

Heartfile

Request for Proposal for

Production of Documentary on “*Choked Pipes*”

May 15, 2014

This is the second issuance of this RFP with additional guidance on the budget envelope.

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Request for Proposal for Documentary Making on *Choked Pipes*

1. Context and Purpose of the Documentary

This documentary is being produced as part of the Health Systems Strengthening Project. The goal of the Health Systems Strengthening Project is to develop and support innovative, cost-effective, integrated, quality programs and services to strengthen systems around reproductive, maternal, and child health services for improved health outcomes. The primary focus of the Health Systems Strengthening Project is strengthening systems that will foster improved reproductive, maternal, newborn and child health (RMNCH) service delivery and outcomes, including accountability and transparency; strengthening management capacity at the provincial and district levels; developing innovative approaches to catalyze community outreach services and access to health services for marginalized populations (including financing schemes); and strengthening private sector delivery for the urban and rural poor populations.

JSI Research & Training Institute, Inc. leads the program, with Heartfile as a consortium partner. Heartfile is a Pakistan-based NGO focusing on health systems policy advocacy (www.heartfile.org) and is responsible for commissioning the documentary.

The purpose of this documentary is twofold. First, the documentary will generate public demand for better health care quality and coverage in Pakistan and beyond. Second, the documentary will highlight the value of certain reform interventions, such as those in the areas of health governance, financing and service delivery outlined in *Choked Pipes* (1). The reform interventions would have potential of improving healthcare and achieving universal health coverage in Pakistan and other developing countries with similar health systems. The scope of the documentary will be on health systems and health governance. This RFP is aimed at soliciting bids for the production of the documentary. The selected service provider is expected to have broad-based international experience in documentary production, broadcasting, and dissemination. Innovations at each level have been greatly emphasized in the RFP. The RFP sets out the tender process, instructions for service providers, and other technical details about the scope of the envisaged documentary.

¹ Sania Nishtar. *Choked Pipes: Reforming Pakistan's Health System*. Oxford University Press, 2010. ISBN 978-0-19-547969-0

2. RFP Instructions

- I. Heartfile invites you as a service provider to submit a competitive bid through responding to this RFP for production of the documentary. Please follow the enclosed instructions in completing your bid.
- II. This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations are confidential and are subject to confidentiality terms.
- III. The issuance of this RFP in no way commits Heartfile to make an award and Heartfile is under no obligation to justify the reasons for its supplier(s) choices as a result of this RFP. Heartfile may choose not to justify its rewarding decision to the participants to this tender.
- IV. Heartfile reserves the right to:
 - Reject any proposal without obligation or liability to the potential service provider;
 - Withdraw this RFP at any time before or after submission of bids, without prior notice, explanation or reason;
 - Modify the evaluation procedure described in this RFP;
 - Accept an offer other than the lowest price offer;
 - Decide not to award any contract to any service provider responding to this RFP;
 - Award its total requirements to one service provider or apportion those requirements among two or more service providers, as Heartfile may deem necessary.
- v. All bids must indicate that they are valid for no less than sixty (90) days from the quotation due date.
- vi. Faxed copies will not be accepted. Late quotations are subject to rejection.
- vii. Heartfile reserves the right to request additional data, information, discussions, or presentations to support either a part or the entire bid proposal. Service providers or their representatives must be available—through conference/video calls—to discuss the details of their proposal during the evaluation process.
- viii. All responses should be submitted in hard-copy and electronically.
- ix. The proposed time plan set out below indicates the process Heartfile prepares to follow. If there are any changes to this time plan, Heartfile will notify them.

2.1 Tender Process

Key steps in the process and the stipulated timelines are as under:

Event	Responsible Party	Timeline
Launch RFP	Heartfile	May 15, 2014
Send questions to Heartfile	Service Provider	June 5, 2014
Response to questions	Heartfile	June 10, 2014
Send proposals to Heartfile	Service Provider	July 15, 2014
Teleconference with bidders	Heartfile & Service Provider	July, 2014
Service Provider selection	Heartfile	July – August, 2014

2.2 Instructions to Service Providers

Any service provider may request further clarification on matters pertaining to this RFP by submitting question(s) in writing to the individuals identified below. Due date for Q&A submission is June 5, 2014, 2014. Responses to the questions will be sent in writing by June 10, 2014. In addition, selected bidders may be invited to participate in a teleconference during the course of the procurement process if further clarification is needed. The date of this teleconference will be communicated within three weeks of submission of the proposal.

