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January 12, 2020

Purpose

Deloitte under the Ukraine Health Reform Support (HRS) Program, USAID Contract No. 72012118C0001, with implementing partner Palladium International LLC, are issuing a Request for Proposals for data collection service. The USAID Health Reform Support (HRS) program is conducting a Healthcare Market Forces Analysis in Ukraine. The Healthcare Market Forces Analysis aims to collect and analyze data on the health ecosystem including public and private actors providing healthcare services, diagnostics, medical supplies, pharmaceuticals, digital healthcare solutions, medical education as well as investors and contains five major components:

- Component I.- National health market overview and stakeholder analysis of public and private players in the health sector in Ukraine.
- Components 2.- Private sector landscape analysis in two regions of Ukraine (Zhytomyr and L'viv oblasts).
- Component 3.- A survey to characterize the public and private healthcare workforce in Zhytomyr and L'viv Oblasts.
- Component 4.- Policy brief on the introduction of co-payments for the users of public health services in Ukraine.
- Component 5.- Policy recommendations for private sector engagement in Ukraine.

The USAID HRS program seeks to identify and contract a local firm (hereinafter referred to as "Contractor") to complete data collection tasks for Component 4: Policy brief on the introduction of co-payments for the users of public health services. The contractor will be expected to conduct data collection via a patient intercept survey, focus groups and in-depth interviews (IDIs) and basic analysis of quantitative and qualitative data. The Contractor must be located in Ukraine, be familiar with the Ukrainian healthcare system, and have experience in conducting data surveys, focus groups and IDIs, and have an understanding of the healthcare system in Ukraine.

Data collected under Component 4 of the Healthcare Market Forces Analysis will feed the policy dialogue related to pros and cons of introducing a co-payment for selected medical services in Ukraine and will 1) provide understanding of patient perceptions, 2) identify what consumers of healthcare services value, and 3) assess willingness-to-pay (WTP) price points. Using both direct and indirect WTP assessments, consumers will be asked directly about their WTP for a co-payment and indirectly by asking about specific services and which options they are most willing to pay for. The focus groups will provide more insights into the main issues related to co-payment implementation and in-depth interviews with officials and regulators can provide information on legal and equity considerations related to co-payments.

HRS is seeking support of the local firm to complete **data collection** as specified in the Scope of Work (SoW) below. The general objective of this study is to analyze responses from surveyed participants and provide decision makers with more understanding on implementation of co-payment and its possible outcomes to the health care system. The specific objectives include:

- Collect information about copayments from main stakeholders: (MoH, regulators, payers (NHSU), providers of PHC and hospital care, and patients/users of healthcare services).
- Explore knowledge, beliefs, perceptions, attitudes and cultural norms about copayments from the perspective of the main stakeholders.
- Describe key stakeholders' positions in favor or against the implementation of copayments.
- Analyze the potential impact of co-payments on three areas of service delivery: utilization of PHC, days of inpatient care, and medical prescriptions.
- Estimate the potential for revenue generation of co-payments and the administrative costs associated with their collection.
- Identify and describe the main public and private healthcare organizations and their roles in copayment implementation including collection, accounting, enforcement of copayments and transparent reporting.
- Describe ranges and willingness to accept a flat co-payment rate according to healthcare provider (PHC facilities, Hospitals, Pharmacies) and ownership (public, non-for-profit and private) and WTP from the patient/user perspective.
- Categorize potential levels of copayment according to healthcare provider (PHC facilities, Hospitals, Pharmacies), income level in quintiles, gender, rural/urban location, chronic conditions, and vulnerability status (privileged populations).

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Expected results:

Completion of this activity will provide stakeholders and decision makers with analysis of the pros and cons, challenges and opportunities derived from co-payment policy implementation and generic policy recommendations about the amount, services and eligible populations.

Type of Contract

Firm Fixed Price. All proposals should indicate only the total price to complete the Scope of Work.

Anticipated Contract Term

February 15, 2021 – June 30, 2021

Timeline

1.	Closing Time:	9:00 Monday, January 25, 2021
2.	Contact Person:	Iryna Kurinna, Health Financing and Economics Technical Advisor, USAID Health Reform Support
3.	Tender Validity Period:	70 days
4.	Number of Hard Copies of Tender:	Zero. Electronic copy only.
5.	Delivery Address:	grant@hrs.net.ua Any inquiries must be in writing and directed to dedicated email above no later than 7 days prior to the closing time.

