



# HEALTH REFORM SUPPORT

---

**REQUEST FOR GRANT APPLICATIONS (RFA):  
“BASELINE INFORMAL PAYMENT STUDY AT THE HOSPITAL  
LEVEL FOR 4 PRIORITY SERVICES UNDER PROGRAM OF  
MEDICAL GUARANTEES”**

**RFA #: 8**

---

**A USAID /Ukraine FUNDED PROJECT**

**January 2020**

## Table of Contents

I	SUMMARY .....	4
1.1	USAID Health Reform Support .....	4
1.2	Request for Applications (RFA) Summary .....	4
2	INSTRUCTIONS FOR APPLICANTS .....	6
2.1	General.....	6
2.2	RFA Contact Information .....	6
2.3	Questions and Clarifications.....	6
2.4	Applications Due Date and Time .....	6
2.5	Application Delivery Address .....	7
2.6	Type of Award .....	7
2.7	Submission Requirements.....	7
2.8	Eligibility .....	7
2.9	Application Conditions Precedent.....	8
2.10	Late Applications.....	8
2.11	Modification/Withdrawal of Applications .....	8
2.12	Disposition of Applications.....	8
3	STATEMENT OF WORK.....	9
3.1	Background .....	9
3.2	Specific Statement of Work.....	9
3.3	Grant Program Expected Results and Deliverables .....	12
3.4	Grant Project Expected Outcomes.....	13
4	TECHNICAL APPLICATION CONTENTS.....	14
5	BUDGET CONTENTS .....	17
6	SELECTION .....	19
7	REFERENCES, TERMS & CONDITIONS.....	20
7.1	References (choose from the list below as applicable) .....	20
7.2	Terms and Conditions .....	20

**Authors**

This request for applications was prepared by: Maksym Duda, Nataliia Kovalenko, Oleh Sorotsynskyi, Olena Korduban.

**USAID Health Reform Support**

[52A, B. Khmelnytskogo Str., 5<sup>th</sup> floor, 01030 Kyiv, Ukraine]

This document is protected under the copyright laws of the United States and other countries as an unpublished work. This document contains information that is proprietary and confidential to Deloitte Consulting Overseas Projects, or its technical alliance partners, which shall not be disclosed outside or duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate Deloitte Consulting LLP or any Deloitte Touche Tohmatsu member firms. Any use or disclosure in whole or in part of this information without the express written permission of Deloitte is prohibited.

© Deloitte Touche Tohmatsu (Unpublished). All rights reserved.

---

## I SUMMARY

---

### I.1 USAID Health Reform Support

The purpose of USAID's Health Reform Support Program (HRS) is to support a transparent, accountable, and effective health care system that is capable of meeting the health needs of the Ukrainian people. Advancing health sector reforms, enhancing transparency, and tackling corruption will reduce out-of-pocket payments and improve access and availability of high quality, evidence-based health care services for Ukrainians. Elimination of corruption is a cross-cutting theme across all objectives to be achieved by this activity, which include:

1. Improve health sector governance.
2. Support the transformation of the healthcare financing model.
3. Strengthen the health workforce.
4. Enhance transparency, accountability and responsiveness of the health care system.
5. Improve service delivery system at all levels.

### I.2 Request for Applications (RFA) Summary

**Scope of Work:** This solicitation requests applications from eligible USAID Health Reform Support Project partners to conduct Baseline Informal Payment Study at the hospital level for 4 priority services under Program of Medical Guarantees (PMG) before the PMG is implemented.

This grant has to provide technical assistance for the MoH and NHS to assess the amount, frequency and prevalence of informal payments the hospital level for 4 priority services under program of medical guarantees (childbirth, neonatal care, myocardial infarction, and acute stroke).

Applications should include a technical approach, with corresponding activities that will be undertaken to achieve the goals of the activities described in the detailed scope of work (SOW) specified in Section 3 of the RFA.

**Period of Performance:** The period of performance for the grants is approximately four (5) months, from February 10, 2020 to June 30, 2020. The application work plan and budget should reflect the period of performance.

**Proposal Selection:** All applications will be reviewed to check for eligibility and completeness of the submission. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the review criteria described in Section 6 Selection.

The minimum score to be considered for grant funding is 70 points out of the total 100 points. Applicants not selected for award will be notified by the project in writing.

**Funding Range:** Subject to the availability of funds, USAID Health Reform Support intends to award one (1) grant **up to 1 800 000 UAH**. Funding for this grant will be subject to donor approval and availability of funds. Funding will be disbursed to the grantee in Ukrainian local currency (UAH).

