



# HEALTH REFORM SUPPORT UKRAINE

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**REQUEST FOR GRANT APPLICATIONS (RFA):  
“HEALTHCARE MARKET FORCES ANALYSIS IN UKRAINE”  
RFA # 11:**

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**A USAID /Ukraine FUNDED PROJECT**

**January 2021**

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**USAID Health Reform Support**

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## I SUMMARY

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### 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 partners to conduct an activity named "Healthcare market forces analysis in Ukraine."

This grant will provide technical assistance for the Ministry of Health of Ukraine (MoH) and National Health Service of Ukraine (NHSU) and other relevant stakeholders to gain understanding 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.

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 (6) months, from March 2021 to August 2021 with most deliverables to be completed by July 31, 2021. 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 3 780 000 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 04, 2021. Questions should be received by close of business (COB) Ukraine local time on January 25, 2021, and responses to questions will be provided by January 27, 2021.

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)

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## 2 INSTRUCTIONS FOR APPLICANTS

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### 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# 7.
- 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 25, 2021 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By January 27, 2021, 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 webinar will be held on **January 22, 2021 at 15:00 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 22, 2021**.

### 2.4 Applications Due Date and Time

Closing Date: February 04, 2021

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# with the ceiling amount of up to 3 780 000 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 # .
- **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;

- Knowledge of Ukraine's ongoing healthcare reform, health care sector and its governance system;
- 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.



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## 3 STATEMENT OF WORK

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### 3.1 Background

Governments around the world seek to improve the functioning of health markets and increase private sector engagement to mobilize labor, infrastructure and investments within the health system for improved efficiency, quality, health outcomes and overall value for money. A health market is defined as a system and/or environment with core supply/demand and supporting functions such as stewardship/governance, policy/regulations, and financing that enable the exchange of health products, services, and information across the healthcare system. Key players in a health market are consumers, providers, governments, and networks of suppliers. The way these players interact across each of the core and supporting functions leads to key outcomes of quality, growth, equity, and sustainability of the health system.

The health care reform transformed public healthcare providers into not-for-profit enterprises contracted by the National Health Service of Ukraine (NHSU) and established grounds for competition between public and for-profit-private providers for NHSU payments. Understanding the private sector, available resources, incentives, motivations and barriers for its growth is very important at this stage for further shaping the reform, developing a realistic oblast guaranteed benefits package under the PMG, and introducing public-private partnerships and innovative financial mechanisms.

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 platforms, medical education as well as investors and contains the following five components:

- Component 1.- National Health Market Overview and Stakeholder Analysis of Public and Private Players.
- Components 2.- Private Sector Landscape Analysis in Zhytomyr and L'viv oblasts
- Component 3.- A Survey to Characterize the Healthcare Workforce, including Gender Gaps, in the Public and Private Sectors in Zhytomyr and L'viv Oblasts.
- Component 4.- Policy Brief on The Implementation of Co-payments for Health Services in the Public Sector.
- Component 5.- Health Policy Recommendations for Engagement of the Private Sector.

This grant will be awarded under the USAID HRS Project to support the Components 2 and 3 of the Healthcare Market Forces Analysis.

### 3.2 Specific Statement of Work

The grantee will be expected to manage all elements related to planning, implementation, oversight, and reporting for the private sector landscape analysis (PSLA) and healthcare workforce surveys in both Zhytomyr and L'viv oblasts (Component 2 and 3 of the Market Force Analysis) in close collaboration with the HRS team. A detailed description of these two different components is provided in sections 3.2.1 and 3.2.2. The overarching tasks related to implementation of these two research activities is described below.

Specific tasks under this Scope of Work (grant):

**Task 1. Finalize the study design, sampling methodology, and timeline for PSLAs and Healthcare workforce survey (developed and provided separately).**

- Finalize technical approach and proposed sampling methodology for all data collection activities (health facility and pharmacy surveys, patient/user interviews, health professionals survey, focus groups (doctors and nurses) stakeholder in-depth interviews (IDI) based on discussions with HRS team.
- Develop a detailed timeline for the full research activity, including field work for both Zhytomyr and L'viv.
- Finalize list of key stakeholders to be interviewed for in-depth interviews (IDI) in collaboration with HRS team for both Zhytomyr and L'viv with names/titles/contact information.

**Task 2. Finalize the data collection instruments for PSLAs and Healthcare workforce survey (developed and provided separately).**

- For the PSLA, finalize questionnaire for health facility/pharmacy/drug stores survey, patient/users' interviews, and IDIs for government and private sector stakeholders. The HRS team will provide draft instruments for each of these data collection activities.
- For the PSLA, finalize information and data collection strategy for health statistics outlined in Table 2 for both Zhytomyr and L'viv.
- For the Healthcare workforce survey, finalize the questionnaire for the health professionals survey (doctors and nurses), focus groups with healthcare professionals (doctors and nurses), and IDIs with MOH, NHSU, and regulatory officials.

