

## Call for Proposals

### Stakeholder satisfaction survey – January 2010



Dear Sir/Madam,

**Subject: Request for Proposals for Consultancy Services - Stakeholder Satisfaction Survey**

1. The Three Diseases Fund (3DF) / United Nations Office for Project Services (UNOPS) is seeking qualified project proposals to assess stakeholder satisfaction among the implementing partners. Your firm/institution is kindly invited to submit your best technical and financial proposal for the requested services as described in this Request for Proposals solicitation documentation. Your proposal could form the basis for a memorandum of agreement between your organization and the Three Diseases Fund / United Nations Office for Project Services (UNOPS).
2. To enable you to submit a proposal, please find enclosed:
  - a. Annex I: Terms of Reference (TOR), containing a description of UNOPS requirements for which these services are being sought;
  - b. Annex II: Proposal Submission Form, to be completed and returned with your proposal;
  - c. Annex III: UNOPS Conditions of Services;
  - d. Annex IV: Terms of Reference for the Fund Board, Fund Management Office, and the Technical and Strategy Groups
  - e. Annex V: List of 3DF implementing partners

This letter is not to be construed in any way as an offer to contract your organization.

**Manner of Submission**

3. Your proposal shall be prepared in English language.
4. Your proposal shall comprise the following documents:
  - (1) Proposal Submission Form
  - (2) Technical Component

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#### (3) Financial Component

5. The submission of your proposal shall be prepared in duplicate with one marked "Original" and the other marked "Copy". In the event of any discrepancy between them, the original shall govern. The proposal shall be submitted in a sealed envelope addressed as follows:

Three Diseases Fund  
**Stakeholder Satisfaction Survey**  
137/1, Than Lwin Road  
Kamayut Township  
Yangon

6. Proposals must be received by UNOPS at the above address on or before 16.00h 09<sup>th</sup> February 2010. Any proposal received after this time and date may be rejected. UNOPS may, at its discretion, extend the deadline for the submission of proposals, by notifying all prospective service providers at [www.3dfund.org](http://www.3dfund.org). The extension of the deadline may accompany a modification of the solicitation documents prepared by UNOPS at its own initiative or in response to a clarification requested by a prospective implementing partner.
7. You are requested to hold your proposal valid for 30 days from the deadline for submission. UNOPS will make its best effort to select a firm/institution within this period.
8. Assuming that an agreement can be satisfactorily concluded by 25<sup>th</sup> February 2010, the assignment is expected to commence on 1<sup>st</sup> March 2010. The completion date is four weeks later.
9. Please note that the cost of preparing a proposal and of negotiating the Memorandum of Agreement, including any related travel, is not reimbursable nor can it be included as a direct cost of the assignment.
10. If you consider that you or your firm/institution does not have all the expertise for the assignment, there is no objection to you or your firm/institution associating with another firm/institution, to enable a full range of expertise to be proposed. However, any invited firm/institution may not participate in more than one consolidated proposal. Similarly, a local firm/institution may associate with only one invited firm/institution that is making a proposal.

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11. Any requests for clarification should be referred to Mikko Lainejoki, Chief Executive Officer (CEO), at the above address, or e-mail to sandar@3dfung.org.

#### **Content of Proposal**

##### **Technical Component**

12. The technical component of your proposal should be concisely presented and structured in the following order to include, but not necessarily be limited to, the following information:
  - a. **Description of the Qualifications**  
A description of recent experience on projects of a similar nature, including experience in the country and language concerned.
  - b. **Understanding of the Requirements for Services**, including any assumptions as well as comments on the collected data, support services and facilities to be provided by the Fund Management Office as indicated in the TOR, or as you may otherwise believe to be necessary.
  - c. **Proposed Approach, Methodology, Timing and Outputs**  
Any comments or suggestions on the TOR, as well as a detailed description of the manner in which you or your firm/institution would respond to the TOR.
  - d. **Proposed Project Team Members**  
The curriculum vitae of the senior professional members of the team.