**Submission Deadlines:** All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on February 02, 2020. Questions should be received by close of business (COB) Ukraine local time on January 22, 2020, and responses to questions will be provided by January 27, 2020.

The RFA has three Attachments that are relevant to the application development:

Attachment 1: Grant Application Form and Guidelines with attachments

Attachment 2: Budget Template

Attachment 3: Grant Applicants Handbook (including Grant Award template)

---

## 2 INSTRUCTIONS FOR APPLICANTS

---

### 2.1 General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under this RFA# 8.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

### 2.2 RFA Contact Information

USAID Health Reform Support Office

Attention: Olena Korduban

Address: 52A, B. Khmelnytskogo Str., 5<sup>th</sup> floor, 01030 Kyiv, Ukraine

Tel: +380 44 281 23 76

Email: [grant@hrs.net.ua](mailto:grant@hrs.net.ua)

### 2.3 Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by close of business (COB) on January 22, 2020 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By January 27, 2020, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Grants Portal (<https://usaid-hrs.fluxx.io>).
- An informational workshop (webinar) will be held on **January 21, 2020 at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at [grant@hrs.net.ua](mailto:grant@hrs.net.ua) by **11:00 local time, January 21, 2020**.

### 2.4 Applications Due Date and Time

Closing Date: February 02, 2020

Closing Time: 23:59 Ukraine local time (UTC + 02:00)

## 2.5 Application Delivery Address

Proposal packages should be submitted through the Grants Portal (<https://usaid-hrs.fluxx.io>).

First time applicants will be required to register for an account and, upon approval, will receive an email notification with the necessary log-in credentials to access the portal.

The portal details submission instructions for completing a web-based application form and contains all required document and budget attachments to be included with the application.

All electronic file names should include the organization's name and the title of the document. Applicants should retain copies for their records, as all applications received will not be returned.

## 2.6 Type of Award

The USAID Health Reform Support anticipates the award of one (1) Fixed Amount Award in response to this RFA# 8 with the ceiling amount of up to 1 800 000 UAH.

## 2.7 Submission Requirements

- **Language:** The application and all associated correspondence must be in English. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID HRS RFA # 8.
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

## 2.8 Eligibility

To be eligible to apply for and receive funding under the USAID Health Reform Support, potential applicants must meet the following criteria:

- Local non-government organizations, regional or national independent, for-profit or not-for-profit organizations, legally established in the country, professional organizations, research institutions are eligible to apply.
- Have a DUNS number for grants over \$25,000. (Applicants are encouraged to apply on <http://fedgov.dnb.com/webform>).
- Have a SAM registration for grants over \$25,000. (applicants are encouraged to apply on <https://www.sam.gov/>).

Additional eligibility criteria:

- The organization must demonstrate past performance in technical areas relevant to the scope of work and grant focus;
- The organization must demonstrate experience in working with health sector counterparts at the regional level etc.;
- The organization must demonstrate that there is a high probability of success in a combination of past results, low risk and professional performance;
- The organization's professional and technical qualifications, experience and communication skills that will be brought to this grant;
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest in implementation of the grant activities. Organization should not be a service provider in the area of grant focus or have depending relationships with such service providers;

- Experience in implementation of activities in the geographic area or technical area(s) for which it is applying is a plus;
- Skills and experience collecting and analyzing quantitative and qualitative data;
- Skills and experience in research ethics and best practices, preferably in informal payment surveys.
- Knowledge of Ukraine's ongoing healthcare reform, including primary healthcare financing;
- Knowledge and experience in conducting informal payment surveys for patient and medical staff would be an advantage;
- Proposed personnel with relevant experience (please, provide CV for project team).

Ineligible are:

- Individuals, political organizations, foreign owned organization and government institutions and religious groups

## 2.9 Application Conditions Precedent

All applications must be submitted in the specified format (see Section 4 Technical Application Contents). Any application submitted in any other format will not be considered. The applicant must also include all other supporting documentation (board resolution, articles of incorporation, etc.) as may be necessary to clearly demonstrate that it meets the following conditions precedent to application selection:

- That the applicant organization is an eligible organization legally constituted under Ukrainian law at least three (3) years;
- That the applicant organization has the managerial commitment, as evidenced by written board of directors, resolutions, strategic plans (overall long-range plan for applicant's organization) or other documentation, indicating that it is, or will be, implementing the objectives referred above;
- That the applicant organization has no advances from USAID or a USAID contractor which have been outstanding and unliquidated for longer than 90 days, and that the applicant organization has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due;
- That at the time of application there exists no condition within the applicant organization or with respect to the applicant organization's management which renders the organization ineligible for a grant directly or indirectly funded by USAID.

