

REQUEST FOR PROPOSAL

Assessing the effectiveness of policies relating to breastfeeding promotion, protection, and support in Viet Nam

Issue Date: April 9, 2019

Closing Date: May 30, 2019

Expected Award Date: July 1, 2019

Expected duration of the contract: 10 months

About Alive & Thrive

Alive & Thrive is a global nutrition initiative to save lives, prevent illness, and ensure healthy growth of mothers and children. From 2009–2014, Alive & Thrive demonstrated that rapid improvements in infant and young child feeding (IYCF) are possible in settings as diverse as Ethiopia, Bangladesh, and Viet Nam. In 2014, Alive & Thrive began working in Burkina Faso, India, Nigeria, and throughout the Southeast Asia region, expanding its scope to include maternal and adolescent nutrition, and using agriculture and social protection programs as delivery mechanisms for maternal, infant, and young child nutrition (MIYCN). Currently, Alive & Thrive is leveraging its robust network and knowledge base to strengthen systems and build capacity in these and other countries across Africa and Asia, and disseminate innovations, tools, and lessons worldwide. Alive & Thrive is managed by FHI 360 with funding from the Bill & Melinda Gates Foundation and other donors.

In Southeast Asia, Alive & Thrive aims to provide strategic technical assistance to seven countries (Viet Nam, Cambodia, Indonesia, Laos, Myanmar, Thailand and the Philippines) to enable a stronger policy environment to protect breastfeeding. To achieve this, Alive & Thrive works in close collaboration with UNICEF and Save the Children in these countries to identify and execute an agreed upon work-plan that focuses primarily on Code strengthening, maternity protection and health systems strengthening. In Viet Nam, Laos, Cambodia, and Myanmar, Alive & Thrive is also providing strategic technical assistance to increase breastfeeding rates by improving early essential newborn care (EENC) practices in health facilities through the establishment of Breastfeeding-Friendly Centers of Excellence and a regional network of EENC and breastfeeding experts. This network across the four countries will support regional collaboration and knowledge exchange. Alive & Thrive will serve as a knowledge partner and convener in each country, conducting baseline surveys and consultations with policy makers, opinion leaders and health workers to better understand the barriers and enabling factors for increasing early initiation of breastfeeding.

Background

The benefits of breastfeeding for child survival, health, and development as well as maternal health and well-being have been well-documented in low, middle, and high-income countries (1). An estimated 823,000 deaths among children under five and 20,000 maternal deaths due to breast cancer could be prevented each year by increasing breastfeeding rates to near universal levels. In addition to being better protected against infectious disease, children who have been breastfed perform better on intelligence tests, are less prone to overweight and obesity and are at reduced risk of developing diabetes later in life (1). Women who have breastfed are more likely to maintain a healthy body weight and are at reduced risk of breast and ovarian cancer (2, 3). Given the benefits of breastfeeding, the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that mothers breastfeed their babies

within the first hour of life and exclusively for the first six months, and continue to breastfeed along with appropriate complementary feeding up to two years of age and beyond (4).

Breastfeeding generates significant economic gains for households, communities, and countries. Analysis by the World Bank suggests that every dollar invested in breastfeeding generates \$35 in economic returns (5). Globally, estimated costs of lower cognitive capacity associated with not breastfeeding amount to roughly \$300 USD billion per year (about 0.49 percent of world gross national income) (6).

Despite all that is known about the benefits of breastfeeding, breastfeeding practices remain sub-optimal worldwide (1, 6). Although nearly all women are biologically capable of breastfeeding, the decision to breastfeed is influenced by a variety of factors at the societal, community, household, and individual level (6). Rollins et al. (2016) propose a conceptual model of breastfeeding that includes determinants at a structural or societal level, in different settings like the health system, workplace, and community, and at the individual level (6). On an individual level, a mother's decision to breastfeed is influenced by the advice and support that she receives, her confidence and self-efficacy to breastfeed, as well as positioning and attachment (7-9). Within the healthcare system, providers have a strong influence on feeding decisions during the period before, during, and after birth and are the most likely sources of support when challenges occur. The extent to which health care providers are equipped to deal with breastfeeding challenges can impact breastfeeding practices (1, 6). Family and community are also important sources of support for breastfeeding at the interpersonal level, and women whose partners support breastfeed have longer durations of breastfeeding (10, 11).

Breastfeeding is also affected by the aggressive marketing and widespread availability of breastmilk substitutes (BMS). Such marketing can influence social norms in favor of BMS and lead to a lack of confidence in mothers to breastfeed and therefore poor breastfeeding practices (12). To limit inappropriate marketing practices and the harmful effects of marketing of BMS, feeding bottles, and teats, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes (referred to as BMS Code) and subsequent WHA resolutions related to the promotion and protection of breastfeeding.

