

Request for proposals

RFP#2026-017

To support a mass drug administration with Artemether Lumefantrine (AL) in the municipality of Guapi in Cauca, Colombia.

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Request for proposal number: 2026-017

To support mass drug administration of Artemether Lumefantrine (AL) in two municipalities in Colombia.

VI. Request for proposal schedule

Activity	Date and time
Request for proposal (RFP) released	March 30, 2026
Confirmation of interest in submitting a proposal and deadline to submit queries/ clarifications from potential bidders	April 3, 2026
PATH response to all queries/clarifications from potential bidders	April 8, 2026
Deadline for submission of proposal in response to the RFP	April 21, 2026
Outcome communication (including clarifications and references verifications)	April 30, 2026

Note: REACH Malaria (REACH) may change the dates at its discretion. Changes will be communicated to those who confirmed their intent to submit a proposal.

VII. PATH REACH Malaria (REACH) statement of business

PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world’s most pressing health challenges. With expertise in science, health, finance, technology, advocacy, and dozens of other specialties, PATH develops and scales innovative solutions—including vaccines, drugs, devices, diagnostics, and approaches to strengthening health systems worldwide. Learn more at <http://www.path.org/>.

The Reaching Every At-Risk Community and Household with Malaria Services (REACH Malaria) is a 5-year project to further the US Department of State Global Health Security and Diplomacy

(DoS/GHSD) commitment to lifesaving activities. REACH Malaria will work with Colombia's Ministry of Health and Social Protection (MSPS) and National Malaria Program to strengthen prevention, detection, and treatment of the disease in health facilities and by community health promoters to reduce malaria cases and save lives. The project has been awarded to PATH, a global nonprofit organization, in collaboration with consortium partners.

The World Health Organization (WHO) recommends mass drug administration (MDA) to rapidly clear malaria infections in outbreak situations and in elimination settings. MDA is conducted with effective antimalarials and is most effective when conducted in areas with high coverage, good access to treatment, and targeting well defined populations with minimal migration. Colombia's National Malaria Program is planning to conduct MDA in Guapí, Cauca beginning in May/June 2026. The REACH Malaria project will work with the NMP, PAHO, local health authorities and community leaders in the selected municipalities for the study, and a subcontractor to be competitively identified to begin preparations and ensure that MDA activities are well planned, implemented, and monitored.

VIII. Contracting requirements

- 3.1 The contracting authority shall be PATH or any one of its affiliates, either directly or on behalf of the operations countries or programs.
- 3.2 The commercial contracting terms and conditions will be negotiated with the successful bidder toward the end of the selection process.
- 3.3 By submitting a proposal, the bidder confirms that they will abide by the RFP terms and PATH policies, especially our Code of Ethics (<https://www.path.org/about/code-ethics/>), and general good practices regarding inclusivity, diversity, fair trading, health and safety, records management, anti-fraud and corruption, and environmental policy, among others.
- 3.4 The anticipated contract will be a deliverable-based fixed priced award or a cost reimbursable award.

- 3.5 Under this award, payments will be made only upon completion and acceptance of deliverables by PATH. Advances may not be made unless determined by PATH as justifiable under certain circumstances and beneficial to the project.

IX. Solicitation terms and conditions

- 4.1 **Notice of nonbinding solicitation:** PATH reserves the right to reject any, and all bids received in response to this solicitation and is in no way bound to accept any proposal.
- 4.2 **Confidentiality:** Bidders shall treat all information provided by PATH as part of this solicitation as confidential. If any information is inappropriately released, PATH may seek appropriate remedies as allowed under applicable law.
- 4.3 **Conflict of interest disclosure:** Bidders bidding on PATH business (also referenced herein as "bidders") must disclose, to the procurement contact listed in the RFP, any actual or potential conflicts of interest. Conflicts of interest could be present if there is a personal relationship with a PATH staff member that constitutes a significant financial interest, a

board membership, other employment, or ownership or rights in intellectual property that may conflict with the bidder's obligations to PATH. Bidders and PATH are protected when actual or perceived conflicts of interest are disclosed. It is a potential bidder's responsibility to establish and report to PATH any potential conflict of interest in a clearly marked letter/document that states the bidder's position on this matter. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