## 2.10 Late Applications

Applicants are wholly responsible for ensuring that their applications are received in accordance with the instructions stated herein. A late application will not be eligible for consideration and will be rejected without selection, even if it was late as a result of circumstances beyond the applicant's control. A late application will be considered only if the sole cause of its becoming late was attributable to USAID Health Reform Support, Deloitte, its employees or agents.

## 2.11 Modification/Withdrawal of Applications

Any applicant has the right to withdraw, modify or correct its offer after such time as it has been delivered to USAID Health Reform Support provided that the request is made before the offer closing date.

## 2.12 Disposition of Applications

Applications submitted in response to this RFA will not be returned.



---

## 3 STATEMENT OF WORK

---

### 3.1 Background

Healthcare financing reform and the introduction of a national strategic purchaser are pivotal components in the Concept for Health Financing System Reform (adopted on 30<sup>th</sup> November 2016) and the Law “On Public Financial Guarantees of Health Care Services to the Population” (adopted on 19<sup>th</sup> October 2017).

Starting in April 2020, the new health care financing system will be introduced for all types of medical care as described in the Program of Medical Guarantees (PMG). The PMG will be adopted by the Government of Ukraine each year as a part of the Law on Budget of Ukraine for appropriate year. The National Health Service of Ukraine (NHS) and Ministry of Health of Ukraine (MOH) are looking to understand the amount, frequency and prevalence of informal payments at the hospital level and assess how any change following the health financing reforms put in place.

Informal payments are defined as cash payments made by a patient or their relatives to a doctor or other health staff, a donation implied or demanded from a patient, as well as any in-kind gifts.

As requested by the Ministry of Health of Ukraine, in 2019 the USAID ‘HIV Reform in Action’ Project conducted Study ‘[2018 Informal Payment Survey at PHC level](#)’ to assess the situation with informal payments at PHC level and to develop recommendations for capitation rate estimation to reduce the incidence of such payments.

Following the request from NHS, the USAID HRS Project is designing a study to assess the amount, frequency and prevalence of informal payments at hospitals in Ukraine, primarily focusing on four key priority services – childbirth, neonatal care, myocardial infarction, and acute stroke.

The study will be conducted prior to the implementation of PMG in April 2020 and will serve as a baseline for further assessments that will be conducted following a period of implementation.

The study aims to assess the amount, frequency and prevalence of informal payments at hospitals in Ukraine during an event of acute care hospitalization, focusing on four health care conditions: childbirth, neonatal care, myocardial infarction, and acute stroke. The purpose of the survey is to define the amount, frequency and prevalence of informal payments before the PMG is implemented.

According to the purpose of the survey, the following tasks are set:

- measure the amount and prevalence of informal payments by patients at the hospital level for childbirth, neonatal care, myocardial infarction, and acute stroke;
- describe the attitude of health staff in hospitals to various types of informal payments and collect financial data for comparison to endline results to determine any changes following the implementation of PMG;
- analyze data obtained in the context of financial changes of the hospitals.

This grant will be awarded under the USAID HRS Project, Objective 2 activity, “Support the Transformation of the Healthcare Financing Model”.

### 3.2 Specific Statement of Work

#### **Specific Tasks under this Scope of Work (grant):**

##### ***Task 1. Work with HRS team to finalize the study design and develop research tools:***

- Develop and finalize the document on technical approach;

- Develop the Questionnaire/(-s) for patients;
- Develop the Questionnaire/(-s) for medical staff;
- Develop the data collecting tool/(-s) for focus groups;
- Develop the data collecting tool/(-s) for specialized healthcare facilities.

**Task 2. Test and finalize the package of documents and research tools:**

- Test the Questionnaire/(-s) for patients (invite HRS team);
- Test the Questionnaire/(-s) for medical staff (invite HRS team);
- Test the data collecting tool/(-s) to be used for focus groups (invite HRS team);
- Test the data collecting tool/(-s) to be used for specialized healthcare facilities (invite HRS team);
- Finalize the package of documents and research tools;
- Receive the Conclusion from Ethic Committee.

**Task 3. Conduct data collection for the study “Baseline Informal Payment study at the hospital level for 4 priority services under Program of Medical Guarantees”:**

According to the above-mentioned objectives, the research will focus on three components and sources of information:

Component 1: Patient Survey;

Component 2: Hospital Provider Survey and Focus Groups;

Component 3: Facility Operational Survey.

