



HEALTH REFORM SUPPORT

**" THE REVISION OF PAYMENT MECHANISMS FOR THE
"GENERAL SURGERY" PMG PACKAGE (INCLUDING
DIAGNOSIS-RELATED GROUP) TO ADDRESS WAR-RELATED
CONDITIONS "**

RFA # 45

February 2023

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I SUMMARY

I.1. USAID Health Reform Support

The purpose of USAID's Health Reform Support Project (HRS Project) 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 partners to support Objective 2: Support the transformation of the health care financing model of the Health Reform Support Project by conducting the revision of payment mechanisms for the "general surgery" PMG package (including diagnosis-related group (DRG)) to address war-related conditions.

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 six and a half (6.5) months, from March 15, 2023 to September 30, 2023. 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 5 250 000 UAH**. Funding for this grant will be subject to donor approval and availability of funds. Funding will be disbursed to the grantees 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 24, 2023. Questions should be received by close of business (COB) Ukraine local time on February 16, 2023, and responses to questions will be provided by COB February 17, 2023.

An informational webinar will be held on **February 15, 2023, at 14:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 Ukraine local time, February 15, 2023**.

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 Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 45.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project 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 Project 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 Project Office

Attention: Olena Korduban

Email: grant@hrs.net.ua

Address: 52A, B. Khmelnytskogo Str., 5th floor, 01030 Kyiv, Ukraine

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 February 16, 2023 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By COB February 17, 2023, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Deloitte Grants Portal (<https://dgrants.fluxx.io>).
- An informational webinar will be held on **February 15, 2023, at 14:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 Ukraine local time, February 15, 2023.**

2.4. Applications Due Date and Time

Closing Date: February 24, 2023

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

2.5. Application Delivery Address

The proposal package should be submitted through the Deloitte Grants Portal (<https://dgrants.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 and attachments received will not be returned.

2.6. Type of Award

The USAID Health Reform Support anticipates the award of up to one (1) Fixed Amount Awards in response to RFA# 45 with the ceiling amount of **up to 5 250 000 UAH**.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be considered and reviewed. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID Health Reform Support Project, RFA # 45.
- **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 an Applicant:

- Should be Non-U.S. non-governmental organizations, for profit or nonprofit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations);
- Shouldn't appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";
- Shouldn't be individual, political party, any governmental entity(organization) or official whether at national or municipal level;
- Shouldn't be affiliated with HRS or any of its directors, officers or employees;
- Organizations whose objectives are not consistent with the broad objectives of the HRS Project are also ineligible;
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website.

Additional eligibility criteria

- The organization must have demonstrated experience in technical areas relevant to the scope of work or grant focus.
- The organization must be registered in Ukraine.
- The organization must currently be implementing activities in the geographic area or technical area for which it is applying.

- The organization has the minimum absorptive capacity and demonstrates the potential to acquire the sufficient capacity to manage programs sustainably.
- The organization has a functional financial system.

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;
- 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 of Grant

Before the full-scale war, which started on February 24, 2022, the specialized healthcare facilities (HCFs) in Ukraine received financing for their healthcare services provided to the patients within the state-funded Program of Medical Guarantees (PMG) packages of services through contracts with a single purchaser – the National Health Service of Ukraine (NHSU). Within different PMG packages, different payment mechanisms were used – capitation, payment per service, payment per case, etc.

When the war started, the GOU stopped the requirement for HCFs to report the number of services provided, and instead, HCFs were paid 1/12 of their 2021 budget per month, which on the one hand, allowed them to maintain operations in the first few months of the war, but on the other hand, disrupted the result-based principles of the NHSU payment mechanism. In August 2022, HCFs located in Ukraine-controlled territories but not in proximity to active combat zones resumed payments according to case-based mechanisms for “Surgeries for adults and children in inpatient settings”, “Inpatient care for adults and children without surgical operations”, and “Inpatient medical care for patients with acute COVID-19 respiratory disease caused by SARS-CoV-2.”