- 4.4 **Acceptance:** Bidder's submission of a proposal means the bidder accepts all terms and conditions set forth in the RFP. PATH's acceptance of a proposal does not mean acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. We also reserve the right to negotiate the substance of the RFP finalists' proposals and the option of accepting partial components of a proposal if appropriate.
- 4.5 **Right to final negotiations:** PATH reserves the option to negotiate on the final costs and final scope of work and reserves the option to limit or include third parties in such negotiations at PATH's sole and full discretion.
- 4.6 **Third-party limitations:** PATH does not represent, warrant, or act as an agent for any third party because of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.
- 4.7 **Proposal validity:** Proposals submitted under this RFP shall be valid for at least 90 days following the date the proposal is due. The validity period shall be stated in the proposal submitted to PATH.
- 4.8 **Limitation of liability:** The terms and conditions set forth in this RFP do not exclude or limit the liability of PATH or the bidder in relation to fraud or in other circumstances giving rise to liability under any applicable law.
- 4.9 **Tender costs and liability:** Bidders are responsible for obtaining all information necessary for the preparation of their proposal and for all costs and expenses incurred in preparation of the proposal. Subject to the "Limitation of liability" section in this RFP (section 4.8), the bidder accepts by their participation in response to this RFP, including without limitation the submission of the proposal, that it will not be entitled to claim from PATH any costs, expenses, or liabilities that it may incur in tendering a response to this RFP, irrespective of whether their proposal is successful.
- 4.10 **PATH's variation or termination rights:** PATH reserves the right to vary or terminate this RFP process with written notice to all bidders from which it has received proposals. It is intended that this solicitation process will take place in accordance with the provisions of this RFP, but PATH reserves the right to terminate, amend, or vary (to include, without limitation, in relation to any time scales or deadlines) the solicitation process by notice to all bidders from which it has received proposals. Subject to section 4.8, "Limitation of liability," PATH will have no liability for any losses, costs, or expenses caused by its termination, amendment, or variation to this RFP.
- 4.11 **Joint venture or consortium or subcontractors:** Any lead bidder that submits a proposal in response to this RFP takes responsibility and accountability for enforcing the RFP

requirements set forth herein among the members of the joint venture or consortium, and each of their advisers, subcontractors, and staff.

- 4.12 **Payment and invoicing:** PATH will pay correctly addressed and undisputed invoices within 30 days. Bidders shall ensure comparable payment provisions apply to payments to their downstream parties. Advance payment is not preferred. If an advance payment is envisaged and is other than industry or country known practice, such must be made clear in the financial proposal to PATH.
- 4.13 **Restrictions on bidding:** A bidder that is currently serving a debarment by any of PATH partner's or donors is not allowed to submit a response to this opportunity. This also applies to those entities that are blacklisted by any of PATH's partners or donors.

X. Instructions for responding

- 5.1 **PATH contacts:** All communications regarding this solicitation shall be directed through the PATH email provided below. Contacting third parties involved in the project, the review panel, or any other party may be considered a conflict of interest and could result in the proposal's disqualification. All documents required as part of the proposal must be submitted to tmunson@path.org, with copy to tgingras@path.org and to jbarton@path.org by the deadline for submission.

The subject line of all emails regarding the proposal should read RFP # 2026-017, Your Company Name.

- 5.2 **Confirmation of interest:** Please send a statement acknowledging receipt of this solicitation and your intent to respond or not respond no later than the date noted in the schedule in section 1. Send the confirmation to the contacts listed above. This requirement is purely for planning purposes, and one can still submit a proposal even without having confirmed interest in taking part in the exercise.
- 5.3 **Proposal technical content:** Bidders are advised to provide only what is required as captured in Annex B: "Bidder's proposal format/questionnaire." The proposal must be clear, concise, unambiguous, and directly address the requirements stated.
- 5.4 **Selection of short list:** PATH reserves the right to select a short list from the bids received. PATH has the option to interview and discuss specific details with those bidders who are short-listed.

XI. Specifications/Scope

6.1 **Scope of work/terms of reference/specifications:**

Refer to Annex D of this RFP.

6.2 **Deliverables:**

Refer to Annex D of this RFP.

XII. Fact-finding questions

7.1 Fact-finding questions should be sent to the PATH email listed in Section 5.1 by the date in the RFP schedule (section 1). Fact-finding questions received after this deadline cannot be accommodated.

7.2 It is advisable that any fact-finding questions refer to a specific section of the RFP, and to the extent possible, be aggregated rather than sent individually.

7.3 In line with transparency principles, all fact-finding questions and all of PATH's responses to these questions will be shared with all those who confirmed their intent to bid. Questions will be anonymized and answered if PATH reasonably determines that such fact-finding questions do not disadvantage any potential bidder and are not commercially confident. If such are commercially confidential, they shall be handled in line with PATH's policy on information and data.

7.4 PATH may request from a bidder additional information at any time ahead of award, and the bidder will be expected to provide the requested information within the time frame given. Failure by a bidder to provide supplementary information to PATH in a timely manner may lead to the proposal being rejected in full or disqualification from the procurement process.

