



INFORMATION

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Independent Evaluation of the Roll Back Malaria Partnership

Request for Proposals
RFP Number 4986

Supplemental information requested by interested parties

The Request for Proposals for the Independent Evaluation of the Roll Back Malaria Partnership provides an opportunity for interested parties to request additional information regarding the RFP. The RFP provides for the following: "*Written requests for additional information regarding this RFP should be forwarded on the Proposer's headed notepaper with reference to the RFP in a sealed envelope in order that it may be opened in the normal course of business. The letter should be addressed to the attention of Mr Julian Fleet, Chief Operating Officer, WHO Office D0 3001, 1211 Geneva 27, Switzerland. Requests for information could also be sent by e-mail at the following email address: <fleetj@who.int>. Generalized replies to such requests will insofar as possible be copied to all invited organizations or those making a valid bid. All queries should be received by 6 pm on 16 February 2009. No queries will be responded to after this date.*"

Written requests for information or clarification were received by the 16 February 2009 deadline. The information requested, along with responses from RBM, are provided below:

1. Country visits

The TORs, Section 1.3, note that "it is anticipated that some of the interviews will require travel to endemic countries." Do you have a view on (i) the necessity of the country visits for key informant interviews; (ii) the optimal number of visits; (iii) any specific countries and regions that should be visited to ensure a representative sample?

The role and engagement of the RBM Partnership, and its impact at country level, are key content areas for the evaluation. Therefore, the TORs anticipate that some visits to endemic countries will be required for the evaluation to be informed by some country case studies and for the experience in countries to be presented fully. No specific number of country visits has been set. Based on the experience of other similar evaluations and the objectives for this evaluation, six to ten country visits would appear to provide a reasonable representation of regional

diversity and depth of country experience. As the RBM Partnership maintains sub-regional networks with RBM focal points in four sub-regions of Africa, the reference in the TORs that "all regions be represented" refers to the four African sub-regions -- East Africa, Central Africa, Southern Africa, and West Africa -- along with Asia & the Pacific, the Middle East, and Latin America & the Caribbean.

2. Use of scheduled events for consultations

The TORs, Section 2.2, state that "We also ask that existing meetings and/or prearranged events (not additional) be used for qualitative data collection purposes wherever possible." Are there key upcoming RBM forums that could be integrated into the evaluation process to facilitate meetings and interviews? Would you provide a calendar of potential relevant meetings during the proposed period of the evaluation to enable proposers to more accurately budget the time and travel needed to conduct qualitative data collection?

The first RBM Board meeting is currently scheduled for 11-13 May 2009. (The second RBM Board meeting normally would be scheduled in November 2009, after the deadline for submission of the evaluation.) Whether evaluation-related interviews would take place in association with the Board meeting would need to be considered by the Executive Committee or the Board. Meetings of RBM Partnership mechanisms (e.g., the Executive Committee, Working Groups, Sub-committees) often are convened by teleconference. A meeting on the 2010-11 RBM Harmonized Work Plan and Budget is likely to be scheduled in Geneva in April 2009. Events for World Malaria Day on 25 April 2009 that are still in the planning process (e.g., in endemic countries, Europe and the United States) could be anticipated to bring RBM partners together. A calendar of events is provided on the RBM website www.rollbackmalaria.org (see bottom of home page) at the following link: <http://www.rollbackmalaria.org/calendarofevents.html> A list of malaria-related meetings and events will be updated and provided to the proposer/team selected to undertake the evaluation.

3. RBM internal team

Will there be an internal RBM team/working group assisting with the evaluation?

The independent evaluation process will be overseen by the RBM Performance Subcommittee on behalf of the RBM Board. The Subcommittee will be supported by staff of the RBM Secretariat.

4. Oral presentations to stakeholders

The TORs, section 3 refer to "Oral presentations to key stakeholder groups, including the RBM Performance Subcommittee and RBM Secretariat. The evaluation team leader or his/her nominee shall make a presentation of key findings and recommendations to the RBM Board at its second meeting in 2009 (in or about November 2009)" unless indicated otherwise. In order to budget the travel and staff time required for these presentations, would you elaborate the stakeholder groups to which oral presentations will be made, when and where these presentations will be made, and whether presentations to multiple stakeholder groups could feasibly be scheduled during a single day?

It is anticipated that an in-person presentation would be made by the leader or member(s) of the evaluation team to the RBM Board at or in association with its second meeting of the year. The date and venue of the second Board meeting in 2009 have not been set yet. (In 2008, the second RBM Board meeting of the year was held in November in New Delhi.) Other presentations to the RBM Executive Committee or Performance Subcommittee could be made

by telephone or video conference. Presentations beyond these groups could be considered but may not be essential.

5. RBM impact at country level

The TORs, Section 3.1, include the question “What impact does RBM have at country level? Should this be improved?” Is assessing epidemiological impact beyond the scope of the evaluation? Does “impact” refer to changes in policy, funding, or program outputs (e.g. number of LLINs distributed). Could you please clarify what type of impact you are referring to in this question?

The evaluation team would not be expected to undertake epidemiological studies, to generate primary epidemiological data, or to undertake statistical studies to determine a causal nexus or correlation between Partnership activities and impact on malaria mortality and morbidity. However, where published epidemiological reports exist (i.e., Demographic Health Surveys, Malaria Indicator Surveys, Multiple Indicator Cluster Surveys, WHO World Malaria Report, UNICEF State of the World's Children), the evaluation may consider these as appropriate in the context of any related Partnership activities. Other types of impact may include changes in financial and human resources, policies, practices, programme outputs, as well as the number and types of partners engaged in the fight against malaria.

6. Size of the evaluation team

With regard to budgeting for the evaluation, is there an estimated number of persons for the evaluation team.

The size of the evaluation team is discussed in the TORs (see section 5, page 12 of the RFP). No specific number of persons for the evaluation team is prescribed.

RBM Partnership
20 February 2009