At the same time, due to war-related conditions, HRS received a request from the NHSU to provide technical assistance to perform data analysis to support evidence-based revisions to the payment mechanisms for the selected package of surgical services to ensure better coverage and fair reimbursement to HCFs, especially for the treatment of war-related conditions. The “general surgery” PMG package needs revision in response to current war conditions in Ukraine that affect the nature, volume, intensity of treatment, and cost of surgery. Over the past eight months, demand for medical services has changed significantly because of an increase in the number of cases of war-related injuries and their characteristics. For example, since February 2022, war-related polytrauma has become very common among both civilian and military patients, and the number of limb injuries, including those that require amputations, has increased significantly.

Due to war conditions, the complexity of trauma management, related surgeries, and surgeons’ workload increased. However, more complex health interventions seem to be not captured by the current payment mechanisms across the full scope of surgeries in the PMG package. According to the interviews with medical experts conducted by HRS in 2022, there are cases of war-related trauma when several surgical teams had to work with one patient simultaneously. With the beginning of a full-scale invasion, some hospitals had to expand their departments, find additional medical workers, or replace those who reallocated within the country or abroad and acquire additional equipment via humanitarian aid or volunteers.

During 2021, according to the eHealth system, the number of cases treated under two PMG packages (“Surgeries for adults and children in inpatient settings” and “Inpatient care for adults and children without surgical operations”) amounted to 3,561,197. This number was by 3,067,427 cases lower than the planned indicator for the year due to the cancellation of planned operations for the period of quarantine since the beginning of the COVID-19 pandemic in Ukraine, as well as because in 2021, one-day surgeries were covered by the ambulatory PMG package. In 2022, the nature of the surgical services provided by many HCFs changed due to the inflow of patients with war-related trauma, while many planned surgeries were postponed or canceled due to war, reallocation of the patient, or their inability to co-finance the service provision. Moreover, most of the secondary HCFs were not providing planned surgical services during March-May 2022

These factors are expected to affect the actual numbers of inpatient cases treated within the health system, resulting in more discrepancies with the originally planned amounts. The diversity, complexity, and severity of patient illnesses treated at a given hospital has changed over time and is reflected in the case-mix.

In 2022, a new “One day surgeries for adults and children” PMG package were added, covering 72 codes of Diagnosis-related Groups (DRGs). Packages “Surgeries for adults and children in inpatient settings” and “Inpatient care for adults and children without surgical operations” cover 193 and 179 DRG codes respectively. Data on the overall number of hospitals and the global budget for these hospitals should be available upon request from the NHSU.

To establish a mechanism of revisions of payment mechanisms for surgical services, including revision of DRG structure and coefficients, the NHSU requested that the HRS project conduct a review of the “general surgery” PMG package and develop recommendations for future revisions. These results will help NHSU to make effective decisions on PMG revisions based on reliable data and analytics.

3.2. Grant Objective

This Grant aims to analyze the current “general surgery” PMG package, collect and analyze data on DRG related packages to identify and describe the necessary adjustments to the “general surgery” PMG package that would ensure updates on reimbursement to the HCFs and provide recommendations to NHSU to support optimization of financial resources allocations, including:

- Analyze the current DRG structure and payment mechanisms under the “general surgery” PMG package.
- Participate in the development of methodology for revision of DRG coefficients and approaches to data analysis, conducted and led by an international expert. Adjust the methodology according to the national context and translate the document into Ukrainian as requested.
- Collect relevant cost data from selected HCFs contracted by NHSU for “general surgery” PMG package and other DRG related packages (including annual budgets and staff salaries for surgical personnel).
- Analyze HCFs’ budgets to revise estimates of the average cost of surgical services using the top-down approach in a sample of hospitals contracted by NHSU and providing the “general surgery” PMG package.
- Revisit the base rate, cost weights, and adjustment factors to improve the reimbursement and reflect changes in volume and severity to treat patients affected by the war.
- Develop recommendations for periodic updating DRG coefficients of the “general surgery” PMG package and a mechanism for routine revision of the “general surgery” PMG package in the future, including DRG structure and DRG weights.
- Conduct capacity-strengthening meetings with the NHSU team on the DRG payment system, including case-based financing for surgical services.

