Limited periods of proactive community case management (proCCM) to improve early treatment seeking for fever

Request for applications
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Request for application number: RFA#2023-Insights-001

For: Limited periods of proactive community case management (proCCM) to improve early treatment seeking for fever

The U.S. President’s Malaria Initiative (PMI) Insights project is a five-year cooperative agreement that works as a multidisciplinary partnership that collaborates with PMI, other donors, research institutions, and national malaria programs (NMPs) to create and implement high quality, ethically sound program evaluation and operational research (OR) activities to inform PMI programs, NMPs and the global malaria community. As part of this work, the PMI Insights project is supporting the design and implementation of an OR study to assess the impact of proactive community case management (proCCM) to decrease delays in care-seeking for febrile illness. PMI Insights therefore is seeking applications from qualified and experienced institutions to provide assistance to support this goal, specifically in support of a study to be conducted in Sierra Leone (study site(s) to be determined).

1. Request for applications schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Application (RFA) released</td>
<td>September 25, 2023</td>
</tr>
<tr>
<td>Confirmation of interest in submitting an application</td>
<td>October 6, 2023</td>
</tr>
<tr>
<td>Deadline for fact-finding questions</td>
<td>October 6, 2023</td>
</tr>
<tr>
<td>PATH to respond to fact-finding questions</td>
<td>October 13, 2023</td>
</tr>
<tr>
<td>Deadline for submission of application in response to the RFA</td>
<td>October 27, 2023</td>
</tr>
<tr>
<td>Subaward decision (to be followed by negotiations)</td>
<td>November 10, 2023</td>
</tr>
</tbody>
</table>

Note: PATH may revise the dates at its discretion. Changes will be communicated to all those who will have confirmed their intent to submit an application.

2. PATH statement of business

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world’s most pressing health challenges. Learn more at www.path.org.
3. Application requirements

3.1 By submitting an application, the applicant confirms that they will abide by the RFA 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.

3.2 Duration of the program is estimated to be until September 30, 2025, and potentially longer.

4. Solicitation terms and conditions

4.1 Notice of nonbinding solicitation: PATH reserves the right to reject any applications received in response to this solicitation and is in no way bound to accept any application.

4.2 Confidentiality: Applicants shall treat all information provided by PATH as part of this request for applications as confidential. If any information is inappropriately released, PATH may seek appropriate remedies as allowed under applicable law.

4.3 Conflict of interest disclosure: Applicants bidding on PATH business (also referenced herein as “Applicants”) must disclose, to the PATH contact listed in the RFA, 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 applicant’s obligations to PATH. Applicants and PATH are protected when actual or perceived conflicts of interest are disclosed. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

4.4 Acceptance: Applicant's submission of an application means the applicant accepts all terms and conditions set forth in the RFA. PATH’s acceptance of an application does not mean acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. We additionally reserve the right to negotiate the substance of the RFA finalists’ applications, as well as the option of accepting partial components of an application if appropriate.

4.5 Right to final negotiations: PATH reserves the option to review and negotiate on the final budget 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 applicant or third party to bind or commit PATH in any way without PATH’s express written consent.

4.7 Application validity: Applications submitted under this RFA shall be valid for at least 90 days following the date the application is due. The validity period shall be stated in the application submitted to PATH.

4.8 Limitation of liability: The terms and conditions set forth in this RFA do not exclude or limit the liability of PATH or the applicant in relation to fraud or in other circumstances giving rise to liability under any applicable law.
4.9 **Application costs and liability:** Bidders are responsible for obtaining all information necessary for preparation of their application and for all costs and expenses incurred in preparation of the application. Subject to the “Limitation of liability” section in this RFA (section 4.8), the applicant accepts by their participation in response to this RFA, including without limitation the submission of the application, that it will not be entitled to claim from PATH any costs, expenses, or liabilities that it may incur in submitting an application to this RFA, irrespective of whether their application is successful.

4.10 **PATH’s variation or termination rights:** PATH reserves the right to vary or terminate this RFA process with written notice to all applicants from which it has received applications. It is intended that this solicitation process will take place in accordance with the provisions of this RFA, 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 applicants from which it has received applications. 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 RFA.

