



RFP QUESTIONS AND ANSWERS

RFP Number:	1036355 – RFP – 02
Project Title:	Social Media Analysis Consultant: Engaging Pediatric Health Care Providers for Effective COVID-19 Vaccine Conversations
Application Deadline 11:59 pm CST:	October 28, 2022
Proposals must be emailed to:	323rfp@aap.org
Questions about this RFP must be submitted to the application email address above and will be accepted until:	October 10, 2022
Responses to questions will post on:	October 14, 2022

QUESTIONS AND ANSWERS

Q1: Whether companies from Outside USA can apply for this (like, from India or Canada)? Is there any restriction around the location of the selected agency?

A1: Preference will be given to applicants located within the U.S. or U.S. territories.

Q2: Whether we need to come over there for meetings?

A2: No travel is required. The requirements/deliverables for this consultant position require access to a telephone, email, and virtual meeting platforms (eg, WebEx) for communications with AAP staff.

Q3: Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

A3: Please refer to A1 & A2.

Q4: Can we submit the proposals via email?

A4: Proposals must be emailed to 323rfp@aap.org by the application deadline, October 28, 2022.

Q5: Regarding content engagement, is there an expectation that content engagement will occur through the AAP social media account or the consultant's business/personal account?

A5: The consultant will not comment on behalf of AAP. The request/deliverable is to track and report content about COVID -19 vaccination.

Q6: Do you already have an account with a social media listening and analysis tool or would the consultant need to use its own account?

A6: Please outline or include your own resources and associated costs, as appropriate. The consultant may be able to use AAP's existing social listening resources.

Q7: Can you confirm that the consultant only needs to review draft content and provide feedback vs. creating new social media content?

A7: Developing social media content is not within the scope of work. Findings from ongoing analyses may be utilized by AAP staff to construct/revise messages or assets, which may require the consultant's review and feedback.

Q8: In your current social listening strategy, what are the areas of weakness you're looking to strengthen?

A8: Building from previous strategies, the goal is to target online conversations among parents and caregivers regarding COVID-19 vaccination for children under age 5 and to address misinformation/disinformation specific to this population.

Q9: Why are you looking for this service now/for this project?

A9: Increasing COVID-19 vaccine confidence for eligible children under the age of 5 is a priority. Building from previous strategies, the goal is to target online conversations among parents and caregivers regarding COVID-19 vaccination for children under age 5 and to address misinformation/disinformation specific to this population.

Q10: What is the team dynamic? (i.e. Who are the players and what is your approval process like; what is your response time?)

A10: This consultant will work closely with AAP's social media strategist, producer, and the immunization program manager, who are part of a larger public affairs team that coordinates COVID-19 vaccine confidence activities. The team meets weekly to address priority items.

Q11: What is your communication style in between the bi-weekly meetings? If we need to reach you quickly, how accessible are you?

A11: AAP staff aim to be accessible/respond to emails as quickly as possible (within 24 business hours at the latest).

Q12: Are there designated social channels the social listening would be focused on (eg. AAP Facebook, Instagram, etc.)? If so, what channels? What are the monthly comment volumes of those channels?

A12: Targeted channels include but are not limited to Facebook, Instagram, Tik-Tok, and Twitter with a focus on pediatrician influencers' content.

Q13: Does "...engage with content from Pediatrician influencers..." mean that the consultant will post or comment on behalf of the AAP on social media? Or does it mean something else?

A13: The consultant will not comment on behalf of AAP. The request/deliverable is to track and report content about COVID -19 vaccination.

Q14: How much time per month do you expect the contact to spend in check-in calls with your team?

A14: The consultant will participate in check-in calls with AAP staff every two weeks at minimum (average 30 minutes/per call). Additional communications (emails/calls) may be required for emerging trends on COVID-19 vaccination.

Q15: Are there any specific metrics to track when it comes to social listening for trends?

A15: We welcome your ideas. The overarching goal is to gather intel and maintain a pulse on emerging myths/disinformation that quickly gain traction/pick-up across platforms and major news outlets. The focus will be less on metrics and will be more focused on trends.

Q16: Is there an existing tool we would need to use, or can we use the enterprise tool we have?

A16: Please outline or include your own resources and associated costs, as appropriate. The consultant may be able to use AAP's existing social listening resources.

Q17: Are there any marketing programs currently in market that we will need to track in terms of related sentiment?

A17: No, this is not required.

Q18: You mention minimum monthly reporting, who will determine the cadence of reporting? Would a range of options be helpful for that part of the ask? How would we show that in the pricing sheet?

A18: Initial reporting requirements will be determined with AAP staff with fluctuation in frequency dependent on emerging trends/issues. Please present pricing options as you see fit for an accurate assessment of total costs for this service (eg, price per report, retainer per month, etc.).

Q19: Are there any anticipated interviews or presentations as part of this RFP?

A19: Interviews/presentations may be required as part of next steps. AAP staff will be in communication by November 11, 2022, to confirm.

Q20: Is there any need for multilingual analysis?

A20: Please outline any differentiating services as part of your proposed bid.

Q21: Does the AAP subscribe to a social media listening tool and will that tool be available to the consultant to use for the duration of this project? Or should our bid include the cost of subscribing to our preferred social media listening tool from December through July 2023?

A21: Please outline or include your own resources and associated costs, as appropriate. The consultant may be able to use AAP's existing social listening resources.

Q22: Is there a budget you're hoping to work with for this project?

A22: There is no guidance regarding the budget range. Please provide a proposed cost estimate that appropriately aligns with completion of the purpose and scope of work included in the RFP.

Q23: What data do you have yourselves? (e.g. existing lists of influencers, access to social media platform data firehoses) If yes, how is AAP sourcing it? If through social listening tools, what is/are they?

A23: AAP staff will share available resources, previous tracking efforts, etc., during the planning/kickoff meeting with the consultant. The consultant may also be able to use AAP's existing social listening programs.

Q24: Has AAP done mis/disinformation tracking work in the past? If yes, what is AAP looking to improve or supplement?

A24: Yes. Increasing COVID-19 vaccine confidence for eligible children under the age of 5 is a priority. Building from previous strategies, the goal is to target online conversations among parents and caregivers regarding COVID-19 vaccination for children under age 5 and to address misinformation/disinformation specific to this population.

Q25: What would be the agency partner's role and responsibility in "facilitat[ing] the review of material drafts and products in development", as stated in the RFP?

A25: Findings from ongoing analyses may be utilized by AAP staff to construct/revise messages or assets, which may require the consultant's review and feedback.

Q26: What is CDC's role in this initiative? Is the work managed by AAP?

A26: This initiative is managed by AAP staff and is supported by grant funding from the CDC.

Q27: What types of products will this information be used in?

A27: Findings from ongoing analyses may be utilized by AAP staff to construct/revise messages or assets (Web pages, educational pamphlets for pediatricians, etc.).

Q28: What is the quantifiable outcome AAP hopes to achieve?

A28: The overarching goal is to gather intel and maintain a pulse on emerging myths/disinformation that quickly gain traction/pick-up across platforms and major news outlets. The focus will be less on metrics and will be more focused on trends.