SCOPE OF WORK

The methodological approach is based on a descriptive design using qualitative mixed methods. Quantitative data will be collected through survey instruments. Structured questionnaires will be applied to a sample of users and clients of public and private medical services. These questionnaires will include questions about the willingness and ability to comply with co-payments.

The qualitative approach will collect data from key stakeholders, providers of services and users of medical services by conducting in-depth interviews and during focus groups sessions, which will explore attitudes and preferences towards co-payments. The participants will also discuss how co-payments might influence their access to health services and what options they would prefer. All data will be collected **in L'viv and Zhytomyr regions**.

Table 1. Scope of work

Key Research Topics by Data Collection Techniques	Data Sources	Sample Size
Patient Intercept Interviews		
• Demographics, age, gender, rural/urban; income level; chronic conditions and visits per year; satisfaction with services in PHC and hospital services. Knowledge, attitudes and preferences for copayments (public v. private sector). Pricing copayments in public v. private sector	• Facility level, public and private users of health services	Final sampling plan to be proposed by the Contractor, including number of patients/users to be interviewed and number of public and private facilities based on total universe in L'viv and Zhytomyr regions
Doctor Intercept Interviews		

Demographics, age, gender, rural/urban; income level; satisfaction with job. Knowledge, attitudes and preferences for copayments (public v. private sector). Pricing copayments in public v. private sector	• Doctors and nurses in public and private facilities	Final sampling plan to be proposed by the Contractor, including number of doctors/ nurses to be interviewed and number of public and private facilities based on total universe in L'viv and Zhytomyr regions
Focus Groups		
• Satisfaction for public v. private for key services; readiness and willingness to pay; preference of pricing and copayments in public v. private sector for PHC; shifting informal payments into transparent and explicit copayments in hospitals. Inform price points for copayments. Describe preferences and attitudes by age group, gender, rural/urban; income level and chronic conditions	• Patients/user of public and private facilities/providers	• TBD focus groups with 8-10 participants in both L'viv and Zhytomyr regions. Focus group breakdown to be proposed by the Contractor. Screening recommendations to be proposed by contractor.
• Perception of readiness and willingness to pay of their patients; Inform price points for copayments. Describe preferences and attitudes by age group, gender, rural/urban; perception of doctors/ nurses how co-payment might affect utilization of services (especially vulnerable and women)	• Doctors and nurses in public and private facilities	• TBD focus groups with 8-10 participants in both L'viv and Zhytomyr regions. Focus group breakdown to be proposed by the Contractor. Screening recommendations to be proposed by contractor
In-depth Interviews (IDI)		
• Oblast government, NHSU and regulatory department, chief doctors, private insurers. Social values; perceptions, knowledge, awareness and attitude towards copayments; equity considerations	• Oblast-level Departments of health (L'viv and Zhytomyr regions) • Oblast-level NHSU representatives (L'viv and Zhytomyr regions) • Directors of public and private hospitals (L'viv and Zhytomyr regions)	TBD IDIs.

Implementation Arrangement

HRS will provide the Contractor with draft research instruments for patient intercept interviews, recommendations for recruitment/screeners, guidance on data collection, as well as draft research instruments for focus groups and IDIs. The Contractor will provide recommendations and HRS will approve the final sample size for the patient intercept survey, the final research instruments, final recruitment screeners, the list of participants for the focus groups and IDIs, as well as the structure of the final report. It will be the responsibility of the Contractor to directly contact the government institution, private or public health facility (e.g. where patient intercept interviews or focus group recruitment takes place) and/or other stakeholders to arrange for interviews and invite participants for focus groups. In addition, the Contractor is responsible for covering all its operational expenses associated with data collection and systematization. All data and material generated will be the property of Deloitte and HRS, and all data collected and aggregated will be transferred to Deloitte/Palladium before payment is completed.