4.11 **Subrecipients:** Any applicant that submits an application in response to this RFA takes responsibility and accountability for enforcing the RFA requirements set forth herein among their advisers and staff.

4.12 **Payment and invoicing:** PATH will pay correctly addressed and undisputed invoices within 30 days. Applicants 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 application to PATH.

4.13 **Unique Entity Identifier (UEI):** Applicants are required to have a UEI assigned by System Award Management (SAM). No applicant if chosen by PATH may receive a subaward under this award until the applicant has provided its UEI.

5. **Instructions for responding**

5.1 **PATH contacts:** All communications regarding this solicitation shall be directed to the contacts 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 disqualification of the application. All documents required as part of the application must be submitted to the contacts listed by the deadline for submission:

Technical/program contact: Annie Arnzen, aarnzen@path.org and Kim Vu, kvu@path.org

- The subject line of all emails regarding the application should read: RFA#2023-048 Your Company Name.
- Please see Annex A to this RFA, “Tips on application preparation and submission,” for additional details regarding the files and file types to be included in your application package.

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.

5.3 **Application technical content:** Applicants are advised to provide only what is required as captured in Annex B: “application format/questionnaire.” The application 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 applications received. PATH will review applications and discuss specific details with those applicants who are short-listed.
6. Specifications/Activities to be funded

6.1 Activities to be funded:

Project Background

The U.S. President’s Malaria Initiative (PMI) Insights project is a multidisciplinary partnership that collaborates with PMI, other donors, research institutions, and national malaria programs (NMPs) to create and implement high quality, ethically sound program evaluation and operational research (OR) activities to inform PMI programs, NMPs and the global malaria community. The PMI Insights project is supporting the design and implementation of an OR study to assess the impact of proactive community case management (proCCM) to decrease delays in care-seeking for febrile illness. This study will be conducted in Sierra Leone (study site(s) to be determined).

Malaria case management that includes testing and treatment is an essential strategy in the fight against malaria in many countries in Africa. The utilization and impact of these services is largely dependent on people seeking care when they or their children have fever. In many malaria-affected countries, trends in care-seeking have not seen the same marked improvements that have been observed in other intervention coverage indicators. The barriers to care-seeking are well documented, however there is a dearth of available research on strategies to improve care-seeking behaviors at the facility or community-level.

The availability of malaria services at the community level through community health workers (CHWs) addresses geographic barriers to care, yet the utilization of CHWs varies widely by context. To address the gap in care-seeking, proactive case management strategies have been implemented in some countries to increase the prompt treatment of uncomplicated malaria and prevent such cases from becoming severe disease. One such strategy is proactive (integrated) community case management (proCCM or proiCCM). In this intervention, CHWs actively visit households in their communities to identify persons with fever and offer malaria diagnostic and other assessment services, as well as malaria case management, health communication and referral services during malaria transmission seasons. Proactive home visits made by CHWs are in addition to their routine activities providing CCM or iCCM in community settings.

Many of the studies of proCCM evaluated its impact on malaria transmission as measured by changes in parasite prevalence, with mixed results. However, some studies have demonstrated that proCCM improved early treatment seeking for fever during periods when household visits were not occurring, that is, more people sought care from CHWs or health facilities for fever after proCCM was implemented. ProCCM household visits, accompanied by communication campaigns highlighting the importance of early treatment seeking, may serve to improve the visibility of CHWs to the community, increase the community’s level of awareness of CHW capabilities, strengthen the community’s trust in CHWs and, therefore, increase the community’s utilization of CHWs even during periods when household visits are not occurring. However, proCCM campaigns have typically lasted at least an entire transmission season and often an entire year, making it an expensive intervention to maintain. The objective of this study is to determine whether a shorter period of proCCM at the start of a malaria transmission season can improve early treatment seeking for fever and sustain these improvements over the remaining malaria transmission season.

Study overview

ProCCM intervention
The proposed study seeks to determine if proCCM conducted over a short and limited period of time can lead to sustained improvements in early treatment seeking and utilization of CHWs for febrile illnesses in children in hard to reach (HTR) areas of Sierra Leone. ProCCM intervention will be implemented at the beginning of one transmission season with an anticipated duration of two months. CHWs will be expected to visit each household in their catchment area twice per month for a total of four home visits. The intervention will be implemented in one or more of the three districts (Falaba, Kailahun and Pujehun) where the US PMI is supporting an active CHW network that is already providing community case management (CCM).