**Task 4. Prepare the database and Analytical Report with the results of the study “Baseline Informal Payment study at the hospital level for 4 priority services under Program of Medical Guarantees”:**

- Provide databases in Excel, SPSS and STATA as to agreed specification with the results of surveys and data collection (sub-regional, regional, overall, impersonal facility level etc.);
- Prepare quality check report;
- Prepare technical report (including methodology, procedures, randomization techniques, instruments etc.) on the study;
- Prepare and approve with the HRS team the Analytical Report on Baseline Informal Payment study at the hospital level for 4 priority services under Program of Medical Guarantees;
- Provide PowerPoint presentation and brief with the results for the specified research questions with relevant disaggregation;
- Provide other analytical materials/technical documents/tables/analyses etc. as requested by the HRS team.

Grantee will collect information from different sources to ensure triangulation. This approach was selected due to significant problems with data quality have been reported and data from e-Health is currently limited.

The survey will have a three-component structure:

**Component I: Patient Survey.** This component is intended to collect information on informal payments incurred by patients who have availed of acute care services for any of the four focus areas – childbirth, neonatal care, myocardial infarction, and acute stroke. Information will include the patient’s socio-demographic characteristics, services availed, and informal payments made in form of cash payments or in-kind gifts. Types of informal payments will be identified, when possible, including payments made for essential medication/drugs required for treatment, and payment for the transportation. Supplementary information

may be collected to provide NHSU with a holistic view of services, including patient satisfaction, and reasons for facility choice in instances of self-referrals.

### **Patient sampling**

Convenience sampling of 2031 patients for interviews will be based on the following principles:

- Using a recruitment script and preliminary consent form provided by the Grantee, PHC providers will ask their patients who have used the selected health services if they would be willing to participate in a survey related to the services they have received in relation to their condition and health financing reforms. Patients who consent will be referred to the survey team to receive more information on the survey and, if they consent again, to complete an interview in a private space at the PHC facility;
- Respondents shall have received treatment related to one of the four conditions in the last year since survey start.
- Respondents shall be 18+ years of age at the time of the survey.
- For the purpose of this study, facilities will be classified into two types: facilities that meet NHSU's minimum requirements to deliver services and facilities that do not meet the minimum requirements. The pool of sampled patients will be grouped according to the type of facility to compare prevalence and magnitude of informal payments between the two groups. This comparison will only be done at the national level.

***HRS will consider other approaches (different from the described) to collect data proposed by the Applicant.***

**Component 2: Hospital Provider Survey and Focus Groups.** This component is intended to capture information on providers' knowledge, attitude, practices, and motivation for charging or accepting informal payments, as well as their payment structure. Surveyed cadres will include obstetricians/gynecologists, neonatologists, cardiologists, neurologists, emergency room (ER) and intensive care unit (ICU) nurses, and other staff involved in the delivery and management of the selected health care conditions. Supplementary information on receipt of medicines through central procurement will also be captured in the provider survey to potentially inform findings from Component 1 on payments for medicines. Supplementary focus group discussions in each region will be conducted with a small group of providers no longer in the system to collect qualitative data on behaviors and attitudes of interest. This will allow to analyze the full range of information on informal payments from both participants of the process. HRS will consider other approaches (different from the described) to collect data proposed by the Applicant.

**Sampling of representatives from hospitals** for the second component of the survey (250 providers) will be based on the following principles:

- 10 hospitals from 5 sub-regions of Ukraine (South, East, West, North, and Kyiv city) shall be selected based on where patients surveyed for Component 1 tended to receive the selected services
- respondents shall be selected based on their designation at the hospital (e.g. head of department, specialist conducting angioplasties, specialist for obstetrics or newborn care);
- respondents shall have worked at the hospital for at least one year;
- 5 representatives including obstetricians/gynecologists, neonatologists, cardiologists, neurologists, ER and ICU nurses from each hospital shall be surveyed.

Additionally, five focus group discussions (FGDs), one in each region, with retired providers will be conducted. The FGD will be designed to encourage participants to respond honestly about informal payments and related behaviors observed in facilities during their tenure, albeit in terms that do not identify individuals (including themselves) engaging in these behaviors.

***HRS will consider other approaches (different from the described) to collect data proposed by the Applicant.***

**Component 3: Facility Operational Survey.** This will capture financial data (including data on personnel), specialized equipment, and service delivery capacity from the hospital facilities selected within the first component of the survey. This approach will allow the study to receive integrated data on informal payments and additional context for each hospital (e.g. average income or number of doctors per capita). This will significantly improve the quality of the analysis of the results of the first two components of the survey. HRS will consider other approaches (different from the described) to collect data proposed by the Applicant. ***HRS will consider other approaches (different from the described) to collect data proposed by the Applicant.***

### **Data collection**

Data for the three components will be collected from February to March 2020.

**Component 1:** The patient interviews shall be anonymous and confidential; and will be conducted in an area where privacy is ensured. Estimated duration for each individual interview for patients is 20 minutes.