As of April 2018, 136 out of 194 countries have implemented legal measures related to the BMS Code. However, only 35 countries have enacted all provisions. The proportion of countries with comprehensive legislation of the Code (full provisions in law) is the highest in the WHO Southeast Asian Region at 45% (5 out of 11 countries) and among the lowest in the WHO Western Pacific Region at 11% (3 out of 27 countries) (13). For legal measures to be effective, they must include clear provisions enabling authorized agencies to take corrective action when Code violations are identified. Most countries in the WHO Southeast Asia Region and the Western Pacific Region that have at least some Code provisions in law also have mandated agencies to enforce national legislation on the Code (13).

While there is evidence of the negative impact of the provision of free samples or promotion through trusted health workers, there has been little exploration of how national legislation of the BMS Code has impacted breastfeeding. Furthermore, no studies have directly evaluated the impact of the BMS Code on marketing and promotion practices, exposure to advertising, attitudes towards BMS and breastfeeding, and BMS sales (12).

In Viet Nam in 2012, the National Assembly voted in favor of implementing a total ban on the promotion of breastmilk substitutes for children up to two years of age. The government guiding decree on marketing and use of feeding products for young children, feeding bottles, teats, and pacifiers was approved in 2014 (14). This study will increase understanding the effectiveness of policy interventions in Viet Nam to address the structural determinants of breastfeeding, namely the BMS Code. By assessing the potential impact of these policies and bottlenecks for successful implementation through the perspective of various stakeholders including policy makers, implementors, and beneficiaries, this study will build an evidence base that can be used to prevent backsliding and advocate for stronger policies and improved enforcement.

Scope of Work

Purpose: Alive & Thrive seeks to contract with a qualified research firm in Viet Nam to review the content, implementation, and potential impact of policies relating to BMS Code in Viet Nam. The specific objectives are:

- 1) Review the content of BMS Code policies in Viet Nam;
- 2) Review the implementation, coverage, monitoring, and enforcement of these policies;
- 3) Examine the potential impact of these policies on relevant outcomes; and
- 4) Examine perceptions of relevant stakeholders and beneficiaries (e.g. pregnant and lactating women) about these policies (e.g. perceived benefit, limitations, difficulties, areas for improvement, recommendations).

Methods: This mixed methods study will employ desk reviews, trend data analysis and quantitative and qualitative data collection techniques. For the desk review and trend analyses, policy documents, reports, and relevant trend data will be collected through official national or international sources. The study will entail conducting a survey of about 1000 women who are pregnant or with a child aged 0-11 months, of whom approximately 90 will be invited for an in-depth-interview (IDI). About 30 partners of the interviewed mothers with children from 0-11 months will be invited for an IDI. IDIs will also be conducted with policy makers or authorities at national and provincial levels and stakeholders from the United Nations (UN), non-governmental organizations (NGOs), research organizations and media, and health workers. (See **Appendix 1** for data needs).

Specific tasks in the awarded scope of work will include:

- Adapt study protocol and data collection instruments of the assessment provided by Alive & Thrive. Translate them into Vietnamese.
- Obtain national scientific and ethical approval.
- Conduct data collection according to protocol.
- Analyze data.
- Document the results of the assessment and recommendations for future programs in various formats, which will be determined following award. These may include: final report and slide decks.
- Participate in dissemination of study findings.

Expected deliverables:

1. Adapted study protocol and data collection instruments. Vietnamese version of the protocol and data collection instruments.
2. Scientific and ethical approval.
3. Detailed schedule and sampling frame for data collection and analysis.
4. Detailed data analysis plan.
5. Raw and final datasets, syntax, audio records, IDI transcriptions.
6. Slide decks and report of findings and recommendations.

Location of Work

The study will be conducted in Viet Nam. Primary data collection will be done at national, provincial, and household levels.

Timetable and Address for Submission

Responses to this RFP should be submitted by email to the attention of Nguyen Hong Long at nlong@fhi360.org with a copy to Nguyen Thanh Tuan at nguyen@fhi360.org no later than **May 30, 2019 at 5 p.m. (Hanoi time)**. Offers received after this date and time may not be accepted for consideration.



FHI 360 will acknowledge receipt of your proposal by email. Proposals must be submitted in electronic format.

Any questions or requests for clarification need to be submitted in writing to the same email addresses noted above by **May 5, 2019 at 5 p.m. (Hanoi time)**. Answers will be shared with all firms that have expressed interest and posted publicly on the website. No telephone inquiries will be answered.