Heartfile RFP Contact Information			
Question Type	Contact Person	Contact Role/Title	Contact Information
Contractual			
RFP & Contract Terms & Conditions, Proposal Format, etc.	Dr. Saba Amjad	Senior Manager Human Resource, Head of Procurement	saba@heartfile.org

Heartfile RFP Contact Information			
Question Type	Contact Person	Contact Role/Title	Contact Information
Technical			
RFP Deliverable Specifications & Requirements	Dr. Anis Kazi	Senior Manager Policy Advocacy and Research	anis@heartfile.org

2.3 Required Proposal Format

Responses to this RFP must include:

2.3.1 Cover letter, which includes:

- Name and address of the entities of the initial core team that are submitting the proposal;
- Name, title, telephone number, and e-mail address of the person authorized to commit the service provider to a contract;
- Name, title, telephone number, and e-mail address of the person to be contacted regarding the content of the proposal, if different from above; and
- A signature by the duly authorized representative from one of the initial core team entities.

2.3.2 Electronic copies

- Documents and spread sheets, including consultant CVs, in Office 2010 format.
- Diagrams and drawings in Visio 2010 or PowerPoint Office 2010 format.
- The electronic copy must be submitted by CD-R or by e-mail. If sent by e-mail, the proposal must not exceed 2MB. In the case that the proposal exceeds 2MB, service providers may send multiple emails.
- Documents must be compressed using a WinZip 8.0 compliant format.
- Proposals must not include generic marketing materials, broadly descriptive attachments, or other general literature.

3. Heartfile Overview

Heartfile is a non-profit NGO think tank with a focus on policy analysis and innovative solutions for improving health systems in Pakistan. The organization was established in 1998. Heartfile focuses on analyzing health systems' policies and strengthening the evidence base for health

reform. By offering evidence-based locally feasible solutions, Heartfile strives to catalyze change in the health system to improve healthcare quality and access in developing countries. The organization also provides an independent voice for the protection and promotion of health.

The Heartfile Health Financing project and Heartfile's work in non-communicable diseases is part of the organization's health systems strengthening approach. Heartfile Health Financing is a mHealth-enabled social protection system which promotes access to healthcare for the poorest of the poor through financial access. As a "development initiative," it is Heartfile's practical entry point to health reform, whereas as a "humanitarian initiative," it protects people from medical impoverishment, indebtedness, and forgoing care altogether.

Notable achievements of the organization and the author of *Choked Pipes* include: 1) Developing the first health reform roadmap for Pakistan; 2) Being the first NGO among the developing countries to lead the country-wide process of developing an integrated national plan for non-communicable diseases (NCDs); 3) Developing the first compendium of health statistics for Pakistan; 4) Creating an internationally endorsed innovative health financing program to protect the poor against catastrophic expenditures; 5) Leading Pakistan Lancet Series; 6) Establishing innovative policy level public-private partnerships for health.

For more information about Heartfile, please visit our website: www.heartfile.org.

4. Background and context of this work

Choked Pipes was published by the Oxford University Press in 2010. The book was termed by Mary Robinson, former President of Ireland as a, "watershed in framing developing country health reform." In describing the mixed health systems syndrome, the problems inherent to it, and mitigating reform strategies, the book went beyond being a review to become a reform agenda for Pakistan's health sector. The reforms articulated in the book came at a critical time in the evolution of interest in global health from 'diseases' towards 'systems'; therefore its analysis had a bearing on health systems of many developing countries, most of which have mixed health systems.

The book was hailed widely, details of which can be found at <http://www.sanianishtar.info/choked-pipes.php>. The publication was released in several cities including at the WHO headquarters in Geneva, Karachi, and Lahore. Reviews were published in *The Lancet*, in the *WHO Bulletin* and in all leading newspapers in Pakistan. The book has since been used for parliamentary briefings and capacity building. Several short documentaries have been made to showcase its key message, which focuses on engraining better accountability and transparency in the health system and pursuing evidence-based approaches to bring about change in Pakistan's badly damaged health system.