**Component 2:** The collection of information among hospital health care providers shall be conducted after Component 1 is complete and hospitals commonly utilized by patient respondents are identified. Provider surveys are estimated to take 20 minutes. Data shall be collected with the possibility of breakdown by gender, region, subregion, type of location of the hospital, type of worker of the hospital. The FGDs will take between 45 minutes and 1 hour and with at least one facilitator. The session will be recorded and transcribed for analysis. The facilitator will be provided with guide questions to prompt discussion.

**Component 3:** Financial and other relevant data from the hospitals will be collected by sending an official data request to the facility. Data requests will be conducted simultaneously with Component 1, and filtering for facilities visited in Component 2 can be conducted later.

### **Data Analysis**

To understand the scope and level of informal payments from the survey, we will perform statistical analysis and use common statistical metrics to analyze the survey results.

Analyzed outcomes will include:

- Average informal payment amounts paid “per service” and “per patient per year” (with in-kind donations monetized based on the commercial value of the gift)
- Frequency of informal payments made per service
- Average informal payment amounts received “per service” and “per patient per year”
- Frequency of informal payments received per service
- Correlations of payment behaviors with attitudes towards payments, etc.

Analysis results will inform NHSU decisions on monitoring and reform relating to health service delivery, informal payments, and provider payment and incentives. Results of the PHC informal payments survey identified regional differences in payment frequency and amounts, and low salaries as a common rationalization among patients and providers for informal payments. Understanding if the same or unique patterns exist at the hospital level and for the selected services will enable NHSU to more effectively address the challenge of informal payments.

## **3.3 Grant Program Expected Results and Deliverables**

### **Task 1.**

- Detail document on technical approach;
- Draft Questionnaire/(-s) for patients;
- Draft Questionnaire/(-s) for medical staff;
- Draft the data collecting tool/(-s) for focus groups;
- Draft the data collecting tool/(-s) for specialized healthcare facilities.

**Task 2.**

- Finalized according to the test results the Questionnaire/(-s) for patients;
- Finalized according to the test results the Questionnaire/(-s) for medical staff;
- Finalized according to the test results the data collecting tool/(-s) to be used for focus groups;
- Finalized according to the test results the data collecting tool/(-s) to be used for specialized healthcare facilities;
- Finalized overall the package of documents and research tools;
- Conclusion from Ethic Committee.

**Task 3.**

Component 1: Patient Survey:

- - sample of PHC facilities;
- - preliminary and actual schedules of Interviews with patients;
- - information on preliminary results of Component 1.

Component 2: Hospital Provider Survey and Focus Groups:

- - preliminary and actual schedules of Interviews with provider's representatives (including information on staff type);
- - preliminary and actual schedules of work with focus groups;
- - information on preliminary results of Component 2.

Component 3: Facility Operational Survey:

- - sample of facilities;
- - information on preliminary results of Component 3.

**Task 4.**

- Databases in Excel, SPSS and STATA as to agreed specification with the results of surveys and data collection (sub-regional, regional, overall, impersonal facility level etc.);
- Quality check report;
- Technical report (including methodology, procedures, randomization techniques, instruments etc.) on the study;
- Analytical Report on Baseline Informal Payment study at the hospital level for 4 priority services under Program of Medical Guarantees;
- PowerPoint presentation and brief with the results for the specified research questions with relevant disaggregation;
- other analytical materials/technical documents/tables/analyses etc. as requested by the HRS team.

### 3.4 Grant Project Expected Outcomes

1. Databases in Excel, SPSS and STATA a with the agreed specification including generated variables.
2. PowerPoint presentation and brief with preliminary results for the specified research questions.
3. Technical report (including methodology, procedures, randomization techniques, instruments etc.).
4. Analytical report on study.
5. Other materials as requested by the HRS team (cross-tabulations tables, technical documents, etc.).

---

## 4 TECHNICAL APPLICATION CONTENTS

---

All complete applications received by the deadline will be reviewed for responsiveness to the specifications outlined in the guidelines. USAID Health Reform Support may reject applications that are:

- Incomplete;
- Do not respond to the scope of work in the solicitation;
- Do not comply with the format requirements; or
- Are submitted after the deadline.

The application in response to this solicitation should be organized as follows:

### A. Cover Page

Include all of the following information:

- Name, address, phone/fax number, and email of the organization
- Title of proposed project
- Name of contact person
- Duration of project
- Date submitted

### B. Applicant Data

### C. Technical Proposal (10 pages maximum)

Sections of the Attachment I Technical Proposal of the Grant Application Form and Guidelines should use the headings italicized below, in the following order:

#### ***1. BACKGROUND/STATEMENT OF NEED*** *[maximum 1 page]*

- Briefly describe the context of the situation in which the grant will be implemented.
- Explain the need for the grant, using evidence and data to support your justification.