All email correspondence should reference “Viet Nam BMS Code Evaluation” in the subject line. Summary of important dates is as following:

RFP issued	9/4/2019
Deadline for clarification	5/5/2019
Deadline for submission	30/5/2019
Short-listed vendor notification, if applicable:	10/6/2019
Presentations from shortlisted vendors, if applicable:	15/6/2019
Final selection made:	20/6/2019
Contract processing:	20-30/6/2019
Contract signed and anticipated start date:	1/7/2019

Qualifications

All research firms, institutions, and units are eligible for this bidding.

Required Documentation

To be considered, bidders must provide the following in English (not to exceed a total of 20 pages, excluding bios, CVs, examples of past work and budget):

1. A description of the bidder’s approach. All activities are expected to be completed within 10 months of contract signing.
2. A description of the bidder’s institutional capacity and experience in conducting similar studies
3. A cost proposal in the format provided by FHI 360. Budget must be in Vietnamese Dong (VND).
4. Three references for past performance, including contact information for each.
5. The email address where Alive & Thrive may send a confirmation of receipt of your submission.

As addenda to the proposal, please include bios and CVs of proposed key personnel and examples of past work.

Cost proposal:

Please provide a **detailed budget** that reflects costs for activities included in the proposal in line with the Scope of Work in this RFP. Please also include a **budget narrative** that describes and justifies the cost assumptions for each category and line item in the budget spreadsheet. Please use the budget template provided by FHI. The budget should be broken down by labor costs (please identify personnel who will perform the work), include fringe benefit costs in accordance with the sub awardee’s compensation policies, travel costs, supplies, any other direct costs necessary to perform a category of work, and indirect costs. Please include funding, if any, received from other sources in pursuit of the proposed activities in the columns provided in the budget template. **All costs should be in VND.**

If included, indirect costs must be clearly stated including the basis on which they will be applied. Indirect costs are administrative expenses related to overall general operations and are shared among projects and/or functions. Examples include executive oversight, accounting, grants management, legal expenses, utilities, and facility maintenance. In so far as possible, identifiable (allocable) costs should be noted and justified in the proposal as direct costs, including those for dedicated ongoing project management, facilities and support.

To the extent that indirect costs are applicable, they are subject to the following limits:

- a. 0% for government agencies, other private foundations and for-profit organizations
- b. up to 10% for U.S. universities and other academic institutions
- c. up to 15% for non-U.S. academic institutions and all private voluntary and non-government organizations, regardless of location.

If the organization has lower indirect rates, the lower rates should be used.

The resources are limited for this project and credit will be given for reflecting efficient and cost saving measures. The bidder will submit with their proposal a proposed budget with enough detail to allow evaluation of elements of costs proposed.

If you consider that your agency does not have all the expertise for the assignment, there is no objection to your agency associating with another agency to enable a full range of expertise to be presented. Joint ventures should be accompanied with full details of the capacity/technical experience and references, staffing, and proposed association and confirming joint and several liabilities.

Evaluation Criteria

Bids will be evaluated and ranked by a committee on a best-value basis according to the criteria below.

Selection shall be based on the following weighted categories:

1. Technical approach for conducting the assessment (30%)
2. Capacity and experience (40%)
3. Completeness and appropriateness of budget (15%)
4. References and past performance (15%)

NOTE: FHI 360 will not compensate the company for its preparation of response to this RFP nor is the issuing of this RFP a guarantee that FHI 360 will award a contract.

Anticipated contractual mechanism

FHI anticipates issuing one or more fixed price sub-award(s) to the winning proposal(s). Payment shall be based on submission and approval of deliverables, and receipt of accurate invoices.

Financial pre-award assessment

Should an interested organization choose to submit a proposal in response to this RFP, FHI may initiate a Financial Pre-Award Assessment as part of the selection process. The Pre-Award Assessment is performed in line with internal policies as part of FHI's due diligence process to determine that a prospective sub-awardee possesses the ability to perform successfully under the terms and conditions of the proposed sub-award, taking into consideration the integrity, record of past performance, financial and technical resources of the prospective sub-awardee. The Financial Pre-Award Assessment must be completed prior to issuance of a sub-award.

Withdrawal of Proposals

Proposals may be withdrawn by written notice, email or facsimile received at any time before award.

False Statements in Offer

Offerors must provide full, accurate and complete information as required by this solicitation and its attachments.

Proposals become property of FHI 360.