##### **Price Component**

13. Your separate price component must contain an overall quotation in local currency.
14. The price component shall include a breakdown of the total price by activity and output; and the period of its validity.
15. In addition, the price component must cover all the services to be provided and must itemize the following:
  - a. An all-inclusive rate per person-day for each team member to be assigned to the work, and number of days.
  - b. Other costs, if any (indicating nature and breakdown).
  - c. Summary of total cost for the services proposed.

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- d. A proposed schedule of payments, all of which must be expressed and will be effected in the currency of the proposal.

16. You should also indicate any comments or reservations to the draft agreement as in Annex III..

#### **Payment Provisions**

17. UNOPS' general policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the agreement.
18. Please note that UNOPS' policy is not to grant advance payments except in unusual situations where the potential contractor/tenderer, whether a private firm, NGO or a government or other entity, specifies in the proposal that there are special circumstances warranting an advance payment. UNOPS, at its discretion, may however determine that such payment is not warranted or determine the conditions under which such payment would be made.

#### **Evaluation of Proposals**

19. The total number of points which a firm/institution may obtain is 100.
20. The technical component, which has a total possible value of 70 points, will be evaluated using the following criteria:
  - a. the firm/institution's general reliability as well as experience and capacity in the specific field of the assignment (20 points);
  - b. the approach in responding to the TOR and the detailed workplan (30 points); and
  - c. the qualifications and competence of the personnel proposed for the assignment (20 points).
21. The maximum number of points for the Price Component is 30. This maximum number of points will be allocated to the lowest price proposal. All other price proposals will receive points in inverse proportion according to the following formula:

Points for the Price Component of a proposal being evaluated =

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$$\frac{[\text{Maximum number of points for the Price Component}] \times [\text{Lowest price}]}{[\text{Price of proposal being evaluated}]}$$

22. Please note that the UNOPS is not bound to select any of the firms/institutions submitting proposals. Furthermore, since an agreement will be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to UNOPS's general principles, including economy and efficiency, UNOPS does not bind itself in any way to select the firm/institution offering the lowest price.

Yours sincerely,

Mikko Lainejoki  
CEO, Three Diseases Fund  
No. 137/1 ThanLwin Road, Kamayut,  
Yangon, Myanmar

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#### Annex I

### TERMS OF REFERENCE STAKEHOLDER SATISFACTION SURVEY

#### INTRODUCTION

The Three Diseases Fund (3DF), a pooled funding mechanism, was developed in 2006 by a group of donors<sup>1</sup>, aiming to contribute to achieving the Millennium Development Goals (MDGs) in Myanmar by reducing the burden of communicable disease mortality and morbidity, by supporting activities undertaken to reduce the transmission and to enhance the provision of treatment and care for Tuberculosis (TB), Malaria and HIV and AIDS. The fund is managed by UNOPS as Fund Manager (FM), being responsible for the operation of the fund on day-to-day basis and provides technical advice to Fund Board (FB) on the content of programme to be supported, the inclusion of additional activities, monitoring and evaluation, audit and operational research. On the ground the Fund Manager is represented by Fund Management Office (FMO) staffed with programme and operations experts. The Fund Board oversees the independent monitoring and audit of activities supported by the fund and ensures that the policies of all donors are taken into account in the Fund's activities. On the programme side, Technical and Strategy Groups (TSGs) are responsible for reviewing the relevant national strategies and subsequently developing operational plans for the implementation.

In 2007 in Round I 23 implementing partners (drawn from UN agencies, international NGOs and local NGOs) were awarded with grants to deliver and scale up provision of health services to address the three diseases. In January 2009, Round II was launched with 8 Community Based Organizations (CBOs) to implement community-based projects in different parts of Myanmar. In the coming year of 2010, through Round III, more implementing partners will be provided with additional funding to expand and scale up activities for TB, Malaria and HIV and AIDS.