**Task 3. Pilot test of survey instruments for PSLA and Healthcare workforce survey and preparation for fieldwork.**

- For the PSLA, pilot test questionnaires for health facility/pharmacy/drug stores survey (3 public and 3 private for each facility type), patient/users interviews (10 interviews in each oblast), and IDIs for government and private sector stakeholders (2 from public and private sectors) and chief doctors (20 health workers). The HRS team will provide draft instruments for each of these data collection activities.
- For the Healthcare workforce survey, pilot test questionnaires for the health professionals survey (doctors and nurses), focus groups with healthcare professionals (doctors and nurses), and IDIs with MOH, NHSU, and regulatory officials.
- Based on the results of the pretests, provide recommended changes in writing to HRS team and submit suggested revisions to the survey instruments in track changes.
- Submit draft recruitment screeners for all data collection activities.
- Based on feedback from HRS team, finalize the research instruments and submit final copies of the research instruments to HRS before initiating fieldwork.
- Obtain all required approvals from government (obtain Ethics Board approval, other documents, if needed) and private facilities (as needed).
- Submit CVs for fieldwork supervisors, focus group moderators (for healthcare professionals focus groups, ideally moderator should be healthcare professional or have healthcare background), and names of field research team.
- Submit agenda for planned trainings of research team, training materials, and trainers prior to initiating training for research team.
- Conduct trainings for enumerators and interviewers with participation from HRS team.
- Propose locations and timing for focus group discussions with healthcare professionals in advance so that HRS team may participate as needed.

#### **Task 4. Conduct data collection for PSLA and Healthcare workforce survey (developed and provided separately).**

- Provide final calendar for fieldwork data collection activities to HRS team prior to initiating fieldwork.
- Provide weekly updates to HRS team once fieldwork has initiated and inform of any issues/delays in fieldwork.

#### **Task 5. Ensure proper data transfer, documentation, and reporting.**

- Provide transcripts (recorded and in writing) of all IDIs (as permitted) and focus group discussions.
- Provide draft database structure for statistics collected for Table 2.
- Develop data analyses plan for healthcare facilities/pharmacy, patient/user interviews, and healthcare professionals survey, including quality check report.
- Provide databases in Excel, SPSS with the agreed specification (in Ukrainian and English)
- Submit draft outline for final reports for both PSLA and healthcare workforce study.
- Prepare reports for PSLA (including methodology, procedures, randomization techniques, instruments etc.) (in Ukrainian and English) for each region, including mapping of health care market stakeholders; patient's perception of paying for private services: for which medical services; what cost categories (medical service, specific doctor, hospital "hotel service", medicines and labs); what facilities (private or public) and how much users are willing to pay;
- Prepare reports for Healthcare workforce study with contextual analysis of data obtained via IDIs according to agreed structure (in Ukrainian and English) for each region.
- Based on feedback from HRS team, submit final reports for both PSLA reports and Healthcare workforce surveys for each region.
- Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

### **3.2.1 PRIVATE SECTOR LANDSCAPE ANALYSIS IN TWO REGIONS OF UKRAINE (ZHYTOMYR AND L'VIV OBLASTS).**

The purpose of the Private sector landscape analysis (PSLA) is to identify opportunities where private resources can be leveraged to maximize access, improve equity, quality, and uptake of Program of Medical Guarantees (PMG) services. The Health Reform Support (HRS) project aims for the private sector landscape analysis is to identify and describe the wide range of public and private players (for-profit and non-profit organizations, workplaces, community and civil society organizations, and companies) represented in in Zhytomyr and L'viv oblasts. HRSP will assess the interconnected roles of a sustainable mixed healthcare system for the following specific objectives:

- Describe the size (estimated value and volume of health services), nature, and capacity of the private health sectors (categorized by different types of health services) at the oblast-level and their readiness to provide healthcare services aligned to the Program of Medical Guarantees that meet national quality standards (including PMG services not likely to be provided by the private sector).
- Assess oblast-level government agencies capacity for regulation, registration, accreditation, and empanelment of private providers and facilities, including supervision and enforcement of sustained quality standards.
- Identify potentially scalable and sustainable partnerships with diverse health and non-health private sector partners (if any) and identify opportunities to leverage private sector innovation, human resources, managed care skills, blended financing opportunities and impact investing in health.
- Identify opportunities and barriers related to private sector's potential increased role in the provision of health products and services, including transparency, tax evasion, etc.