FHI 360 Disclaimers

- FHI 360 may cancel the solicitation and not award
- FHI 360 may reject any or all responses received

- Issuance of the solicitation does not constitute an award commitment by FHI 360
- FHI 360 reserves the right to disqualify any offer based on failure of the offeror to follow solicitation instructions
- FHI 360 will not compensate any offeror for responding to solicitation
- FHI 360 reserves the right to issue award based on initial evaluation of offers without further discussion
- FHI 360 may choose to award only part of the activities in the solicitation, or issue multiple awards based on the solicitation activities
- FHI 360 reserves the right to waive minor proposal deficiencies that can be corrected prior to award determination to promote competition
- FHI 360 will be contacting each offeror to confirm contact person, address and that bid was submitted for this solicitation

References:

1. Victora CG, Bahl R, Barros AJ, Franca GV, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475-90. PMID: 26869575.
2. Bobrow KL, Quigley MA, Green J, Reeves GK, Beral V, Million Women Study C. Persistent effects of women's parity and breastfeeding patterns on their body mass index: results from the Million Women Study. *Int J Obes (Lond)*. 2013;37(5):712-7. PMID: 22777544.
3. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta paediatrica*. 2015;104(467):96-113. PMID: 26172878.
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5. Shekar M, Kakietek J, Eberwein JD, Walters D. An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. *Directions in Development*. Washington, DC: World Bank, 2017.
6. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet*. 2016;387(10017):491-504.
7. Avery A, Zimmermann K, Underwood PW, Magnus JH. Confident commitment is a key factor for sustained breastfeeding. *Birth*. 2009;36(2):141-8. PMID: 19489808.
8. Brown CR, Dodds L, Legge A, Bryanton J, Semenic S. Factors influencing the reasons why mothers stop breastfeeding. *Can J Public Health*. 2014;105(3):e179-85. PMID: 25165836.
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10. Bar-Yam NB, Darby L. Fathers and breastfeeding: a review of the literature. *J Hum Lact*. 1997;13(1):45-50. PMID: 9233185.
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12. Piwoz EG, Huffman SL. The Impact of Marketing of Breast-Milk Substitutes on WHO-Recommended Breastfeeding Practices. *Food Nutr Bull*. 2015;36(4):373-86. PMID: 26314734.
13. WHO, UNICEF, IBFAN. Marketing of breast-milk substitutes: National implementation of the international code. Status Report 2018. Geneva: WHO, 2018.
14. WHO, UNICEF, IBFAN. Marketing of breast-milk substitutes: National implementation of the international code. Status Report 2016. Geneva: WHO, 2016.

Appendix 1. List of key outcomes and indicators by policy assessment

Aim 1. Review policy content

- Policy general information (Title; Published by; Year Published; Adopted by; Year Adopted; Start year; End year)
- Policy legal status (Legal status; Legislation; Governing Resources; Categories)
- Product coverage
- Duration of the coverage
- Inclusion of acceptable reasons for using BMS
- Related guidelines and regulations

Aim 2. Review policy implementation strategies; coverage; monitoring and enforcement

- Implementation strategies & Coverage
- Monitoring; Enforcement; Modification Documentation

Aim 3. Examine potential association between the policies on relevant outcomes

Trend data: Time series data relating to BMS codes (Advertising expenditure of BMS companies by product and channel; Sales of BMS by BMS type; Early initiation of breastfeeding; Exclusive breastfeeding)

Quantitative survey of women and / or secondary data analysis:

- Women characteristics (Age; education; working status; contribution to social security fund)
- Antenatal history (Content of antenatal care; Skilled attendant at delivery; Institutional deliveries; Caesarean section)
- Child characteristics (age; gender)
- Child feeding practices (Children ever breastfed; Early initiation of breastfeeding; Exclusive breastfeeding under 6 months; Feeding infant formula; Using bottle and artificial nipple)
- Knowledge; beliefs; social norms and self-efficacy relating to infant feeding
- Access to breastfeeding information (mass media; social media; interpersonal advice; events)
- Exposure to BMS marketing via various channels (mass media; social media; interpersonal advice; events; free samples; coupons; gifts)
- Knowledge about maternity leave policies
- Duration of maternity leave
- Maternity benefits (cash, medical)
- Work protection (health, employment and discrimination)
- Breastfeeding upon return to work
- Childcare arrangements

Aim 4. Explore perceptions of stakeholders and beneficiaries about the policies

In-depth interview:

- Policy development, implementation, monitoring, enforcement, bottleneck
- Recommendations for the improvement
- Perceptions of and experience with policy
- Suggestions for improvement
- Sharing responsibilities caring for children and domestic tasks