The Three Diseases Fund (3DF) has developed its own logical framework matrix and monitoring and evaluation framework to routinely monitor the performance of its implementing partners and to measure its own execution through a common, uniformed and comprehensive system while ensuring consistency with the national monitoring system. At purpose level of the 3DF logframe, the national targets and results were incorporated to report 3DF's support to the National Disease Programmes.

#### RATIONALE OF THE SURVEY

To achieve the results at purpose level, i.e. to resource a programme of activities to reduce transmission and enhance provision of treatment and care for HIV/AIDS, TB and malaria for the most in need populations, four outputs together with indicators and verification methods were identified. One of the outputs on the funds allocating process uses an indicator "*Percentage of Implementing Partners satisfied with the grant allocation process*" to measure its achievement. In order to improve and strengthen of its service delivery, the Fund

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<sup>1</sup> Australia, Denmark, the European Commission, the Netherlands, Norway, Sweden and the United Kingdom

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Management Office is seeking services of a consulting company to carry out the stakeholder satisfaction survey and to provide the Fund Management Office (FMO) with practical recommendations.

#### **OBJECTIVES**

The stakeholder satisfaction survey aims to:

- Identify stakeholders' (implementing partners) perceptions on the 3DF and to establish a baseline for the stakeholder satisfaction, and
- Improve the Fund's service level to ensure stronger response and higher results from the partners during the last two years of implementation.
- Indicate perceived efficacy of main actors of the Fund (FB, TSG, and FM).

#### **SCOPE OF WORK**

The contracted service provider is expected work closely with the FMO team.

The scope of work for the consulting company is to:

- Read and analyse pertinent documentation
- Develop a questionnaire in close collaboration with FMO
- Pre-test the questionnaire before the actual field survey
- Conduct the stakeholder satisfaction survey covering all relevant stakeholders
- Analyse the information collected
- Generate a draft research report (together with recommendations) to share with the FMO and the FB and incorporate relevant feedback in the final report
- Facilitate a presentation to recapitulate and discuss the survey findings and recommendations

#### **METHODOLOGY**

The stakeholder satisfaction survey should be conducted through a combination of the following processes:

- Review of the relevant literature to capture the necessary background information on the 3DF funding mechanism and its principles, limitations and opportunities for the partners
- Review of relevant project documentation and project reports
- Consultation meetings with FMO team in the questionnaire development
- Face-to-face interviewing of 3DF's Implementing Partners (stakeholders) using the questionnaire

#### **DELIVERABLES**

- Designing a questionnaire focusing on three main actor's (FB, TSGs and FM) with questions measuring related issues
- Conducting a survey among all Implementing Partners ensuring stakeholder confidentiality and anonymity
- Draft report with a presenting of survey findings and recommendations

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- A complete survey report with evidence of thorough analysis of survey findings and list of recommendations on how 3DF can improve its service level. The recommendations must have rational clarifications in the main body of the report.

#### **TIMELINE**

The proposed tasks must be conducted within a period of four weeks, preferably commencing the work not later than 01 March 2010. In first week, the contracted service provider should work closely together with the FMO team to develop the survey questionnaire. The actual data collection should be carried out during the second and third week, which will leave one week for the data analysis and report writing. A complete draft report must be sent to the FMO latest 2 April 2010 with a presentation on the 5<sup>th</sup> of April. The final report incorporating relevant feedback received shall be submitted latest within 7 days after the presentation of the draft report and consolidated feedback received from the FMO.

#### **REQUIRED QUALIFICATIONS OF THE CONTRACTOR**

The consulting company should possess the following skills and background:

- Proven track record in a field relevant to the assignment;
- Good experience in undertaking similar assignments, preferably also in the non-profit sector;
- Strong experience in research and data analysis;
- Good understanding of the functioning of humanitarian agencies
- Proven reporting skills in English
- Fluency in Myanmar would be an asset

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#### Annex II

#### PROPOSAL SUBMISSION FORM Stakeholder Satisfaction Survey

TO: Three Diseases Fund/UNOPS  
137/1, ThanLwin Road, Kamayut Township,  
Yangon, Myanmar

Dear Sir/Madam:

Having examined the Solicitation Documents, the receipt of which is hereby duly acknowledged, we the undersigned, offer to supply the required services for the sum as may be ascertained in accordance with the Price Component attached herewith and made part of this proposal.