**Study design**

The study is envisioned as a prospective three-arm, cluster-randomized design. Clusters will be the catchment areas of peripheral health units (PHUs) with at least five communities classified as HTR and where there is at least one CHW trained and active in CCM. Based on preliminary sample size calculations, it is estimated that between 12 and 15 clusters will be needed for each of the three study arms. The arms will consist of the following interventions:

1. Standard of care – the existing program will run per standard protocol and approaches
2. Stock out mitigation and SBCC interventions only
3. Stock out mitigation, SBCC interventions plus proCCM conducted for two months at the start of the malaria transmission season

The main outcome of the study will be differences in the proportion of children six months to five years with recent fever (within the past two weeks) who sought care from a CHW or other public facility within 48 hours of fever onset. The study does not seek to measure differences in the incidence of malaria, severe malaria or malaria-related mortality.

Care seeking will be assessed through cross-sectional surveys. A baseline survey will first be conducted followed by (1) a survey at or near the end of the proCCM intervention period and (2) at the end of the malaria transmission season. We estimate that to have 80% power to detect an increase in early treatment seek from 50% to 75%, 16 children reporting fever in the past two weeks will be required in each cluster. To find 16 febrile children less than five years old, we estimate 60 households will need to be screened in each cluster. Therefore, between 720 and 900 households will be visited and screened in each arm for a total of 2160 – 2700 households per cross-sectional survey and 6480-8100 households in total. The total number of children enrolled and tested by rapid diagnostic test (RDT) will be 1728-2160.

It is envisioned that the study will also seek to answer secondary questions around the reasons and decision process for care seeking for fever among the population of the study communities and the cost and cost-effectiveness of proCCM in terms of additional cases of malaria identified, infections treated, infections prevented and increased care-seeking. Much of this data collection will be built into the survey instruments for the main study. Additional data collection activities may include but are not limited to (1) interviews or focus groups with individuals who chose to promptly seek treatment and those who did not in response to a fever in all three study arms and (2) collection of cost data on the delivery of interventions and cost of care seeking by patients / delivery of care by CHWs.

**Timeline**

The anticipated timeframe for this scope of work is from October 2023 – September 2025. Study design finalization and protocol development are intended to begin immediately after an award is made through a co-creation workshop that includes the National Malaria Program, other national stakeholders, PMI and
PMI Insights. Training in proCCM will take place in April 2024 and intervention implementation and data collection activities are planned for the next malaria transmission season around May 2024.

**Activities to be Funded and Deliverables**

To support the implementation of this study, PATH seeks an interested research partner based in Sierra Leone to implement the activities necessary to design the study, collect and analyze data, and interpret results. The final site selection and study design will be determined during the in-person co-creation workshop.

Overall, the envisioned scope of work includes finalizing the study design and developing the study protocol, obtaining national research ethics approval, developing electronic data collection tools, supporting the intervention implementation, collecting data, monitoring data quality, data analysis, report writing, and support for research use and dissemination activities. The research partner will also be responsible for engaging key national and sub-national stakeholders through the study design, implementation, and dissemination. Research partners should plan for a high level of engagement with global, national, and sub-national stakeholders, including PMI Insights, when considering the resources required for the study.

The tasks under this scope of work are as follows, but may change depending on the final design of the study:

**Protocol development and ethics approval**

- Participate in a co-creation workshop to gather stakeholder input on the study design and finalize the preliminary concept note developed by PMI and PMI Insights.
- Lead the development of a study protocol that includes a background summary of the relevant literature, study objectives (including intervention package), ethical review, methods, data management and analysis, data collection tools, consent forms and timeline for the study.
- Lead the ethics approval process in Sierra Leone including identifying the appropriate national ethics committees to review, submit and obtain the necessary ethics and administrative approvals to conduct the study in Sierra Leone, and provide the required documents to facilitate ethical approval by other collaborating institutions (i.e., PATH, Tulane University, etc.).
- Lead the development of standard operating procedures and a statistical analysis plan that will inform training materials, intervention implementation and data collection activities, and the analysis approach.
- Participate in regular (weekly) check-in meetings with the PMI Insights project team and organize meetings with country-level stakeholders, as needed.