XIII. Qualifications, evaluation criteria, and selection

8.1 **Bidder qualifications:** In relation to the scope, provide information on your overall qualifications, including (refer to Stage 2: Selection and Evaluation Criteria):

- Profile of relevant institutional qualifications.
- Profile of relevant experience and examples of related work.
- Qualifications of key members of the proposed project team (attach CVs/resumes and provide details of backup/standby teams).
- Number of years in business.
- If your company has more than one location, please indicate the qualifications of the site that is responding.
- Bidders that do not meet reasonable qualifications shall not be short-listed and, therefore, not technically evaluated.

8.2 **Selection and evaluation criteria:** The proposal is to follow the template provided in Annex B (“Bidder’s proposal format/questionnaire”) and will be expected to address all the requirements.

- Stage 1: Proposals will be checked for completeness in terms of submission on time, technical proposal, financial proposal, and all required information. Proposals that are correctly completed will proceed to Stage 2. Any proposals submitted late, incomplete, or with significant omissions may be rejected at this point. If a proposal is rejected at this stage, it will automatically be disqualified from further review.
- Stage 2: Qualification criteria
 - The firm must have a physical address / appointed agent in Colombia.
 - The firm must be registered to carry out business in Colombia and demonstrate local presence in the country.
 - Provide copies of Business registration certificates
 - Provide copies of Current Tax compliance certificate.
 - Copies of Tax Registration Certificate
 - The payroll management solution must be among the mainstream payroll solutions acceptable in Colombia.
 - Proof that the proposed system is approved for use in Colombia.
 - The firm should provide evidence of at least three similar assignments in NGOs, corporate or related organization they have provided similar solutions in the last 8 Years. As proof, provide copies of contracts, references and/or completion certificates from the listed clients and contact details where they have provided similar solutions. Similar assignments will demonstrate:
 - Proven experience implementing large-scale public health campaigns
 - Demonstrated capacity to work with national and sub-national government authorities
 - Strong logistics, data collection, and reporting capabilities
 - Experience conducting household surveys or coverage evaluations
 - Ability to deploy qualified personnel rapidly in multiple regions, especially along Colombia’s Pacific Coast
 - Experience working in rural, remote, or hard-to-reach communities is a strong asset
 - Proficient working and writing in English is a strong asset
 - Demonstrable experience, capacity, and the capability to provide the required solutions within the required timelines. Please indicate the estimated time for supply, installation, commissioning, testing, training, and maintenance of the proposed solutions.
- Stage 3: If a proposal passes the Stage 1 and Stage 2 evaluation, it will be evaluated in detail in line with the evaluation methodology below. Information provided as part of the qualification may be verified at this stage, and as part of the evaluation process.

8.3 Proposals Assessment: Proposals will be based on best-value-trade-off. The technical rating will be weighted higher than the financial proposal. The assessment will be done using the criteria and weightings in Table 1 and will be assessed strictly based on the proposal submitted.

Table 1. Proposal evaluation criteria and weighting

Evaluation criteria	Weight (100%)
Demonstrated relevant experience (three similar projects in the past 60 months (about 5 years) – with reference proofs. Ideally, the experience cited is for mid-sized iNGO entities in size and complexity, including demonstrated experience working with Colombia’s National Malaria Control Program and/or the Ministry of Health and Social Protection. Demonstrative capacity to execute community level activities along the Colombia Pacific Coast, specifically in the Cauca region.	20%
Relevance of experience and skills of proposed staff/individuals to work on the scope of work	20%
Demonstrated technical understanding of the scope of work, and the quality and completeness of response to the scope of work	30%
Methodology/approach of implementation and detailed work plan	30%

Scoring model: Proposals that are subjected to technical/detail evaluation will be scored based on the model in Table 2 below for all the technical components. The financial aspect of proposals will be evaluated separately, as highlighted in section 8.4.1 below and Annex C.

Table 2. Proposal scoring model

Assessment	Score	Summary	Interpretation
Excellent	5	Very strong evidence of appropriate knowledge, skills, and experience to meet the scope. Demonstrated innovation in better delivery of the scope.	As well as addressing all or most bullet points under each criterion heading, the proposal shows a deep understanding of the project. All solutions offered are linked directly to project requirements and show how they will be delivered and the impact they will have on other areas and stakeholders.

Assessment	Score	Summary	Interpretation
Good	4	Sufficient evidence provided of adequate knowledge, skills, and experience to meet the scope. May demonstrate some innovation though it may be less robust. Meets all requirements with some minimal gaps.	Reflects that the bidder has addressed, in some detail, all or most of the bullet points listed under each criterion heading. Evidence is included that shows not only what will be provided but also gives some detail of how this will be achieved. Bidders should make clear how their proposals relate directly to the aims of the project and be specific, rather than general, in the way proposed solutions will deliver the desired outcomes.
Acceptable	3	Reasonable evidence of appropriate knowledge, skills, and experience for the scope. Meets requirements in many areas but not all areas.	Addresses most bullet points under each criterion heading but lacks clarity or detail on how the proposed solutions will be achieved. Evidence is provided; however, generic or general statements are not specifically directed toward the aims/objectives of the project. Any significant omission of key information as identified under each criterion heading will point toward a score of 3.
Minor reservations	2	There is some evidence of appropriate knowledge, skills, and experience for the scope. Meets requirements in some areas but has important omissions.	Reflects that the bidder has not provided evidence to suggest how they will address several bullet points under the evaluation criteria headings. The tender is, in part, sketchy, with little or no detail given of how the project requirements will be met. The evidence provided is considered weak or inappropriate and it is unclear how this relates to the desired outcomes.
Serious reservations	1	Limited evidence of appropriate knowledge, skills, and experience for the scope.	Reflects major weaknesses or gaps in the information provided. The bidder displays poor understanding and there are major doubts about fitness for purpose.