#	Activities	Anticipated Outputs	Deadline
Task 1: Finalizing research instruments for piloting			
1a	Review draft research instruments provided by HRS and provide recommendations to improve research instruments for all three data collection instruments	Written recommendations for improving of research instruments and updated research instruments	February 20, 2021

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1b	Finalize research instruments for piloting	Research instruments ready for piloting	February 28, 2021
1c	Propose sample for the patient intercept survey including # of patients/users and public and private facilities where recruitment will take place	Sampling plan	March 15, 2021
1d	Propose team of researchers for intercept and in-depth interviews and focus groups	Names and CVs of field researchers	March 15, 2021
1e	Recruitment guidelines/screeners for all three data collection activities	Recruitment screeners	March 15, 2021
1f	Finalize focus group guides	Finalized guide	March 15, 2021
1g	Finalize instrument for IDIs	List of questions	March 15, 2021
Task 2: Piloting and finalizing research instruments			
2a	Conduct a pilot survey and make necessary changes to research instruments	Results of piloting of research instruments	March 20, 2021
2b	Finalize research instruments and approve it by HRS team	Research instruments finalized and approved	March 25, 2021
2c	Receive Ethics Board approval and other necessary documents	Ethics Board approval and other necessary documents	March 20, 2021
2d	Organize and conduct a training workshop for all data collectors, interviewers and facilitators with participation of the HRS	Copies of workshop agenda, trainers, materials as well as sign-in sheets from each session	March 25, 2021
2e	Prepare all final data collection materials, including printing of any needed back-up data collection instruments, field guides, and forms	Sample of a final package for all data collectors to bring with them to the field	March 31, 2021
2f	Provide to HRS a final data collection plan to collect data from facility and conduct exit-poll interviews	Final data collection plan	March 31, 2021
Task 3: Data collecting			
3a	Conduct all data collection according to final plan submitted by the Contractor and approved by HRS	First version of data base in Excel	April 1, 2020
3b	Provide bi-weekly status updates on work progress to HRS and hold brief conference calls when requested by HRS	Bi-weekly updates in writing	February, 2021 March, 2021 April, 2021 May, 2021 June, 2021
3c	Provide draft of a technical report on the data collection process	Draft of technical report	April 30, 2020
Task 4: Submission of final product			
4a	Conduct appropriate data cleaning and data processing to submit a final and complete dataset to HRS	Final and completed dataset in Excel	May 31, 2021
4b	Provide a technical report on the data collection process	Technical report on data collection	May 31, 2021
4c	Provide data quality control report	Data quality control report	May 31, 2021
4d	Provide final report with basic analysis of the collected data	Final report	June 15, 2021

EVALUATION AND AWARD PROCESS

The committee will evaluate applications according the following technical and cost criteria:

Evaluation Criteria	**Points**
Consultant/Staff experience/Staff plan	30 points
Experience in conducting surveys, focus groups/IDIs/Timeline	35 points
Organizational experience and references	10 points
Lowest feasible cost	25 points
TOTAL POINTS	100 points

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Minimum Criteria to be met:

- Contractor must have previous experience conducting intercept surveys, focus groups and in-depth interviews as well as producing analysis of collected data
- Contractor must have ability to analyze the data according to the specified research focuses
- Contractor must have necessary means (computer and relevant software) and skills to conduct focus groups and interviews online if needed

Deloitte/Palladium will select based on the lowest price technically acceptable proposal and reserves the right to award under this solicitation without further negotiations. The offerors are encouraged to offer their best terms and prices with the original submission.

INSTRUCTIONS TO THE OFFERORS

The following items are required to be submitted as part of the proposal:

Cover page of the application should only include the title of this solicitation and the following:

- Submission date
- Institution name
- Address
- Name of primary contact at institution
- Phone number for primary contact
- E-mail for primary contact

Main application should be limited to 6 pages and should cover the following:

- Background to the institution, staffing, and relevant experience (no more than one page)
- Proposed approach for the three different data collection activities, including considerations for successful data collection in the context of the survey described above, such as sampling considerations for the patient/user intercept interviews, management of the process of data collection (team supervisors, regular checking, and overall monitoring), the number of data collectors to include, data collector training approaches, data collection equipment, as well as data entry and cleaning process to ensure high response and quality of data for quantitative and qualitative data, including minimizing and resolving data entry errors and missing data, and software to be used in data collection and analysis
- Past projects exhibiting the firm's capacity to implement similar type and scale of data collection (no more than one page)
- Summary profiles of key staff proposed for the activity, including overall supervisor (no more than one page)