**Preparation for intervention implementation**

- Rapidly map all PHUs and CHWs in the study area and validate numbers and classification of CHWs.
- Hold community meetings with each of the participating communities to brief community leaders and members on the study purpose and study activities.
- Provide input into SBCC materials in support of CCM. These materials may include but are not limited to radio programs, flyers/posters, and community skits. An existing SBCC implementing partner will lead the development and dissemination of the materials.
With the National Malaria Program, develop a training program for CHWs to orient them to the proCCM intervention.

Train CHWs in arm three of the study on proCCM activities. It is anticipated that approximately 60 CHWs will be needed to implement the proCCM intervention in arm three of the study. CHWs in all three study arms will already be trained on routine CCM activities.

Train CHW supervisors in arm three of the study on proCCM expectations. It is anticipated that approximately 10 supervisors will be required to provide oversight to the 60 proCCM CHWs.

Provide per diem to CHWs (60) and CHW supervisors (10) providing proCCM in arm three of the study. The anticipated duration is two months of full-time work. The cost of RDTs and antimalarial medicines will be covered by PMI and should not be included in the budget for this study.

Ensure PMI supported commodities are distributed to CHWs involved with arms two and three of the study. Conduct monthly visits to ensure supplies are in place and liaise with the PMI supply chain implementing partner to resupply from the health facility to the CHWs as needed.

Ensure data from CHW registers in all arms is captured or transferred to an electronic database to provide information on the number of houses visited, number of RDTs performed and number of confirmed malaria cases.

**Data collection**

**Cross-sectional surveys**

- Develop electronic data capture forms and a real-time data management and quality assurance system.
- Organize and conduct training of data collectors for enumeration and the cross-sectional surveys with input from PMI Insights. It is anticipated that 20–30 data collectors will be required with each survey round lasting 3–4 weeks. Refresher trainings should be conducted before each subsequent survey.
- Procure sufficient mobile phones or tablets for data collection during the cross-sectional surveys, purchase internet connection, ensure availability of server space and program data collection instruments to be deployed on mobile devices.
- Pilot data collection instruments prior to beginning data collection.
- Develop dashboards to monitor implementation and data quality during the cross-sectional surveys.
- Lead data collection activities including a baseline study and two cross-sectional surveys. Each survey will include a brief screening questionnaire to identify households with a child less than five years with recent fever (previous two weeks). It is estimated that 2160–2700 households will be screened in each survey to identify 576 – 720 children with recent fever. The screening questionnaire will take approximately 20 minutes with a full-length interview of recently febrile children lasting approximately one hour. All recently febrile children will be administered a malaria RDT. The cost of RDTs and antimalarial medicines for children in the cross-sectional surveys will be covered by PMI and should not be included in the budget for this study.

**Qualitative study**

- Lead qualitative data collection training for approximately six data collectors.
- Lead qualitative data collection activities including approximately 15–20 in-depth interviews and 6–8 focus group discussions across all three study arms. Interviews and focus groups will be with caregivers and individuals who chose to promptly seek treatment and those who did not in response to a fever. Qualitative data collection is expected to take about two weeks.
Data analysis and report writing

- Lead the management and analysis of the qualitative and quantitative data with support from co-investigators at PMI Insights.
- Lead the write-up of the study findings in a full manuscript.

Research use and dissemination

- Provide inputs into the development of a research use plan for the study. The research use plan includes a mapping of the key stakeholders for the study, defines how the results will be used and by whom, and includes a stakeholder engagement and dissemination work plan to facilitate the uptake of the findings. Support activities identified in the research use workplan to facilitate stakeholder engagement and uptake of the findings from the study.
- Support the dissemination of research findings with all relevant stakeholders (including the community) and partners through meetings/workshops and eventually, peer-reviewed publications. This may include but is not limited to national and regional dissemination workshops and workshop(s) to inform guideline adaptation based on the study findings.

As the concept note for this Scope of Work is still subject to USAID/PMI approval, there may be additional changes to this Scope of Work; Offerors will be notified of any changes to this Scope of Work, and if so, all Offerors will be given an opportunity to make required amendments to their application based on those changes before a final selection is made.