Assessment	Score	Summary	Interpretation
Unacceptable	0	No evidence of knowledge, skills, and experience for the scope.	Results if no response is given and/or if the response is not acceptable and/or does not cover the required criteria.

- 8.4.1 **Financial evaluation:** The “total cost” will be evaluated for the purposes of financial evaluation, and prices are not subject to any pricing assumptions, qualifications, or indexation other than that stated in the financial proposal. Financial proposals will be ranked by lowest price and evaluated only for reasonableness and realism. Annex C provides detailed guidelines on inclusions and exclusions for your consideration in preparation of the financial proposal.
- 8.4.2 **Moderation and application of weightings:** The evaluation panel will moderate criteria that have substantial divergence among the individual scores and agree on the final score (as opposed to averaging scores). The score for each award criterion will be amalgamated to give a percentage score out of 100.
- 8.4.3 **Demonstrations for technically compliant and cost-effective solution:** PATH reserves the right to invite the technically compliant and cost-effective solution for a demonstration. The purpose of the demonstration will be for the solutions provider to take PATH through the solution, respond to any clarifications raised and offer more detail on the solution without having to introduce new requirements by the vendor or PATH.
- 8.4.4 **The recommended winning bidder:** The recommended award winner will be the proposal that provides PATH the best value when applying the above evaluation methodology.
- 8.4.5 **Feedback:** All those who submit proposals will be provided with feedback upon request. At a minimum, each bidder that requests for feedback will be provided with a summary of key strengths and areas for improvement.

Annex A. Supplemental Information for PATH Solicitations

Please refer to the attached document to the RFP.

Annex B. Bidder’s proposal format/questionnaire

In responding to the evaluation criteria questions, the proposal is expected to demonstrate the following:

Evaluation criteria	Maximum Pages	Proposal outline
Social value (if available/ applicable to an organization)	1/2 page	Explain how you support social aspects of the region/country in which you do business. [half-page maximum]
	1 page	Explain how you plan to incorporate small and disadvantaged businesses including how you will report to PATH on this during implementation [1 page maximum]
Experience	5 pages	<p>Summarize three similar projects undertaken in the past 8 years.</p> <ul style="list-style-type: none"> ● Cite three projects done in the 8 years that are similar in scope, complexity, and cost to the current work you are pitching for. ● Include the completion certificate with exact scope, dates within which the work was done, and the success rate for each project. ● Include the name of the organization, the key contact (office), and email address for each project. PATH may decide to contact the cited organization as part of selection and/or due diligence without seeking further permission to do so. ● Identification of major internal and external resources specific to this scope.
Expert personnel	3 pages (not including CVs)	<p>Experts (proposed personnel, including CVs/resumes highlighting experience and sign-off as confirmation they will be available).</p> <ul style="list-style-type: none"> ● Enlist the personnel you intend to use for implementation of the scope, clearly stating the role of each expert, number of days to be utilized, etc. ● Attach a CV/resume (no more than 3 pages) for each expert with a sign-off to indicate availability. ● Discussion of project management and roles of project team.
Methodology / Approach	8-10 pages	<p>Methodology/Implementation approach.</p> <ul style="list-style-type: none"> ● Explain the “how” and any innovation you intend to undertake in implementing this scope. ● Timeline to meet the deliverables. ● Potential obstacles and plan to overcome them. <p>Please include any comments on the scope/terms of reference that can offer improvements on the design, implementation, or evaluation of the proposed interventions.</p>

Annex C. Financial proposal

The financial proposal should comply with the following guidelines. The maximum available budget for this work is USD 300,000. Bids with a budget that exceeds this value may not receive a technical evaluation.

Please use the attachment entitled “Annex C” for the budget template and preparation.