Indicators

This Grant is intended to contribute to the following:

- Revisiting base rate and DRG weights for the “general surgery” PMG package will contribute to the transformation of the healthcare financing model and overall improvement in the specialized medical service delivery.
- Contribute to analyzing data on surgeries and payment mechanisms, generating relevant evidence for NHSU to make informed decisions.
- Develop the capacity of Ukrainian organizations and implement USAID’s vision for locally-led solutions.

Specific Statement of Work

Upon consultations and in collaboration with HRS, the grantees should:

The Grantee shall use his/her experience, knowledge of national and international best practices, and additional understanding gleaned from the background and objectives specified in sections A and B above to accomplish the following deliverables by the end of this grant:

- 1.1. Analytical report on the current DRG structure and payment mechanism under the “general surgery” PMG package (MS Word).
- 1.2. Presentation slides (MS PowerPoint) on key results of the analytical report on the current DRG structure and payment mechanism under the “general surgery” PMG package.
- 2.1. The methodology note for revision of the DRG structure and coefficients based on the HCFs data (MS Word).
- 2.2. List of data sources (MS Word).
- 2.3. Data collection plan (MS Excel).
- 2.4. Note on data analysis (MS Word).
- 2.5. Sample of HCFs contracted by NHSU for “general surgery” PMG package and other DRG-related packages (MS Excel).
- 3.1. Forms for data collection (MS Excel).
- 3.2. Report on piloting with the proposed amendments with attached finalized data collection instruments (MS Word).
- 3.3. Finalized methodology note (MS Word).
- 4.1. Datasets (SPSS/ MS Excel), financial/operational datasets (SPSS/ MS Excel) , questionnaires (MS Word), transcripts of the IDIs (MS Word), and FGDs (MS Word).
- 4.2. Technical reports on data collection (MS Word).
- 5.1. Technical report on data analysis in MS Excel/ SPSS.
- 6.1. Analytical Report (MS Word).
- 6.2. Presentation with the key study results (MS PowerPoint).
- 6.3. Other materials as requested by the HRS team (descriptive statistics, cross-tabulating tables, analytical materials, technical documents, tables, analyses, etc.).
- 6.4. Report on Grant execution (MS Word).

3.3. Grant Activities

The Grantee is expected to carry out the following activities:

- I. Analyze the current structure and payment mechanism of the “general surgery” PMG package**