Three years later, the message from the book is as relevant as ever, perhaps even more so. Pakistan is lagging behind its international peers in achieving health outcomes. In particular, the country risks being the last remaining poliovirus reservoir in the world. The 2013 outbreak of measles is a stark reminder that the system is unable to roll out public health interventions as simple as vaccination. The Pakistani establishment and decision makers seem to be refractory to conventional advocacy for change—low public demand and awareness is a key factor in this regard.

The only thing that seems to create policy impact in Pakistan is through the indirect way of awakening the society's political culture and hence heightening public demand for a specific action through the media. Electronic media yields an enormous interest in Pakistan. The general public tends to respond favorably to messages aired through the media. Hence a documentary film on the *Choked Pipes* theme is timely, much needed, and is likely to have the right traction.

It is also anticipated that this documentary will be produced at a high standard that will be ready for film and television broadcasting within and outside Pakistan.

5. Scope of Work

Heartfile intends to engage the services of a service provider for developing the documentary referred to in the earlier section. The focus of the documentary will be on the existing situation of the health system in Pakistan, the manner in which it is failing to deliver on stated and committed goals, and the mitigating strategies that can be adopted to overcome these problems. The documentary will be based on the analysis published in *Choked Pipes* and subsequent analytical updates provided by the author. The tone of the documentary will be candid but constructive so as to generate public demand for a set of measures that can be adopted in the short to medium term to turn things around. However, while a forward-looking approach will be adopted, a proactive effort will be made to uncover current collusive and corrupt practices which are believed to be pervasive in the Pakistani health system and the lack of accountability which fuels these practices.

Since the health system is a very wide landscape and possible areas to focus on could include from human resources, health information systems, health financing, service delivery, pharmaceuticals, to governance, the filmmaker will have to be selective in the approach towards showcasing areas which will serve the double purpose of uncovering the worst prevailing practices thereby generating public support for a call for policy change but at the same time areas where remedial action will be possible. The documentary maker will work closely with the author of *Choked Pipes*, who will also act as the intellectual lead for the documentary—during the phase of planning and script writing and overall conceptualization of the documentary.

Heartfile intends to produce a 30 minute documentary with 6-8 five minute shorter versions. However, we are open to suggestions and part of the reason for issuing this RFP is to solicit innovative ideas which can enable us to achieve our objective. We therefore encourage bidders to come up with other ideas about length and format suggestions for broadcast and web use. We are also expecting detailed and innovative ideas for disseminating and evaluating the documentary. We also require information about payment procedures. Heartfile would organize a roundtable for the successful bidder to identify and prioritize the themes and issues from *Choked Pipes* to be highlighted in the documentary.

5.1 Audience

The audience of this documentary will be both local and international. In Pakistan, people need to know about health, their rights, and how we have reached to this current state of affairs on a population level. There needs to be a basic understanding of the health system, how it functions (or fails to function), and the price citizens have been paying. Besides being reflective, the documentary is envisaged to focus on the prevalent situation for government officials, policy advisors, and politicians, giving them a roadmap to put the derailed health system back on track.

Internationally, the systemic reforms laid out in *Choked Pipes* fall in line with achieving the MDG milestones on the path to achieving universal health coverage, especially in the post-2015 context. This relevance made the book generate a lot of interest from health ministers from a range of developing countries as they face similar problems—rising costs of healthcare, institutional incapacity, and lack of transparency and accountability, amongst many others.

Policymakers, including parliamentarians, bureaucrats and health managers will be the primary audience whereas the general public will be the secondary audience. Discussions around primary and secondary audiences will be reaffirmed after due deliberations with the selected service provider.

5.2 Specification and Composition

- The language of the documentary will be English, with subtitles. The utility of Urdu translation and translation in other languages and subtitles for public viewing can be discussed.
- Format (shooting) DVCAM or HDCAM or better is expected.

5.3 Documentary Composition

The documentary should be an original work of production based on a combination of on spot shooting; virtual graphics/animations and archival footage. Innovative ideas are encouraged in the RFP.