Annexes

- A proposed timeline in the form of a Gantt chart of this contract scope of work (one page maximum)
- A proposed budget with detailed unit costs for all activities, including labour,
- Evidence of Contractor Responsibility: Overview of Financial Resources, Licensing, Bank Guarantees, Credit History etc.
- Past Performance Information and Reference Information (Contact/Program Name etc)
- Signed Certifications: Terrorism, Anti-Kick Back, Debarment, Foreign Corrupt Practices Act
- General Data Protection Regulation (Regulation (EU) 2016/679) (see below on Data Protection)

Any contract/purchase order resulting from this solicitation must be signed by both parties in order to be considered valid and in force. All costs associated with, but not limited to, production, preparation and/or delivery of goods or services, including deliveries, accepted by Deloitte/Palladium staff, without a fully executed (signed by both parties) contract/purchase order, are at the vendor's risk only. Deloitte/Palladium shall not pay for any costs, without limitation, associated with production, preparation or delivery of goods and/or services under this or any other contract/purchase order, which has not been signed by both parties.

If your proposal is successful, you will be required to enter into the Company's standard contract for the types of goods or services being provided. In the provision of the Goods and Services, you will be required to comply with the Company's policies, including

(without limitation) its Business Partner Code of Conduct and any relevant client terms and conditions. Potential suppliers must also comply with the Company's Business Partner Code of Conduct in the submission of any proposals pursuant to this RFP.

If you are bidding as part of a joint venture, partnership or similar, please make this clear in your submission. Likewise, if you propose to subcontract any part of the goods or services provision, then disclose this fact within your submission. The Company may require additional information from you and approval for subcontracting will not be automatic as subcontractors will be subject to Deloitte's/Palladium's Due Diligence process and may be required to submit for USAID Partner Vetting.

SPECIAL CONDITIONS

DATA PROTECTION

1.1. The Parties acknowledge that the factual activity carried out by each of them in relation to their obligations under this Agreement will determine the status of each Party under the Data Protection Legislation. A Party may act as a "Controller" or a "Processor" of certain Personal Data under this Agreement. It is anticipated that the roles each will play is as follows:

1.1.1. The Company shall be the Controller of Personal Data in relation to:

1.1.1.1. Company Personnel; or

1.1.1.2. any other Personal Data relating to the Project or the Services which is not the Personal Data of Subcontractor Personnel.

1.1.2. The Subcontractor shall be the Controller of Personal Data in relation to Subcontractor Personnel where such data is shared pursuant to this Agreement.

1.1.3. Personal Data may only be processed by the Party other than the Controller where such processing is necessary for the performance of this Agreement.

1.2. Where a Party is Processing on behalf of the other Party who is the Controller:

1.2.1. The Processor shall notify the Controller immediately if it considers that any of Controller's instructions infringe the Data Protection Legislation.

1.2.2. The Processor shall provide all reasonable assistance to the Controller in the preparation of any Data Protection Impact Assessment, if reasonably determined necessary by the Controller because the processing involves novel or unusual activities that the Controller (acting reasonably) deems to be a material risk to the Controller, prior to commencing any processing. Such assistance may, at the discretion of the Controller, include:

1.2.2.1. a systematic description of the envisaged processing operations and the purpose of the processing;

1.2.2.2. an assessment of the necessity and proportionality of the processing operations in relation to the services.

1.2.2.3. an assessment of the risks to the rights and freedoms of Data Subjects; and

1.2.2.4. the measures envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data.

1.2.3. The Processor shall, in relation to any Personal Data processed in connection with its obligations under this Agreement:

1.2.3.1. process that Personal Data as is only necessary in accordance with the Services or the Head Contract, unless the Processor is required to do otherwise by Legislative Requirements. If it is so required, the Processor shall promptly notify the Controller before processing the Personal Data unless prohibited by Legislative Requirements;

1.2.3.2. ensure that it has in place Protective Measures, which are appropriate to protect against a Data Loss Event, which the Controller may reasonably reject (but failure to reject shall not amount to approval by the Controller of the adequacy of the Protective Measures) having taken account of the:

1.2.3.2.1. nature of the data to be protected;

1.2.3.2.2. harm that might result from a Data Loss Event;

1.2.3.2.3. state of technological development; and

1.2.3.2.4. cost of implementing any measures;

1.2.3.3. ensure that:

1.2.3.3.1. the Processor Personnel do not process Personal Data except in accordance with this Agreement;