- 1.1. In cooperation with the international expert and HRS team, analyze the current DRG structure and payment mechanism under the “general surgery” PMG package and produce the analytical report.
2. **Develop the methodology for revision of the DRG structure and coefficients based on the HCFs data, including a list of data sources**
 - 2.1. In cooperation with the international expert and HRS team, develop the methodology note.
 - 2.2. Prepare a list of data sources and adjust it considering the ability to collect data under war-related conditions.
 - 2.3. Develop a data collection plan with ‘live’ updates weekly.
 - 2.4. Develop a data analysis approach.
 - 2.5. Construct the sample of 31 specialized HCFs for data collection.
3. **Develop research instruments for data collection**
 - 3.1. Develop forms for data collection:
 - 1) data request forms for 31 sampled specialized HCFs;
 - 2) questionnaires for discharged patients - 310 patients to be interviewed;
 - 3) guides for the focus group discussions (FGDs) with surgeons from the sampled specialized HCFs – 5 FGDs with 5-7 participants each;
 - 4) In-depth interviews (IDIs) with General directors of the sampled specialized HCFs – 31 in total.
 - 3.2. Pilot test the data collection instruments.
 - 3.3. Amend and update the data collection instruments according to the piloting results.
 - 3.4. Finalize the methodology note as requested
4. **Conduct data collection, verify data, and produce a technical report**
 - 4.1. Collect information for the 2021, 2022 and Q1 of 2023.
 - 4.2. Conduct verification of the collected data and finalize the data set.
 - 4.3. Produce a technical report on data collection, including questionnaires and transcripts of the IDIs and FGDs.
5. **Conduct data analysis**
 - 5.1. Analyze collected data, estimate the DRG coefficients and base rate and prepare a technical report (MS Excel/SPSS) and share the estimation files with HRS.
6. **Develop and agree with HRS an analytical report with study results and recommendations**
 - 6.1. Work with the international expert to produce Analytical Report according to the agreed by HRS structure, including (but not limited to):
 - Background analysis of the current DRG structure and payment mechanism under the “general surgery” PMG package;
 - Methodology, sampling and data collection, limitations;
 - Approaches to data analysis;
 - Results of data analysis and estimation of the DRG coefficients;
 - Recommendations on periodic updating DRG coefficients of the “general surgery” PMG package and a mechanism for routine revision of the “general surgery” PMG package in the future, including DRG structure and DRG weights.
 - 6.2. Prepare quality check report.
 - 6.3. Provide PowerPoint presentation and results for the specified research questions with relevant disaggregation.
 - 6.4. Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

6.5. Conduct capacity-building meetings with the NHSU team on case-based financing for inpatient services.

7. Produce the report on the Grant execution.

3.4. General Milestones and associated timelines

Below is the table format to describe milestones for planning and implementation of the Grant:

Milestone Number and Name	Grant Activity	Milestone Verification	Expected Completion Date
1. Analyze the current structure and payment mechanism of the “general surgery” PMG package.	- In cooperation with the international expert and HRS team, analyze the current DRG structure and payment mechanism under the “general surgery” PMG package and produce the analytical report.	- <i>Approved work plan</i>	TBD
2. Develop the methodology for revision of the DRG structure and coefficients based on the HCFs data, including a list of data sources.	-In cooperation with the international expert and HRS team, develop the methodology note. -Prepare a list of data sources and adjust it considering the ability to collect data under war-related conditions. -Develop a data collection plan with ‘live’ updates weekly. -Develop a data analysis approach. -Construct the sample of 31 specialized HCFs for data collection.	TBD	TBD
3. Develop research instruments for data collection.	-Develop forms for data collection: 1) data request forms for 31 sampled specialized HCFs; 2) questionnaires for discharged patients - 310 patients to be interviewed; 3) guides for the focus group discussions (FGDs) with surgeons from the sampled specialized HCFs – 5 FGDs with 5-7 participants each; 4) In-depth interviews (IDIs) with General directors of the sampled specialized HCFs – 31 in total. -Pilot test the data collection instruments. -Amend and update the data collection instruments according to the piloting results. -Finalize the methodology note as requested	TBD	TBD
4. Conduct data collection, verify data, and produce the technical report.	-Collect information for the 2021, 2022 and Q1 of 2023. -Conduct verification of the collected data and finalize the data set. -Produce a technical report on data collection, including questionnaires and transcripts of the IDIs and FGDs	TBD	TBD

5. Conduct data analysis	-Analyze collected data, estimate the DRG coefficients and base rate and prepare a technical report (MS Excel/SPSS) and share the estimation files with HRS.	TBD	TBD
6. Develop and agree with HRS an analytical report with study results and recommendations	<p>-Work with the international expert to produce Analytical Report according to the agreed by HRS structure, including (but not limited to):</p> <p>Background analysis of the current DRG structure and payment mechanism under the “general surgery” PMG package;</p> <p>Methodology, sampling and data collection, limitations;</p> <p>Approaches to data analysis;</p> <p>Results of data analysis and estimation of the DRG coefficients;</p> <p>Recommendations on periodic updating DRG coefficients of the “general surgery” PMG package and a mechanism for routine revision of the “general surgery” PMG package in the future, including DRG structure and DRG weights.</p> <p>-Prepare quality check report.</p> <p>-Provide PowerPoint presentation and results for the specified research questions with relevant disaggregation.</p> <p>-Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).</p> <p>-Conduct capacity-building meetings with the NHSU team on case-based financing for inpatient services.</p>	TBD	TBD
7. Produce the report on the Grant execution	Develop the Grant Final Report Any other report upon HRS request	TBD	September 30, 2023