5.4 Tasks and Responsibilities

The service provider will be required to perform the following tasks. These are indicative and may be modified based on the strategy proposed in the technical bids.

5.4.1 Pre-Production

- Review *Choked Pipes*, the existing documentary, and footage related to the book made nationally and internationally, and the related work of the author
- Hold consultative meetings with individuals focal to the production for background knowledge;
- Hold discussions with the intellectual lead for the documentary, the author of *Choked Pipes*, representatives of the procurement committee, and other experts;
- Develop script/story board and share with focal person(s);
- Discuss script/story board and finalize in light of discussions with the intellectual lead;
- Select the shooting locations in consultation with focal person(s).

5.4.2 Production

- As per approved script, shooting with high-quality resolution.

5.4.3 Post-Production

- Editing of the materials (visual footage and stills);
- Sound mixing;
- Titling, subtitling, special effects, music, and voice over are required for this production.

5.4.4 Testing

- The documentary will have to be tested with the selected audience prior to its finalization.
- The first cut will be reviewed by a screening committee constituted by Heartfile.
- The first cut may be modified and finalized on the basis of feedback and comments received from the screening committee. Innovative ideas for testing are encouraged.

5.4.5 Dissemination and Evaluation

- Post production and testing, the documentary will have to be disseminated, broadcasted and its impact will be evaluated. Innovative ideas are encouraged for all these steps.

5.5 Copyright

- We envisage a joint production but are open to ideas on copyright ownership.

5.6 Budget

Any bids for amounts over US\$ 400,000 will not be considered.

6. Selection of Service Provider

6.1 Criteria for Service Provider Selection:

The decision to award any contract as a result of this RFP process will be based on service providers' responses to this RFP and any subsequent negotiations or discussions. The decision-making process will consider the ability of each service provider to fulfil the technical requirements as outlined within this RFP and the cost of the proposed work.

Proposals will be assessed against the following criteria:

Technical criteria (70%)

- Demonstrated understanding and operationalization of the questions that the RFP has asked.
- Appropriate, feasible, and innovative methods proposed for undertaking the work.
- Demonstrated ability to carry out scope of work (based on qualifications of the initial core team, including CVs).
- Past relevant experience.

Financial criteria (30%)

- Overall cost.
- Realistic costing of the proposal.
- Breakdown by products/activities

6.2 Proposal Requirements

The proposal shall comprise of the following components:

- Provider information;
- A technical proposal; and
- A financial proposal.

6.2.1 Provider Information

The service provider will provide its profile and previous relevant project/assignment details. Experience of working with similar health-related projects/UN agencies/major multilaterals/bilateral programs should be highlighted. The service provider will need to send two sample documentaries of similar duration and level of effort for review.

6.2.2 Requirements for Technical Proposal

Following the issuance of the RFP, all interested service providers are invited to submit a proposal, which includes the following elements:

- A plan for the documentary;
- Indicative storyline/story board;
- Detailed, time-bound work plan for the inception phase;
- Indicative work plan for the production of the documentary over a year period, specifying use of existing data, additional primary data collection activities, and analyses to be undertaken;
- Site selection and justification;
- Indicative list of proposed institutions to work with in Pakistan;
- Initial core team composition, with CVs;
- Quality assurance plan that covers all key steps of the documentary production process; and
- Statement of potential conflict of interest from the initial core team.

6.2.3 Requirements for Financial Proposal

The financial proposal should be a standalone document. It should be submitted separately from the technical proposal in a sealed envelope. Using Microsoft Excel, it should clearly specify the proposed budget with a clear breakup showing units (e.g., for human resource it could be camera-persons, editor, script writer etc.), number of units, unit costs, level of effort and justification for each budgeted individual and total costs. The financial proposal should provide a breakdown of the tasks and responsibilities including travel to different parts of the country. All costs should be inclusive of taxes, duties and levies as applicable.

7. Deliverables & Timelines

- One master copy of the DVCam or HD Tape;
- High Resolution DVD 1,000 Copies;
- High Resolution CD 1,000 Copies;
- All soft/hard documentary footage or any relevant material collected during the preparation of the documentary.

Proposals should also outline the envisaged time to complete this project