6.2 Deliverables:

<table>
<thead>
<tr>
<th>Deliverable type</th>
<th>Description</th>
<th>Reporting period</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly financial reporting</td>
<td>Subrecipient shall provide monthly reports and/or invoices as needed to provide financial updates to PATH in the template format included as Attachment A.5. Reports shall include any backup documentation required to confirm costs and their allowability and reasonableness. Monthly reports and invoices shall also include sufficient information for PATH to be able to allocate costs (i.e., disaggregating costs by research study or by host-country location). Monthly reports shall also contain a write-up of the subrecipient’s progress to date on the other deliverables described below.</td>
<td>Monthly</td>
<td>1st of each month for the previous month</td>
</tr>
<tr>
<td>Progress report</td>
<td>Quarterly progress reports</td>
<td>Quarterly</td>
<td>15th of each January, April, July, and October</td>
</tr>
<tr>
<td>Host government tax report</td>
<td>Subrecipient shall provide a report detailing any Host Government Taxes paid by subrecipient in the</td>
<td>Yearly</td>
<td>Yearly on April 1 of each Project year**</td>
</tr>
</tbody>
</table>

**As the project year is still subject to USAID/PMI approval, the exact date will be determined in the future.
performance of work under this Subaward. Report shall contain required detail to allow PATH to comply with the requirements of the Host Government Tax provision included in this Subaward.

<table>
<thead>
<tr>
<th>Study protocol</th>
<th>Final study protocol including data collection instruments and consent forms</th>
<th>February 1, 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide deck</td>
<td>Slide deck describing study design and methodology to share with stakeholders</td>
<td>February 1, 2024</td>
</tr>
<tr>
<td>Approvals</td>
<td>Approvals from all relevant national research institutions and all necessary local and national approvals to conduct research activities [in government health facilities]</td>
<td>April 1, 2024</td>
</tr>
<tr>
<td>Research use plan and team development goals</td>
<td>Research use plan and team development goals</td>
<td>April 1, 2024</td>
</tr>
<tr>
<td>Digital tools</td>
<td>Electronic data collection forms</td>
<td>April 1, 2024</td>
</tr>
<tr>
<td>Dashboard</td>
<td>Online, real-time dashboard to monitor performance of cross-sectional surveys</td>
<td>April 1, 2024</td>
</tr>
<tr>
<td>Standard operating procedures</td>
<td>Standard operating procedures describing how to conduct all study activities</td>
<td>May 1, 2024</td>
</tr>
<tr>
<td>QA plan</td>
<td>Quality assurance plan and reports of quality assurance monitoring</td>
<td>May 1, 2024</td>
</tr>
<tr>
<td>Data sets</td>
<td>Final datasets from data collection including: results of cross-sectional surveys; CHW performance; transcriptions and translations of all qualitative surveys.</td>
<td>November 1, 2024</td>
</tr>
<tr>
<td>Final report</td>
<td>Completed final report that includes background, methods, results and discussion along with any key annexes</td>
<td>August 1, 2025</td>
</tr>
<tr>
<td>Dissemination of results</td>
<td>Slide deck summarizing study design, methods, results and discussion to share with stakeholders</td>
<td>August 1, 2025</td>
</tr>
</tbody>
</table>

7. Fact-finding questions

7.1 Fact-finding questions should be sent to the contacts listed in Section 5.1 by the date in the RFA 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 RFA; 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 apply. Questions will be anonymized and answered if PATH reasonably determines that such fact-finding questions do not disadvantage any potential supplier and are not commercially in confidence. If such are commercially in confidence, they shall be handled in line with PATH’s policy on information and data.

7.4 PATH may request from an applicant 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 an applicant to provide supplementary information to PATH in a timely manner may lead to the application being rejected in full or disqualification from the application process.

8. **Qualifications, evaluation criteria, and selection**

8.1 **Qualifications:** In relation to the scope, provide information on your overall qualifications, including:

- Experience and expertise in the design, implementation, and evaluation of malaria interventions in communities.
- Experience conducting mixed methods research including quantitative (baseline assessments and cross-sectional household survey) and qualitative (focus group discussions and in-depth interviews) data collection, data analysis, and manuscript writing.
- Experience with programming data collection instruments (e.g., REDCap, ODK, CommCare, etc.).
- Experience developing dashboards to monitor study implementation and data quality.
- Demonstration of an understanding of the community health landscape in Sierra Leone, including knowledge of the community health network and relevant implementing partners.
- Proficient working and writing in English.