Itemized costs

Provide itemized costs for the total scope of this project based on the scope of work and deliverables outlined in section 6. The final scope of work may be subject to negotiation; however, bidder selection will be made against the original scope of work. Bids should include itemized costs for key elements of the scope of work, as follows:

- Percentage participation of key staff in total level of effort.
 - Roles and rates of key staff.
 - Estimated total level of effort and associated costs.
 - Other direct costs (e.g., transportation/flights, accommodations, internet, agency costs, agency fees, administrative costs, supplies, taxes).
1. The targeted MDA site is Guapi, in the department of Cauca on the Pacific Coast.
 2. Estimate the NUMBER of hours or days for each technical Team member to provide the solution.
 3. Provide the hourly or daily RATE for each member of the Technical Team. The cost should be actual salaries paid to each member in Colombian pesos (COP), clearly indicating the relevant taxes.
 4. Itemize all costs, e.g., administrative costs, supplies, tax, other direct costs, etc., and provide a detailed breakdown of major cost components. Items to account for include:
 - a. Pregnancy tests
 - b. Black ink pen (2 per round)
 - c. Notebook
 - d. Fine-tip permanent marker (for RDT labeling) (2 per round)
 - e. Thick-tip permanent marker for labeling houses
 - f. Printed materials / copies
 - g. Letter-size clipboard with paper clamp
 - h. Booklet for reading/management of malaria cases
 - i. Gloves (assuming 40% of the population with fever = RDT) / box of 100
 - j. Cotton swabs (bag of 1,000 swabs) (1 bag per village)
 - k. Alcohol (1 liter per team / per village)
 - l. Sharps waste container (1 per team / per round)
 - m. Biosecurity bags (1 per team per village)
 - n. Resealable plastic bags, 30 x 25 cm
 - o. Letter-size plastic envelope folder
 - p. Identification badges (with lanyard)
 - q. Backpack for carrying materials

5. The proposal should clearly state all assumptions made in estimating the cost of providing the solution.
6. Costs for Phases 1, 2 and 3 should be separated and need to be clearly indicated. Additionally, bidders must ensure their financial proposal reflects the full scope of work, including disaggregated budgeting of both (i) rural MDA implementation requirements and (ii) the urban/peri-urban RDA (reactive drug administration) components separately.
7. A summary table should be provided that captures costs for Phases 1, 2 and 3.

Annex D: Scope of work

I. General Objective

To support implementation of chemoprevention strategies using Artemether Lumefantrine (AL) in the Guapi municipality in Cauca, Colombia.

II. Background

REACH Malaria is a global project under the US Department of State (DoS) providing implementation support and technical assistance to countries for malaria service delivery in health facility and community settings. Working with national governments and the DoS, REACH Malaria will identify efficiencies and standardize best practices to achieve project objectives. These efforts significantly contribute to the DoS goal of reducing malaria mortality and morbidity. The three main objectives of the project include:

1. Strengthened implementation of quality malaria service delivery with an equity-based focus on unreached populations.
2. Strengthened and more resilient health systems from national to community level.
3. Effective global leadership in malaria service delivery approaches provided.

Specific to Objective 2, REACH Malaria will provide support to the Colombia National Malaria Program (NMP) to support chemoprevention strategies with AL along the Pacific Coast, in the municipality of Guapi in the department of Cauca, to reduce the burden of *Plasmodium falciparum*. In line with WHO recommendations, the Colombia NMP provides malaria case management through health facilities and community volunteers. Colombia recorded Latin America's second highest malaria burden in 2024, with 127,600 confirmed cases, a 21% rise from the previous year. The highest incidence is concentrated among indigenous populations, gold mining areas in the Amazon basin, and the Pacific Coast, which also has one of the largest concentrations of *Plasmodium falciparum* in Latin America.

To advance this objective, REACH Malaria will engage a subcontractor to provide direct support to the NMP in implementing chemoprevention strategies, including activities for both Mass Drug Administration (MDA) in select rural zones, and Reactive Drug Administration (RDA) in the municipal center. This support will encompass program design, community sensitization and preparation, training initiatives, supervision, and assistance to both community members and local health workers conducting door-to-door administration of AL within targeted communities. The support will also include design and execution of a post-MDA campaign, survey-based

evaluation of the MDA activity for completeness and effectiveness against pre-determined criteria. The selected subcontractor will need to demonstrate previous relevant experience in implementing community-level health campaigns, emphasizing both high-quality technical expertise in public health, as well as comprehensive social capacity in community engagement.

III. Technical Parameters

Overall Chemoprevention Framework

The chemoprevention interventions in the municipality of Guapi, Cauca are designed in accordance with WHO malaria guidelines for areas with very low to low transmission, where additional interventions are required to achieve malaria elimination. The strategy applies complete therapeutic antimalarial regimens administered at pre-programmed intervals, independently of infection status, in order to treat existing infections and prevent new infections, thereby reducing malaria transmission.