#### ***2. GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY*** *[maximum 1 page]*

- Clearly state objectives and goals of the study and clearly indicate the potential impact of the objective on the reform process (up to 10 sentences). Be sure that objectives are SMART (specific, measurable, achievable, realistic and time-bound).
- Indicate the performance targets and other results that will be reached over the life of the project. The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).
- Briefly describe the geographic focus of grant activity.

#### ***3. METHODOLOGY / TECHNICAL STRATEGIES*** *[maximum 2 pages]*

- Describe technical strategies and instruments/tools the organization will use to conduct surveys (patients and medical staff). Demonstrate that strategy is in line with the project goals.

- Describe technical strategies and instruments/tools will be used for of data collection from hospitals and general overview of datasets needed. Demonstrate that strategy is in line with the project goals.
- Demonstrate knowledge and experience of applying data quality assurance practices.
- Identify best practices and evidence base/rationale that have informed the project interventions.
- The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).

**4. IMPLEMENTATION PLAN AND MILESTONE DESCRIPTION** [maximum 3 pages]

- Provide implementation plan for grant project as Annex A - see Grant Activity Implementation Plan template.
- Based on developed implementation plan, please, provide the list of grant activity milestones using the table below. Milestones are for a verifiable product, task, deliverable or goal of the applicant to be accomplished. For Fixed Amount Awards, budget is aligned to specific milestones and fund disbursement is made based on verification of milestone completion (see Section 5 for more details). Grant activities will be monitored and evaluated against these milestones.

Milestone Name	Milestone Verification	Expected Time of Completion
I. Project implementation plan.	<i>How will the recipient document the completion of the product, task, deliverable, or goal?</i>	
...		
...		
X. Final report in Ukrainian and English		

The working plan must deliver the milestones and ensure the requirements of its expected time of completion (see template in annex A (GRANT ACTIVITY IMPLEMENTATION PLAN))

*(For Fixed Amount Awards, budget is produced by milestones and fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones.)*

**5. COORDINATION AND COLLABORATION** [maximum 1 page]

- Describe how the grant activity will be coordinated with local authorities, educational institutions, regional departments of health, local administrations in selected regions, hospitals etc. Specifically, explain how the partners will be involved in making important decisions about the implementation of the grant and what roles they are expected to play.

**6. MANAGEMENT PLAN** [maximum 1 page]

- Describe how the grant will be managed, including the staff positions that will implement the activity and the staff person responsible for managing the grant on a day-to-day basis.
- Provide CVs for core/implementation team as an annex B.
- Indicate contacts who will liaise with the HRS Project.

**7. ORGANIZATIONAL CAPACITY** [maximum 2 pages]

- Provide brief information on up to three (preferably similar) actions/projects managed by your organization for which your organization has received assistance awards or contracts over the past three years as Annex C - see INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS template.

- Describe experience and expertise based on Applicant's past performance and achievements, including collaboration with national and international stakeholders.
- Explain Applicant's experience and achievements in implementing similar projects, including cooperation with national and international stakeholders.
- Describe systems that exist or will be put in place to enable the organization to effectively manage the project. Include an organogram and a table of positions and responsibilities (as an Annex).

**Annexes (number of pages not limited)**

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – B. CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY (max 2 pages)

ANNEX C – INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS



---

## 5 BUDGET CONTENTS

---

### **Budget and Payment Terms**

The approximate budget for the grantee amounts shall not exceed 1 800 000 UAH. The budget items and associated payment terms and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

### **Cost Share**

To be eligible for a grant award, the applicants are expected to cost share the implementation of the proposed grant activity by a minimum of 10% of the total cost of the grant activity. Cost sharing is a requirement for all grants funded under the project.

Cost share contribution may be financial or in-kind and include any of the following:

- Labor to carry out grant activities;
- Payment of non-labor costs associated with grant activities;
- Leveraged funds from other sources (non-U.S. Government);
- Equipment and facilities;
- In-kind donations (including labor, volunteer labor, office space, conference space, etc.).

All costs shared by the applicant (both financial and in-kind) must meet all of the following criteria:

- Be verifiable in the Applicant records;
- Necessary and reasonable for proper and efficient accomplishment of grant activity objectives;
- Allowable under the applicable USAID regulations (see Attachment 4 Certifications and Assurances from Applicant);
- Must not be included as cost share contributions for any other U.S. Government–assisted program; and,
- Must not be paid by the U.S. Government under another grant or agreement.