Applicants that do not meet reasonable qualifications shall not be short-listed and therefore not technically evaluated.

8.2 **Selection and evaluation criteria:** The application is to follow the template provided in Annex B ("application format/questionnaire") and will be expected to address all the requirements.

- **Stage 1:** Applications will be checked for completeness in terms of submission on time, technical application, financial application, and all required information. Applications that are correctly completed will proceed to Stage 2. Any applications submitted late, incomplete, or with omissions may be rejected at this point. If an application is rejected at this stage, it will automatically be disqualified from further review.

- **Stage 2:** If an application passes the Stage 1 evaluation, it will be evaluated in detail in line with the evaluation methodology below. Information provided as part of qualification may be verified at this stage, and as part of the evaluation process.

8.3 **Evaluation criteria:** Applications will be assessed to determine the most economically advantageous using the criteria and weightings in Table 1, and will be assessed strictly based on the application submitted.
Table 1. Application evaluation criteria and weighting.

<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Weight (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience (three similar projects in the past five years that include electronic data capture platforms)</td>
<td>25%</td>
</tr>
<tr>
<td>Lead investigators and key personnel (proposed personnel, including CVs/resumes highlighting experience and sign-off as confirmation they will be available)</td>
<td>15%</td>
</tr>
<tr>
<td>Other personnel (proposed personnel, including CVs/resumes highlighting experience and sign-off as confirmation they will be available)</td>
<td>15%</td>
</tr>
<tr>
<td>Collaborations with PMI or NMP</td>
<td>10%</td>
</tr>
<tr>
<td>Methodology/approach of implementation</td>
<td>10%</td>
</tr>
<tr>
<td>Financial approach</td>
<td>25%</td>
</tr>
</tbody>
</table>

8.4 **Scoring model:** Applications 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 application will be evaluated separately, as highlighted in section 8.4.1 below and Annex B.

Table 2. Application scoring model.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
<th>Summary</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
<td>Very strong evidence of appropriate knowledge, skills, and experience to meet the scope. Demonstrated innovation in better delivery of the scope.</td>
<td>As well as addressing all or the vast majority of bullet points under each criterion heading, application demonstrates 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.</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>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.</td>
<td>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 applications relate directly to the aims of the project and be specific, rather than general, in the way proposed solutions will deliver the desired outcomes.</td>
</tr>
<tr>
<td>Acceptable</td>
<td>3</td>
<td>Reasonable evidence of appropriate knowledge, skills, and experience for the scope.</td>
<td>Addresses the majority of the bullet points under each criterion heading, but lacks some clarity or detail on how the proposed solutions will be achieved. Evidence is provided; however, generic or</td>
</tr>
<tr>
<td>Assessment</td>
<td>Score</td>
<td>Summary</td>
<td>Interpretation</td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>Meets requirements in many areas but not all areas.</td>
<td>2</td>
<td>There is some evidence of appropriate knowledge, skills, and experience for the scope. Meets requirements in some areas but has important omissions.</td>
<td>Reflects that the bidder has not provided evidence to suggest how they will address several bullet points under the evaluation criteria headings. Tender is, in part, sketchy, with little or no detail given of how the project requirements will be met. Evidence provided is considered weak or inappropriate and is unclear on how this relates to the desired outcomes.</td>
</tr>
<tr>
<td>Serious reservations</td>
<td>1</td>
<td>Limited evidence of appropriate knowledge, skills, and experience for the scope.</td>
<td>Reflects major weaknesses or gaps in the information provided. The bidder displays poor understanding and there are major doubts about fitness for purpose.</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>0</td>
<td>No evidence of knowledge, skills, and experience for the scope.</td>
<td>Results if no response is given and/or if the response is not acceptable and/or does not cover the required criteria.</td>
</tr>
</tbody>
</table>

8.4.1 **Financial evaluation:** The “total budget” 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 application. A maximum score of 25 (financial score/points allocated in the evaluation criteria) will be awarded to the application offering the lowest “overall cost.” Other applications will be awarded a mark by application of the following formula: (lowest overall cost / overall cost being evaluated) * x (rounded to one decimal place) = financial score. Annex B provides detailed guidelines on inclusions and exclusions for your consideration in preparation of the financial application.