We undertake, if our proposal is accepted, to commence and complete delivery of all items in the contract within the time frame stipulated.

We understand that you are not bound to accept any proposal you may receive and that a binding contract would result only after final negotiations are concluded on the basis of the Technical and Price Components proposed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature

(in the Capacity of)

Duly authorized to sign proposal for and on behalf of:

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#### Annex III UNOPS CONDITIONS OF SERVICES

**1-Contractor's Status** In all matters relating to this Contract, the Contractor shall be acting as an independent contractor. Neither the Contractor nor its employees are the employees of UNOPS. The Contractor assumes all liabilities or obligations imposed by any law or regulation with respect to such employees. The Contractor shall not have the authority to create any obligation on behalf of UNOPS and shall not represent itself as an agent, employee or in any other capacity of UNOPS. The Contractor shall be responsible for the professional and technical competence of its employees, who shall be expected to respect local customs and conform to a high standard of moral and ethical conduct.

**2-Damage to Persons and Property** The Contractor shall indemnify and hold harmless UNOPS, its officers, agents, employees and servants from and against all suits, claims, demands, proceedings, and liability of any nature or kind, including costs and expenses, for injuries or damages to any person or any property whatsoever which may arise out of or in consequence of acts or omissions of the Contractor or its agents, employees, servants or subcontractors in the execution of this Contract.

**3-Intellectual Property Rights** All intellectual property and other proprietary rights, including but not limited to patents, copyrights and trademarks, in all countries, with regard to maps, drawings, photographs, mosaics, plans, manuscripts, records, reports, recommendations, estimates, documents and other materials, except pre-existing materials, publicly or privately owned, collected or prepared as a consequence of or in the course of the performance of this Contract, shall become the sole property of UNOPS. The Contractor shall hold harmless and fully indemnify UNOPS from and against all claims and proceedings for infringement of any patent rights, design trademark or name or other protected rights resulting from Contractor's performance.

**4-Confidentiality** All maps, drawings, plans, reports, documents and all other data compiled by or received by the Contractor under the Contract shall be the property of UNOPS, shall be treated as confidential and shall be delivered only to the duly authorized representative of UNOPS on completion of the Services.

**5-Advertising** The Contractor shall not advertise or otherwise make public the fact that it is performing, or has performed services for UNOPS or use the name, emblem or official seal of UNOPS or the United Nations or any abbreviation of the name of UNOPS or the United Nations for advertising purposes or any other purposes.

**6-Modifications** Any modification or change to this Contract shall require an amendment in writing between both parties duly signed by the authorized representatives of the Contractor and UNOPS.

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**7-Sub-contracting and Assignment of Contract** The Contractor shall not sub-contract the Services or otherwise assign, transfer, pledge or make other disposition of this Contract or any part thereof or of any of the Contractor's rights, claims or obligations under this Contract.

**8-Termination** UNOPS may terminate this Contract for cause or convenience in the interest of the UNOPS upon not less than fourteen (14) days written notice to the Contractor. Upon termination of this Contract, the Contractor shall take immediate steps to terminate his performance of the Contract in a prompt and orderly manner and to reduce losses and to keep further expenditures to a minimum. Unless such termination has been occasioned by the Contractor's breach of this Contract, the Contractor shall be entitled to be paid for the part of the Services satisfactorily completed as of the date of termination, plus substantiated costs resulting from commitments entered into prior to the date of termination as well as any reasonable substantiated direct costs incurred by the Contractor as a result of the termination, but shall not be entitled to receive any other or further payment or damages.

**9-Privileges and Immunities** Nothing in or relating to this Contract shall be deemed a waiver of any of the privileges and immunities of the United Nations of which the UNOPS is an integral part.