Sub-awards will not be allowed under the Grants Program.

### **Budget Content**

The Applicant must:

- Include a detailed and realistic budget using the Excel template provided (see Attachment 2: Budget and Budget Notes). The budgets must be prepared in local currency (UAH) and should be based on activities described in the Attachment 1: Technical Proposal. Budget should not include costs that cannot be directly attributed to the activities proposed.
- Include detailed budget notes/clarification of calculation for each budget line item by milestones following the format of the template provided (see Attachment 2: Budget and Budget Notes). Supporting documentation to support cost data will be required prior to award of grants. However, these documents will not be required at the time of application submission.
- **Grant award funds can't be used for:**
  - Construction works
  - Major/small repairs
  - Other items not related to the grant implementation

All applicants must have the financial and administrative systems to adequately account for the grant funds as detailed in the extensive attachments and referenced U.S. Government websites.

**Taxes**

No taxes, fees, charges, tariffs, duties or levies will be paid under any Grants awarded from this RFA.

---

## 6 SELECTION

---

USAID Health Reform Support intends to award grants resulting from this solicitation to the responsible Grantees whose Application conforms to the solicitation and represents best value solutions after selection in accordance with the criteria/factors listed here.

The review criteria below are presented by major category so that Applicants will know which areas require emphasis in the preparation of Applications.

Application Selection Criteria	Points
Statement of Need	5
Project Goal, Objectives, and Geographic Focus	10
Methodology / Technical Strategies	25
Implementation Plan /Project Activities	15
Coordination and Collaboration	5
Management Plan	10
Organizational Capacity	15
Budget, Budget Notes and Cost Reasonableness	15
<b>Total points</b>	<b>100</b>

### **Technical Proposal**

USAID Health Reform Support will evaluate each technical approach quantitatively based upon the review criteria set forth above. A technical proposal can be categorized as unacceptable when it is incomplete, does not respond to the scope, does not comply with the format requirements or is submitted after the deadline.

### **Budget**

The proposed budget will be analyzed as part of the application selection process. Applicants should note that Budgets must be sufficiently detailed to demonstrate reasonableness and completeness, and that applications including budget information determined to be unreasonable, incomplete, or based on a methodology that is not adequately supported may be judged unacceptable.

- 1) **Reasonableness.** USAID Health Reform Support will make a determination of reasonableness based on USAID HRS's experience for similar items or services, what is available in the marketplace, and/or other competitive offers.
- 2) **Completeness.** A detailed line item budget, budget notes, assumptions, and schedules that clearly explain how the estimated amounts were derived must adequately support the applicant's budget. USAID Health Reform Support may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

---

## 7 REFERENCES, TERMS & CONDITIONS

---

### 7.1 References (choose from the list below as applicable)

- The U.S. Government regulations that govern this grant as found at the following websites:  
<http://www.usaid.gov/sites/default/files/documents/1868/303.pdf>  
<https://www.acquisition.gov/far/html/FARTOCP31.html>  
[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
- Required provisions for Simplified and Standard Grants to Non-U.S. Non-Governmental Organizations: <http://www.usaid.gov/ads/policy/300/303mab>.
- Required Standard Provisions for U.S. Non-governmental organizations: <http://www.usaid.gov/ads/policy/300/303maa>
- Required Provisions for a Fixed Amount Awards to Non-Governmental Organizations:  
(1) Mandatory Provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.  
(2) Include ONLY the applicable “Required, As Applicable” provisions from: <https://www.usaid.gov/ads/policy/300/303mat>.

### 7.2 Terms and Conditions

- Issuing this RFA is not a guarantee that a grant will be awarded.
- Deloitte reserves the right to issue a grant based on the initial selection of offers without discussion.
- Deloitte may choose to award a grant for part of the activities in the RFA.
- Deloitte may choose to award a grant to more than one recipient for specific parts of the activities in the RFA.
- Deloitte may request from short-listed grant applicants a second or third round of either oral presentations or written responses to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- Deloitte has the right to rescind an RFA, or rescind an award prior to the signing of a contract due to any unforeseen changes in the direction of Deloitte's client (the U.S. Government), be it funding or programmatic.
- Deloitte reserves the right to waive any deviations by organizations from the requirements of this solicitation that in Deloitte's opinion are considered not to be material defects requiring rejection or disqualification, or where such a waiver will promote increased competition.

#### **Grant Agreement**

A grant agreement will include the approved project description, approved budget, payment terms, reporting requirements and relevant provisions. Once executed, it is a legally binding agreement between Deloitte (on behalf of the USAID Health Reform Support) and the recipient organization. Once the grant agreement is signed, it cannot be modified without prior written approval from Deloitte (on behalf of the USAID Health Reform Support).