3.5. Key Personnel

Key personnel must have relevant education and experience (reflected in CVs). Grantee must provide the workload information for all key personal. The key personnel shall not be changed throughout the project execution without agreeing it with HRS team.

3.6. Additional conditions

The day-to-day activities of the grant recipient will be monitored by the USAID HRS representatives. Written communication between the selected grantee and HRS is confidential.

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 (see Grant Application Form and Guidelines)

C. Technical Proposal (8 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:

- BACKGROUND/STATEMENT OF NEED *[maximum 1 page]*

- Provide an explanation why the “general surgery” PMG package needs to be reviewed and demonstrate understanding of financing of inpatient/surgery services and problems associated with the current payment mechanism under war-related conditions.

- VISION OF IMPROVING/GOALS, OBJECTIVES *[maximum 1 page]*

- Provide descriptions for each of the listed in the Grant proposal objectives, highlighting the main implementation stages and associated risks

- EXPECTED RESULTS AND TECHNICAL STRATEGIES *[maximum 2 pages]*

- Outline the potential methodology for the “general surgery” PMG package revision; justify the choice of the data collection and analysis approaches.
- 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).

- IMPLEMENTATION PLAN/ACTIVITIES *[maximum 2 pages]*

- Provide a detailed grant implementation plan (see the template in Annex A - PROJECT IMPLEMENTATION PLAN).
- Based on a developed implementation plan, please, provide the list of grant activity milestones using the table from Section 3.5. For Fixed Amount Awards, the 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.
- The working plan must deliver the milestones and ensure the requirements of its expected time of completion

- **COORDINATION AND COLLABORATION** [maximum 1 page]

- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with communal secondary healthcare facilities, and explain the data collection approach (including a back-up option in case of war-caused disruptions) and approaches to data analysis.

- **MANAGEMENT PLAN** [maximum 1 page]

- Indicate the number of staff you are planning to launch to the activity's implementation.
- Describe how you will coordinate and monitor the implementation plan.
- Describe how the project will be managed within the grant.
- Indicate whether you have experience in cooperation with international organizations and charitable foundations, with health care facilities.

- **ORGANIZATIONAL CAPACITY** [maximum 1 page]

- Describe the team that will implement the grant, indicating their positions, roles and contact details as Annex B. Provide CVs for core/implementation team (as an ANNEX B – PROJECT IMPLEMENTATION TEAM).
- Indicate contacts who will liaise with the HRS Project.
- Provide additional information about the experience of your organization in the implementation of the socioeconomic studies.
- Provide information about the past performance of your organization as an ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – PROJECT IMPLEMENTATION TEAM (Org chart &CVs)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

5 BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget for each grantee amounts shall not exceed 5 250 000 UAH. The budget should be produced by milestones. 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.

5.2. COST SHARE

Cost sharing is not a requirement for grants issued in response to RFA #45.

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

5.3. 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.

5.4. 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
Background/Statement of Need	5
Vision/Project Goal, Objectives	10
Technical Strategies	20
Project Activities	15
Coordination and Collaboration	10
Management Plan	10
Organizational Capacity	10
Budget, Budget Notes and Cost Reasonableness	20
Total points	100

Technical Proposal

USAID Health Reform Support Project 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 Project 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
- 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 grant award/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

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 grant award/contract (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 HRS 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/usaaidipnforassistance/>. 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 USAI

- 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