**10-Settlement of Disputes** Any controversy or claim arising out of or in connection with provision of this Contract or any breach thereof, shall, unless resolved through direct negotiation, be settled in accordance with the UNCITRAL Arbitration Rules then in force. UNOPS and the Contractor shall be bound by any arbitration award rendered as a result of such arbitration as the final adjudication of any such controversy or claim.

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Annex IV.

#### **Terms of Reference for the TSGs, the Fund Board and the Fund Manager**

##### **1. Fund Board**

###### **Introduction**

A group of six donors (AusAID, DFID, EC, Netherlands, Norway and Sida) have decided to collaborate in providing support for a programme of activities in response to the three critical epidemics (HIV/AIDS, malaria, tuberculosis) in Burma/Myanmar. In view of the prevailing environment this support is being provided via an independent Fund established by the donors and managed on their behalf.

The Fund Board is the body appointed by the Donor Consortium to take full executive responsibility for the Fund on behalf of the supporting donors. The Board will be responsible for the interpretation and implementation of fund policies, managing the Fund Manager and monitoring the Fund performance on behalf of the Donor Consortium, reporting annually to the donors through the Donor Consortium at its main meeting. It comprises four representatives from the Donor Consortium and three independent international experts.

###### **Membership**

The members of the Fund Board are appointed by the Donor Consortium and serve at the invitation of the consortium. Initial appointments for the permanent members will be for a period of three years from the establishment of the Fund (May 2006). Fund Board (FB) members will comprise:

- 4 donor representatives – three of whom will be selected from amongst the permanent members of the Donor Consortium and will reflect health technical capacity and interest, together with the ability to give substantial time to representing the donors in Yangon. The position of chair of the FB will be filled by a senior manager from one of the donor agencies. This position will be held on a 12 month basis and will rotate within the donor group. This will ensure accountability direct to the donor management and will bring senior level policy insights to the Fund Board's discussion.
- 3 independent international experts – chosen to complement donor experience and skills with political, risk, and Myanmar experience. The three experts will bring an awareness of good practice in fund administration, sector wide thinking and the political constraints of operating within the Myanmar context. Ideally, at least one of the three experts will be someone living and working in Myanmar and another will have wider experience of health sector service delivery within conflict or otherwise politically constrained environments.

The Chief Executive of the Fund Manager will be a non voting ex officio adviser to the Board and will act as secretary to the Board.

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#### **Purpose**

The Fund Board acts as a managing committee on behalf of the Donor Consortium. Fund policies will be developed by the Board. The Fund Manager will be responsible for reporting to the Board on the day to day operation of the Fund. All key decisions about fund allocation, strategy approval and determination on the Operational Plan will be taken by the Board or delegated by the Board to the Fund Manager once clear precedents have been established.

#### **The Fund Board is Responsible for:**

- Assessment of the three National Strategies and Operational Plans as a basis for decision making on funding decisions
- Dialogue with national coordination structures (i.e. Co-ordinating Mechanism/ Partnership Group)
- Identification of additional outputs/ activities
- Oversight of Fund Manager delegating and confirming decisions as necessary
- Participation in reviews
- Receiving 3D Fund annual reports and audit reports from the Fund Manager
- Commissioning reviews of specific fund activities
- Monitoring risk assessment
- Commissioning reviews of the 3D Fund

#### **The Fund Board will Delegate to the Fund Manager Responsibility for:**

1. Holding, disbursing and accounting for funds in a transparent and efficient manner in line with agreed priority areas for funding
2. Allocating funds in line with Fund Board priorities in response to quality programmes developed through the co-ordinating mechanism established within Burma/Myanmar
3. Managing fund flow and monitoring and evaluating implementing partners' performance
4. Contracting independent managing agents, where appropriate, to undertake procurement of commodities, performance management or other activities on behalf of the Fund Manager;
5. Undertaking performance monitoring in coordination with those responsible for programme monitoring and evaluation
6. Ensuring that the Fund contributes to the development of the National Strategies and Operational Plans through operations research and policy advice

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#### Meetings

The Board will meet at least once a quarter and may meet more frequently. Recommendations made by the Fund Manager in non-delegated areas will require approval by the Fund Board. However, such areas should be limited so as not to hamper timely delivery by the Fund Manager.