#### **Grant Disbursement and Financial Management**

Recipients of grant funds will need to open a separate bank account before any funds are transferred from Deloitte. The grants will be disbursed in local currency and transferred only through bank transactions.

#### **Reporting**

The grant agreement will detail the reporting requirements. Recipients must be willing to adhere to the reporting schedule and requirements for both programming activities and financial monitoring.

### **Monitoring**

USAID Health Reform Support staff will monitor programmatic performance. Deloitte and USAID reserve the right to review finances, expenditures and any relevant documents at any time during the project period and for three years after the completion of the project and closeout. All original receipts must be kept for three years after the formal closeout has been completed.

### **Late Submissions, Modifications and Withdrawals of Applications**

At the discretion of Deloitte, any application received after the exact date and time specified for the receipt may not be considered unless it is received before award is made and it was determined by Deloitte that the late receipt was due solely to mishandling by Deloitte after receipt at its offices.

Applications may be withdrawn by written notice via email received at any time before award. Applications may be withdrawn in person by a vendor or his authorized representative, if the representative's identity is made known and the representative signs a receipt for the application before award.

### **False Statements in Offer**

Vendors must provide full, accurate and complete information as required by this solicitation and its attachments.

### **Certification of Independent Price Determination**

(a) The offeror certifies that--

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated or competitive solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern or individual to submit or not to submit an offer for the purpose of restricting competition or influencing the competitive environment.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory--

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or application, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the principals of the offeror in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; (ii) As an authorized agent, does certify that the principals of the offeror have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and (iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) Offeror understands and agrees that --

(1) violation of this certification will result in immediate disqualification from this solicitation without recourse and may result in disqualification from future solicitations; and

(2) discovery of any violation after award to the offeror will result in the termination of the award for default.

### **Standard Provisions**

Deloitte is required to respect the provisions of the United States Foreign Assistance Act and other United States laws and regulations. The [NAME OF PROJECT] Grant Program will be administered according to Deloitte's policies and procedures as well as USAID's regulations for Non-U.S. Governmental Recipients or USAID's regulations for U.S. Non-Governmental Recipients. These include:

#### **1. Implementing Partner Notices (IPN) registration**

Applicant acknowledges the requirement to register with the IPN portal if awarded a grant resulting from this solicitation and receive universal bilateral amendments to this award and general notices via the IPN portal. The IPN Portal is located at <https://sites.google.com/site/usaidipnforassistance/>. Detailed steps are given under the article M9 of the Mandatory Standard Provisions for Fixed Amount Awards to Non-Governmental Organizations from ADS 303mat, which is annexed to this RFA.

#### **2. Indirect rates**

Indirect rates such as fringe, overhead, and general and administrative (G&A) that have not been approved by a U.S. Government agency in a NICRA (Negotiated Indirect Cost Rate Agreement) may not be charged to this award. All costs charged to the project shall be directly related to the project's implementation.

#### **3. Activities that will not be considered for funding**

In keeping with the conditions above, programs that fall within the following categories or indicate they might participate in any one of the following shall be automatically disqualified:

- Activities related to the promotion of specific political parties.
- Construction.
- Distribution of emergency/humanitarian assistance or funds.
- Religious events or activities that promote a particular faith.
- For-profit business activities that benefit a small select group, rather than providing increased opportunities to the larger community.
- Unrelated operational expenses.

#### **4. Prohibited Goods and Services**

Under no circumstances shall the Recipient procure any of the following under this award, as these items are excluded by the Foreign Assistance Act and other legislation which govern USAID funding. Programs which are found to transact in any of these shall be disqualified:

- Military equipment;
- Surveillance equipment;
- Commodities and services for support of police or other law enforcement activities;
- Abortion equipment and services;
- Luxury goods and gambling equipment; and
- Weather modification equipment.

#### **5. Restricted Goods**

The following costs are restricted by USAID and require prior approval from Deloitte and USAID:

- Agricultural commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Fertilizer;
- Used equipment; and
- U.S. Government-owned excess property.

#### **6. Certifications for Non-US Non-Governmental Recipients**

The following Standard Grant & Subcontractor Certifications are required by Deloitte and USAID:

- Assurance of Compliance with Laws and Regulations Governing nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. Governmental Organizations, if any part of the program will be undertaken in the U.S.);
- Certification Regarding Lobbying (22 CFR 227);
- Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
- Certification Regarding Terrorist Financing;
- Certification of Recipient;
- Compliance with Anticorruption Laws.
- A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction; and
- Certification Regarding Trafficking in Persons