1.2.3.3.2. it takes all reasonable steps to ensure the reliability and integrity of any Processor Personnel who have access to the Personal Data and ensure that they:
1.2.3.3.2.1. are aware of and comply with the Processor's duties under this clause;
1.2.3.3.2.2. are subject to appropriate confidentiality undertakings with the Processor or any Sub-processor;
1.2.3.3.2.3. are informed of the confidential nature of the Personal Data and do not publish, disclose or divulge any of the Personal Data to any third Party unless directed in writing to do so by the Controller or as otherwise permitted by this Agreement; and
1.2.3.3.2.4. have undergone adequate training in the use, care, protection and handling of Personal Data; and

1.2.3.4. not transfer Personal Data outside of the UK or EU unless the prior written consent of the Controller has been obtained and the following conditions are fulfilled:
1.2.3.4.1. the Controller or the Processor has provided appropriate safeguards in relation to the transfer (whether in accordance with GDPR Article 46 or LED Article 37) as determined by the Controller;
1.2.3.4.2. the Data Subject has enforceable rights and effective legal remedies;
1.2.3.4.3. the Processor complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred (or, if it is not so bound, uses its best endeavours to assist the Controller in meeting its obligations); and
1.2.3.4.4. the Processor complies with any reasonable instructions notified to it in advance by the Controller with respect to the processing of the Personal Data;

1.2.3.5. For the avoidance of doubt, the Controller is deemed to have consented to the transfer of Personal Data to the Recipient Country for the purposes of receiving or providing the Services or any matter related to this Agreement, subject to compliance with 17.2.3.4.1 to 17.2.3.4.4.

1.2.3.6. At the written direction of the Controller, delete or return Personal Data (and any copies of it) to the Controller on termination of the Agreement unless the Processor is required by Legislative Requirements to retain the Personal Data.

1.2.4. The Processor shall notify the Controller without due delay and in any event within 48 hours if it:
1.2.4.1. receives a Data Subject Access Request (or purported Data Subject Access Request);
1.2.4.2. receives a request to rectify, block or erase any Personal Data;
1.2.4.3. receives any other request, complaint or communication relating to either Party's obligations under the Data Protection Legislation;
1.2.4.4. receives any communication from the Information Commissioner or any other regulatory authority in connection with Personal Data processed under this Agreement;
1.2.4.5. receives a request from any third Party for disclosure of Personal Data where compliance with such request is required or purported to be required by Law; or
1.2.4.6. becomes aware of a Data Loss Event.

1.2.5. Taking into account the nature of the processing, the Processor shall provide the Controller with full assistance in relation to either Party's obligations under Data Protection Legislation and any complaint, communication or request made under clause 14.2.4 (and insofar as possible within the timescales reasonably required by the Controller) including by promptly providing:
1.2.5.1. the Controller with full details and copies of the complaint, communication or request;
1.2.5.2. such assistance as is reasonably requested by the Controller to enable the Controller to comply with a Data Subject Access Request within the relevant timescales set out in the Data Protection Legislation;
1.2.5.3. the Controller, at its request, with any Personal Data it holds in relation to a Data Subject;
1.2.5.4. assistance as requested by the Controller following any Data Loss Event;
1.2.5.5. assistance as requested by the Controller with respect to any request from the Information Commissioner's Office, or any consultation by the Controller with the Information Commissioner's Office.

1.2.6. The Processor shall maintain complete and accurate records and information to demonstrate its compliance with this clause. This requirement does not apply where the Processor employs fewer than 250 staff, unless:
1.2.6.1. the Controller determines that the processing is not occasional;

1.2.6.2. the Controller determines the processing includes special categories of data as referred to in Article 9(1) of the GDPR or Personal Data relating to criminal convictions and offences referred to in Article 10 of the GDPR; and

1.2.6.3. the Controller determines that the processing is likely to result in a risk to the rights and freedoms of Data Subjects.

1.2.7. Before allowing any Sub-processor to process any Personal Data related to this Agreement, the Processor must:

1.2.7.1. notify the Controller in writing of the intended Sub-processor and processing;

1.2.7.2. obtain the written consent of the Controller;

1.2.7.3. enter into a written agreement with the Sub-processor which give effect to the terms set out in this clause 14.2 such that they apply to the Sub-processor; and

1.2.7.4. provide the Controller with such information regarding the Sub-processor as the Controller may reasonably require.

1.2.8. The Processor shall remain fully liable for all acts or omissions of any Sub-processor.