The Ministry of Health proposal defines a dual, coordinated strategy to reduce transmission of *Plasmodium falciparum* in Guapi:

- Rural strategy: Mass Drug Administration (MDA)
- Urban strategy: Reactive Drug Administration (RDA)

Both strategies target settings with low transmission (< 250 cases per 1,000 inhabitants) and are implemented in a coordinated manner within the same seasonal window.

A. Rural Chemoprevention Strategy — Mass Drug Administration (MDA)

Target Area and Population

The rural Administration of Antimalarial Medicines (AMM) strategy targets **prioritized rural riverine communities** in Guapi, specifically along the **Guajui and Napi rivers**, based on microstratification and prioritization analyses, in the following communities:

- **Río Napi:** Belén, San Agustín, Calle Larga
- **Río Guajui:** San José de Guare, Carmelo, Limones, San Antonio de Guajui, Santa Rosa, Quiroga

The rural target population in the nine (9) communities corresponds to approximately 1,406 households and 6,337 people as of 2023. Although the rural strategy consists of chemoprevention administered to the entire population, it will exclude groups at risk, in accordance with Ministry inclusion and exclusion criteria.

Intervention and implementation Design: The campaign will include a minimum of two (2) rounds of MDA, with a one-month interval between rounds, with supervised administration of treatment. Each round will be implemented over three days per week, for three consecutive weeks in each round of implementation in rural localities. MDA implementation teams should be composed of 2 people per team, with one member engaging patients, and the other collecting data. Each team is assumed to visit 10 to 15 households per day (approximately 50–75 people per day), spending an

estimated 15–20 minutes per household. Every 5 teams will report to 1 supervisor, as well as a professional responsible for data consolidation

Operational Preconditions: Implementation of the Rural Strategy is contingent on updating and confirmation of the household and population census, including marking of households to be included in the MDA. Sufficient treatment supply (Artemether + Lumefantrine) must be guaranteed by the National Malaria Program. Finally, for optimal impact on transmission, implementation will be targeted for during the period of lower malaria transmission (June–December) to reduce impact during peak transmission periods.

B. Urban Chemoprevention Strategy — Reactive Drug Administration (RDA)

Target Area and Population: The urban strategy targets the municipal center, including urban and peri-urban neighborhoods identified through micro-stratification. The urban and peri-urban population includes approximately 3,962 households and 18,574 people (as of 2023) across 23 neighborhoods (13 urban and 10 peri-urban).

Strategy Definition: The Ministry defines the urban approach as reactive drug administration (RDA), which consists of reactive administration of treatment to cohabitants. In 2025, 156 malaria cases were reported in the targeted urban communities. This strategy would exclude at risks groups, in accordance with Ministry inclusion and exclusion criteria. The strategy would be implemented at the same time as the MDA campaign in rural communities, although it may be strategically accompanied by Active Case Detection, per guidance from the National Malaria Program.

Implementation Design: Unlike the rural strategy, a single RDA team will be deployed, consisting in two (2) members, with one person engaging patients, and the other collecting data in formal registers. The team will also be responsible for daily case investigation of cases diagnosed at health facilities (IPS). All treatments, including those for people living with confirmed malaria cases, will be given under direct supervision.

C. Cross-Cutting Implementation Parameters (Rural and Urban)

Across both MDA and RDA strategies, both PATH and MSPS expect:

- Coverage \geq 80% of the eligible and beneficiary population
- Pharmacovigilance using standardized formats to monitor adverse events and potential resistance
- Monitoring and follow-up, including surveys to assess intervention performance (detailed in the following section)
- Collection of operational evidence to inform national policy consolidation
- Coordination with NMP efforts to sustain the impact of chemo-prevention strategies through collaboration with complementary interventions, including the delivery and installation of long-lasting insecticidal nets (LLINs) and continued engagement of 68 community volunteers (CoVol, or Community Health Workers) dispersed across Guapi

Post-Campaign Survey

Shortly after the chemoprevention campaigns, the subcontractor will conduct a post-campaign household survey, in the areas targeted for the MDA campaign. The purpose of the survey is to generate standardized, decision-useful information on post-campaign performance and community experience. Reflected in the survey instrument and field procedures, the survey must capture basic household demographic data, MDA coverage and adherence to the full regimen, as well as refusals and reasons for refusal. It must also document travel/movement during the campaign for households or individuals not reached and/or not treated. The survey may also assess exposure to social/community mobilization messages and knowledge and attitudes related to MDA administration.

To ensure the survey results are credible and comparable across implementation settings, the subcontractor should propose a feasible approach for training enumerators and supervisors, and include a brief pilot/field test of the survey tool to confirm clarity, flow, and operational feasibility prior to full deployment. During data collection, the subcontractor should implement a right-sized set of quality assurance and supervision routines—for example, routine supervisory checks and structured daily review of completeness and consistency—and should be able to document problems identified and corrective actions taken.