The Fund Board will approve the format and content of the annual report, review the annual accounts prior to audit, manage the mid-term and final reviews on behalf of the Donor Consortium and commission any special reviews considered necessary.

Settlement of disputes will be according to established UN procedures.

#### 2. Fund Manager

##### Purpose

Effective, transparent and efficient management of the Three Diseases Fund on behalf of the Fund Board acting for the Donor Consortium. The Fund Manager will have full delegated authority for the management of the Fund within the strategy and priorities agreed by the Fund Board.

##### Main Outputs

- a. Funds are allocated in line with Fund Board policies in response to quality programmes developed through the co-ordinating mechanism established within Burma/Myanmar.
- b. Funds are held, disbursed and accounted for in a transparent and efficient manner in line with requirements of the Fund Board.
- c. Fund flow and implementing partner performance are monitored and evaluated.
- d. The Fund Board is kept informed of the development of the National Strategies and operational plans through operations research and policy advice.

##### Responsibilities of the Fund Manager

##### Specific responsibilities

- a. Establishment of Three Diseases Fund and its effective operation.
- b. Establishment of transparent financial systems based on international best practice.
- c. Establishment and implementation of transparent procurement and distribution procedures.
- d. Grants process transparently managed.
- e. Performance management of the Implementing Partners and other suppliers.
- f. Capacity Building.
- g. Regular reporting to the Fund Board.

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- h. Effective working relationships established with all stakeholders and close dialogue maintained with those responsible for programme development and implementation.
- i. Three National Strategies and Operational Plans reviewed and comments submitted to the Board.
- j. Initial priorities for the Fund identified and submitted to the Fund Board for approval and implementation. Fund strategy refined and monitored.
- k. Processes for direct and competitive grants established, implemented and managed.
- l. Direct and competitive processes are managed so that they reinforce Fund priorities.
- m. Additional activities designed or commissioned submitted to the Fund Board for approval, and implemented to support priorities of the Fund Board related e.g. to gender, equity, geographical coverage, ....
- n. Coordination with those responsible for national programme M&E.
- o. Review and assess national programme M&E systems.
- p. Fund-supported actions' M&E performance procedures established and managed and related reports submitted to the Board.
- q. Systems established to ensure opportunities for lesson learning.
- r. Operational research designed, commissioned and implemented.
- s. Policy Dialogue facilitated.
- t. Communications Strategy developed and implemented.
- u. Capacity building programme developed and implemented.
- v. Fund Risk Management Strategy developed, implemented and monitored.
- w. Annual financial forecasts submitted to the Fund Board.
- x. Participation at quarterly meetings of the Fund Board as secretariat.

#### Operational responsibilities

##### The Fund Manager will:

- a. establish and maintain an independent office and identity in Yangon;
- b. maintain complete independence from all recipients of Fund support;
- c. be accountable to the Fund Board for all aspects of Fund management;
- d. provide information to the Fund Board to enable policy and strategy development
- e. appoint such staff and develop such systems as may be required to effectively carry out the tasks outlined above and any other responsibilities delegated by the Fund Board within the context of the present Terms of Reference.

### 3. Technical and Strategy Groups

A Technical and Strategy Group (TSG) will be formed for each of the three diseases. The TSGs will focus on development of the individual disease specific National Strategies, operational plans and budgets. They will also co-ordinate implementing partners at national and local level, provide a forum for partner discussion and lesson learning. Each TSG will

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have representation from all key implementing partners active in respect of that disease and is answerable to the Co-ordination Body.