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 **The recommended winning applicant:** The recommended subaward winner will be the application that receives the highest score out of 100 (combined technical and financial scores) when applying the above evaluation methodology.

8.4.4 **Feedback:** All those who submit applications will be provided feedback. At a minimum, each supplier will be informed of how many points they scored, and provided a summary of key strengths and areas for improvement.
## Annex A. Application format/ questionnaire

<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Application outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead investigators</td>
<td>Principal investigators (PIs) and co-Pis. 15 points</td>
</tr>
<tr>
<td></td>
<td>- Identify the PI and co-Pis and summarize their background experience related to this application in 2-3 sentences each.</td>
</tr>
<tr>
<td></td>
<td>- Attach a one-page CV/resume for each expert with a sign-off to indicate availability.</td>
</tr>
<tr>
<td>Other personnel</td>
<td>Other personnel. 15 points</td>
</tr>
<tr>
<td></td>
<td>- Please provide the names for other personnel serving specific functions below.</td>
</tr>
<tr>
<td></td>
<td>- In 2-3 sentences each, summarize their background experience relevant to this application. The same person may satisfy more than one role and may also serve as a PI or co-PI.</td>
</tr>
<tr>
<td></td>
<td>- Attach a one-page CV/resume for each expert with a sign-off to indicate availability.</td>
</tr>
</tbody>
</table>

**Application:**

- Field supervisor:
- Social Scientist/qualitative study lead:
- Data Manager:
- Programmer (data collection instruments):
- Programmer (dashboard):
- Data Analyst:
<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Application outline</th>
</tr>
</thead>
</table>
| Experience          | Summarize three similar research studies undertaken in the past five years by one or more of the lead investigators or key personnel listed above. 25 points  
  - Cite three research studies conducted in the last five years that are similar in scope, complexity, and cost to the current work you are proposing and that include electronic data capture platforms.  
  - Include any publications that provide evidence of the research studies.  
  - 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. |
| Collaborations with the NMP or PMI | Summarize three recent collaborations with PMI or the National Malaria Program undertaken by key personnel listed above. 10 points  
  - Collaborations could include participation on technical working groups or advisory bodies, implementation of malaria program activities or implementation of research activities.  
  - Include the contact person at either PMI or the NMP and email address for each collaboration. PATH may decide to contact the cited organization as part of selection and/or due diligence without seeking further permission to do so. |
| Methodology/Approach | Methodology/approach of implementation. 10 points  
  - Describe the primary and secondary research objectives, study design, data collection methods (specify the digital platform to be used and the software to be used for the dashboard), quality assurance methods, intervention implementation approach, data management, data analysis and report writing.  
  - Timeline to meet the deliverables.  
  - Potential obstacles and plan to overcome them.  
  - Any comments on the scope/terms of reference. |
<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Application outline</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Application:</td>
</tr>
</tbody>
</table>
Annex B. Financial application

The financial application should comply with the following guidelines. Sample templates are provided as Attachment A.

**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.
- Reimbursable costs (e.g., transportation/flights, accommodations, internet, agency costs, agency fees, subcontracted resources, administrative costs, supplies, taxes).

**Indirect costs**

Indirect costs are overhead expenses incurred as a result of the project but not easily identified with the project’s activities. These are administrative expenses related to overall general operations and are shared among projects and/or functions. The applicant must identify the approach being used and provide the methodology used as well as the supporting documentation.

Indirect rates should be justified by any of the following documentation:

- Negotiated indirect cost rate agreement (NICRA) with a U.S. government Agency
- De minimis rate of 10% of modified total direct costs (MTDC) - Used consistently for all federal projects until the applicant chooses to negotiate an indirect rate
- Indirect Costs Charged as a Fixed Amount; A non-profit organization without NICRA can use this method but approval is at the discretion of PATH
- Applicants proposing other forms of rates can provide sufficient information to PATH to determine their reasonableness including; Three years of audited financials, and basis/methodology for the proposed indirect rate as appropriate which justify the determination of the rate.

Please note, insofar as possible, identifiable (allocable) costs should be documented and justified in the application as direct costs, including those for dedicated ongoing project management and support.