All Phase 3 data must be managed and transferred in a way that supports timely analysis and reuse. The subcontractor will be expected to deliver a clean, de-identified/anonymized dataset to REACH Malaria in a common format suitable for further analysis (e.g., Excel/CSV). The dataset handover must be accompanied by sufficient supporting documentation (including a data dictionary/codebook describing variables and response options) to allow interpretation without extensive back-and-forth. Finally, the subcontractor must produce a post-campaign survey report summarizing the methodology, implementation, and results.

IV. Specific Activities

Specifically, the subcontractor will conduct the following tasks:

Phase 1 Preparatory

1. Participate in MDA planning meetings with the Ministry of Health and Social Protection's National Malaria Program, REACH, the Pan-American Health Organization, and the US Department of State to gather the necessary inputs to finalize the MDA campaign design and implementation plan.
2. Finalize the implementation protocol and tools based on the inputs received during MDA planning meetings.
3. Work with REACH Malaria to submit the MDA protocol to any local or international institutional review boards (IRB) if determined to be necessary, and respond to any IRB review questions.
4. Support efforts to obtain any other necessary approvals for implementation (e.g., Ministry of Health).
5. Finalize the list of required supplies and consumables for the study in consultation with REACH and the National Malaria Program.
6. Locally procure the required supplies and consumables for the study that can be procured domestically and unavailable through the Ministry of Health (note, any necessary

international procurements will be done by REACH Malaria in coordination with - through the GHSC-PSM project). A recommended list of supplies and consumables for the study can be found in Annex C - Budget (Note: the subcontractor will need to review and edit the supply list according to their anticipated needs and based on what will be able to be procured domestically).

7. Develop any preparatory materials required for the MDA campaign, including training and patient education materials, supplementary tracking tools to document households reached, treatment adherence, rejection rates, health worker activity checklists and any other tools deemed necessary to ensure high quality implementation of the MDA campaign.
8. Develop a detailed plan and timeline for the field work, including the quality assurance and control activities that will be implemented to ensure adherence to the implementation protocol.
9. Work closely with the NMP to sensitize local health professionals, community leaders, community members and community health workers on the MDA campaign, to enroll their support and participation, along with any additional local authorizations and approvals.
10. Assess and prepare the implementation sites for the MDA campaign. This includes an assessment of the study sites, identification and mapping of households to be included in the campaign, validation of updated household and population counts with both local health authorities and community leaders.
11. Finalize river and community level microplanning, including daily coverage targets and supervision plans, while supporting operational components, such as the transportation of the supplies and consumables required for the study, etc.
12. Finalize the list of materials and consumables required for implementation, consistent with Annex C (Financial Proposal).
13. Organize and conduct training of the implementation teams and field test the protocols at each study site to identify and correct potential issues prior to the initiation of the study. This will include supporting the logistics costs for the training.

Phase 2 - Implementation

The selected sub-contractor will work closely with the National Malaria Program and REACH in order to execute the following activities, consistent with the approved MDA implementation protocol from Phase 1:

1. Recruit, train, manage, supervise and compensate local brigades of community members and health workers in two (2) person teams to deliver malaria treatments to households in target communities, including payment of per diems.
2. Facilitation of travel logistics for local implementation, as well as coordination with national authorities supervising the campaign on behalf of the NMP.
3. Reporting of daily progress of MDA campaign according to pre-established criteria, including monitoring of campaign coverage.
4. Ensuring that all surveillance data is properly collected and shared with the National Malaria program for entry into the appropriate databases and national reporting systems, according to national protocol and guidelines.
5. Careful monitoring and reporting of adverse events, according to national treatment guidelines.
6. Daily investigation of urban malaria cases diagnosed in health facilities and initiation of response actions consistent with NMP strategy of reactive case detection in Guapi's municipal center.

7. Execution of programmed active case detection in prioritized urban/peri-urban neighborhoods.
8. Supervised treatment of co-habitants of confirmed cases, excluding risk groups in accordance with national guidelines.
9. Agile coordination and reporting to community leaders and stakeholders; responsiveness to unforeseen events at the community level, including community concerns or resistance, high refusal rates, misinformation and other emerging social risks that could affect participation, adherence or safe implementation.
10. Collecting implementations details, including barriers and enablers, challenges, results and lessons learned, etc. to be included in a final report.
11. Implementation of pharmacovigilance using the required formats and reporting pathways
12. Day-to-day monitoring to support achievement of 80% \geq coverage among qualifying community members.
13. Work closely with the NMP, local health authorities, and community stakeholders to ensure the safety and wellbeing of all MDA participants, including both patients and health professionals, at all times throughout all phases of the MDA campaign.

Phase 3 – Post-Campaign Survey

The subcontractor shall design and implement a post-campaign survey to assess coverage, adherence, and operational performance of the MDA campaign, in coordination with the National Malaria Program and local health authorities.