#### **Purpose**

Each TSG will support the development of a national strategy involving all stakeholders; collaborate with and coordinate all implementing partners (at national and decentralised levels); monitor and evaluate the implementation of the programme; and provide for lesson learning.

#### **Outputs**

1. Finalise the National Strategies for the respective disease.
2. Develop the 3 years (rolling) operational plans that are - output based; have clear indicators; identified outcomes; 3 years budget; 1 year detailed costing by output, level of the health system (national, township, etc.), category of cost etc.
3. Develop criteria for resource allocation between outputs and levels, criteria for scaling up and equity, effectiveness of interventions
4. Monitoring and evaluation of the programme (quarterly and annual financing and programmatic reporting)
5. Annual re-assessment of and amendments to the Operational Plans
6. Coordination of implementing partners at national and Township levels
7. Advising implementing partners on technical matters related to the implementation of the programme and providing a forum for lesson learning and the sharing of good practice
8. Advising the Co-ordination Body on policy issues

#### **Membership**

Each TSG will be chaired by the Ministry of Health (if appropriate the respective National Programme Manager). The TSGs will have secretariat support and be facilitated by the respective lead UN technical agency (UNAIDS for HIV/AIDS and WHO for TB and Malaria). In the case of HIV/AIDS additional technical support may be provided by WHO. Each TSG will meet on a monthly basis as required.

Each TSG will have a maximum of 20 members drawn equally from MoH and other key Ministries, international NGOs, civil society (including NGOs, professional associations, stakeholder groups, and UN technical agencies).

Each TSG will have an Executive Working Group comprising the chair, secretariat and technical support, and up to five members chosen from amongst the main TSG on the basis of skill and expertise rather than on a representative basis. The Executive Working Groups will meet at least weekly to prepare the Operational Plans and budgets and more frequently if required.

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Annex V.

#### List of 3DF Implementing Partners

##### Round I

1	WHO	Fund Flow
2	AFXB	HIV/AIDS
3	AHRN	HIV/AIDS
4	Alliance	HIV/AIDS
5	AMI	HIV/AIDS
6	AZG/MSF-H	HIV/AIDS
7	BI-MM	HIV/AIDS
8	CARE	HIV/AIDS
9	Malteser	HIV/AIDS
10	MANA	HIV/AIDS
11	MBCA	HIV/AIDS
12	MSF-Switzerland	HIV/AIDS
13	PGK	HIV/AIDS
14	PSI	HIV/AIDS
15	Save The Children Fund	HIV/AIDS
16	UNAIDS	HIV/AIDS
17	UNFPA	HIV/AIDS
18	UNODC	HIV/AIDS
19	WHO	HIV/AIDS
20	World Concern	HIV/AIDS
21	World Vision	HIV/AIDS
22	IOM	Integrated
23	CESVI	Malaria
24	Merlin	Malaria
25	WHO	Malaria
26	World Concern	Malaria
27	World Vision	Malaria
28	AHRN	TB
29	AZG/MSF-H	TB

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30	Malteser	TB
31	WHO	TB
32	World Vision	TB

#### Round II

1	Mahaythi, Mawlamyine	HIV/AIDS
2	ASG, Tachileik	HIV/AIDS
3	Ratana Metta	HIV/AIDS
4	SARA	HIV/AIDS
5	PDO, Mandalay	Integrated
6	CDA	Malaria
7	MHAA	Integrated

#### Round III

1	PSI - TB	TB
2	MDM	HIV/AIDS
3	PSI - Malaria	Malaria
4	IUATLD, Mandalay	HIV/AIDS
5	Ratana Metta	HIV/AIDS
6	Burnet Institute	HIV/AIDS
7	CESVI	Malaria
8	Pyi Gyi Khin	HIV/AIDS
09	Merlin - TB	TB
10	AMI	HIV/AIDS
11	Alliance	HIV/AIDS
12	WHO - Malaria	Malaria
13	WHO - HIV	HIV/AIDS
14	AFXB - Malaria	Malaria
15	AHRN - HIV/TB	Integrated