implement the project. The selected agency is expected to commence work once the contract is signed.

The selected agency may be required to undergo a pre-award review prior to signing the contract. The purposes of the pre-award review are 1) to determine if the agency can manage and account for the amount of funds awarded, 2) to determine if the agency can comply with



terms and conditions of an agreement with FHI 360, and 3) to inform the agency on accounting record expectations and requirements.

## **11. Right to Reject Proposals and Negotiate Contract Terms**

FHI 360 reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected agency prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring agency, FHI 360 may negotiate a contract with the next highest scoring agency.

FHI 360 creates no obligation, expressed or implied, by issuing this RFP or by receipt of any responses submitted. The mutual obligations and responsibilities of FHI 360 and the successful agency will be recorded in a contract to be written later. FHI 360 is under no obligation to contract with any agency should negotiations regarding contractual terms be unsuccessful.

## **12. Clarification and Further Inquiry Regarding the RFP**

Any questions concerning this RFP must be submitted in writing to: [nmyha@fhi360.org](mailto:nmyha@fhi360.org)

Any questions must be received by **May 12<sup>th</sup> 2015** to allow answers to be circulated to all potential contractors.

### **IMPORTANT DATES:**

RFP posted: 5/05 – 22/05

Proposal submission: 22/05

Short listed candidates notification: 1/6

Presentations from shortlisted candidates: 10-11/6

Final selection made: 15/06

Contract processing: 16/06 – 15/07

Pre-campaign preparation: 16/07 – 31/07

Campaign launched: 1/08

Campaign duration 1/08 – 30/10

Campaign finished and documentation/evaluation starts: Dec 2015

All requested reports/documents submitted: Dec 31 2015