The post campaign survey is intended to generate actionable programmatic evidence and shall not be implemented as a research study unless explicitly required by national authorities.

Expected activities include:

1. Finalize the post-campaign survey tool and field procedures aligned to the required measurement domains (coverage/adherence, refusals, movement), including the design and pilot testing of survey instruments
2. Recruit/organize and train survey enumerators and supervisors, including a brief pilot/field test of the tool prior to full implementation
3. Implement the post-campaign survey in MDA-target areas up to two weeks after the second round of MDA.
4. Conduct routine field supervision and quality checks during implementation and document issues and corrective actions taken.
5. Clean, validate and analyze survey data, submitting the dataset (and supporting documentation) to REACH.
6. Draft and submit a post-campaign survey report summarizing methods, implementation experience, and results for PATH/NMP review. Report will summarize:
 - a. Estimated coverage and adherence
 - b. Identification of missed or under-covered populations
 - c. Operational challenges and lessons learned
 - d. Recommendations for future MDA rounds

Deliverables under Phase 3 shall include the post-campaign survey protocol and tool, a finalized survey report and cleaned, anonymized datasets submitted in an agreed format.

V. Period of Performance

The proposed period of performance for conducting the activities in Section III will be from May 01, 2026, to September 15, 2026, and broken down into three phases. High-level dates for each phase are listed below

- Phase 1 (Preparatory) - May 1, 2026 to June 30, 2026
- Phase 2 (Implementation) - July 1, 2026 to August 30, 2026
- Phase 3 (Post-Campaign Survey) – August 1, 2026 to September 30, 2026

VI. Place of Performance

Activities will take place in the municipality of Guapi, in the department of Cauca, and the surrounding rural communities. The precise areas of intervention are included in the table below. Regular coordination is expected with local health authorities, as well as with the National Malaria Program of the Ministry of Health and Social Protection in Bogotá, Colombia.

Rural Zone	
Guajú River Communities	Napí River Communities
El Carmelo	Belen
San José de Guare	Calle Larga
San Antonio de Guajú	San Agustín
Limonos	
Santa Rosa	
Quiroga	

Urban Zone		
Area	Urban (# of Communities)	Peri-Urban (# of Communities)
Urban Zone 1	4	1
Urban Zone 2	4	1
Urban Zone 3	3	3
Urban Zone 4	1	3
Urban Zone 5	1	2

VII. Materials/Data

The subcontractor will be responsible for:

- procuring any supplies requisite for executing the mass drug administration campaign, **with the exception of clinical supplies** provided by the National Malaria Program, such as malaria treatment and rapid diagnostic tests.
- Designing, printing, transporting and providing both data collection tools and patient education materials, if necessary.
- Enumeration of homes and treatment in target communities during Phase 1 (Preparation).
- Daily collection of data from MDA field teams during Phase 2 (Implementation).
- Collection of MDA coverage and performance data during Phase 3 (Post-Campaign Survey).

VIII. Deliverables

The following deliverables should be submitted at the estimated dates provided below.

Item	Deliverable	Estimated Due Date
<u>Phase I: Preparatory Phase</u>		
1	Finalized implementation plan(s) and chemoprevention implementation tools, micro-planning package (including census confirmation approach and household marking plan), and analysis plan	May 30, 2026
2	Any requisite approvals, to be determined in collaboration with REACH Malaria and MSPS	June 15, 2026
3	Completed checklist/report from preparatory assessment of readiness of study sites	June 15, 2026
4	Finalized supplies/materials plan aligned with Annex C	June 30, 2026
5	Training of Chemoprevention coordination team, and of MDA/RDA brigades and supervisors; post-training report	June 30, 2026
<u>Phase 2: Implementation of Chemoprevention campaigns</u>		
6	MDA Round 1 implementation report (coverage progress + supervision summary)	August 1, 2026
7	MDA Round 2 implementation report (coverage progress + supervision summary)	Sept 2, 2026
8	RDA implementation summary covering: IPS case investigation outputs, programmed active case detection activities, and supervised treatment to cohabitants (aggregated reporting format)	Sept 1, 2026
9	Pharmacovigilance summary (adverse events reporting using the required format)	August 30, 2026
10	Consolidated end-of-implementation narrative report covering: MDA+RDA results, challenges, lessons learned, and recommendations, presented at dissemination and review meeting with NMP and other MSPS actors	August 30, 2026
<u>Phase 3 – Post-Campaign Survey</u>		

11	Post-campaign survey protocol and tools	August 15, 2026
12	Cleaned and validated survey dataset	September 15, 2026
13	Final post-campaign survey report (coverage/adherence, refusals, movements, observations and lessons learned, recommendations for future campaigns)	September 30, 2026

IX. Supplies and Consumables List

Offerors must include and cost the supplies list found in Annex C - Budget.