- Understand opportunities and barriers for current and future cooperation between private healthcare providers and the NHSU;
- Describe pricing levels for different medical services in public vs. private facilities.
- Understand client preferences and perceptions regarding public vs. private facilities; pricing levels for different medical services (medical service, specific doctor, HCF “hotel service”, medicine etc.) and what implications this has for equity.
- Explore knowledge, beliefs, perceptions, attitudes and cultural norms about the private sector participation on health from the perspective of the main stakeholders (MoH, regulators, payers (NHSU), providers of PHC and hospital care, and users of healthcare services).
- Describe key stakeholders’ positions in favor or against the participation of the private sector in providing the PMG.
- Analyze the potential impact of the incorporation of the private sector in the provision of the PMG on some relevant areas of service delivery: cost, access, utilization and quality.
- Assess oblast-level government agencies capacity for regulation, registration, accreditation, and empanelment of private providers and facilities, including supervision and enforcement of sustained quality standards.
- Identify opportunities to leverage private sector innovation, human resources, managed care skills
- Describe current opportunities for private investment as well as blended financing opportunities and impact investing in health.
- Identify potentially scalable and sustainable partnerships with diverse health and non-health private sector partners

The PSLA will be conducted using both qualitative and quantitative methods. The grantee will conduct a series of interviews with government and private health market stakeholders, non-health private sector players, and potential investors, and clients of private healthcare services. Data requirements for different health market players are listed in Annex 2 and will be collected by compiling available economic and medical statistics at the local level (requests forms), conducting survey with approximately facility- and pharmacy-level interviews, in-depth interviews with key stakeholders, and client surveys and will develop descriptive analysis of health market players by groups in two regions.

#### **Data Collection period: 2018-2020**

#### **Methods & Scope of work**

The methodology is a cross-sectional observational design using a survey of providers and users of health services. At the first stage, Rayon clusters across the Zhytomyr and L’viv Oblasts will be identified and at the second stage, samples will be systematically selected from the sampling frame of each Rayon. The final sampling strategy will be suggested by the grantee based on considerations of the total number of facilities/providers, geographic, and travel considerations. The qualitative approach will implement a purposive sampling and data collection methods consisting of in-depth interviews (IDIs) with key stakeholder informants of both private and public, health and non-health sectors.

**Table 1. Methods, Data Sources, and Estimated Sample Size**

Key Research Topics by Data Collection Techniques	Data Sources	Sample Size*
<b>Health Facility &amp; Pharmacy Survey</b>		
<ul style="list-style-type: none"> <li>• Available services; service volume and pricing; market trends; regulatory barriers/issues; use of technology; access to finance,</li> </ul>	Hospitals, PHC centers, Laboratories, Diagnostic centers	<ul style="list-style-type: none"> <li>• TBD number of nurses</li> <li>• TBD number of doctors</li> <li>• TBD number Chief doctors</li> </ul>

assess compliance with NHSU minimum technical requirements for selected packages of services		<ul style="list-style-type: none"> <li>TBD number facilities assessed for compliance with NHSU standards</li> </ul>
<ul style="list-style-type: none"> <li>Available products; top 10 product categories &amp; top 2 brands in each category; market trends; regulatory barriers/issues; supply chain; stock outs; access to finance</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy/drug shops interviews</li> </ul>	TBD number of Pharmacy/drug shop owners
<b>Patients Interviews</b>		
<ul style="list-style-type: none"> <li>Perception of service quality (public v. private sector); preferences for public v. private for key services; pricing in public v. private sector; knowledge of insurance options; insurance enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>Facility interviews</li> <li>Pharmacy/drug shops interviews</li> </ul>	TBD number of patients, clients, and users of services
<b>In-depth Interviews (IDI)</b>		
<ul style="list-style-type: none"> <li>Oblast government health priorities, resource mobilization, regulatory processes, categorization of facilities; registration numbers &amp; fees, accreditation &amp; empanelment of private sector</li> </ul>	<ul style="list-style-type: none"> <li>Oblast-level Departments of health</li> <li>Oblast-level NHSU representatives</li> <li>Oblast-level regulatory agencies</li> </ul>	TBD number of IDIs with key government agencies
<ul style="list-style-type: none"> <li>Human resources for health; licensing/regulatory requirements/barriers; training and continuing medical education</li> </ul>	<ul style="list-style-type: none"> <li>Professional medical &amp; pharmaceutical associations</li> </ul>	TBD number of IDIs with the oblast-level largest, most active professional associations
<ul style="list-style-type: none"> <li>Supply chain/distribution trends</li> </ul>	<ul style="list-style-type: none"> <li>Pharmaceutical wholesalers &amp; distributors</li> </ul>	TBD number of IDIs with pharmaceutical wholesalers/distributors
<ul style="list-style-type: none"> <li>Domestic production of medicine and medical products and export</li> </ul>	<ul style="list-style-type: none"> <li>Pharmaceutical producer and importers</li> </ul>	TBD number of IDIs with pharmaceutical producers and importers
<ul style="list-style-type: none"> <li>Social enterprise health solutions (if any exist)</li> </ul>	<ul style="list-style-type: none"> <li>Medium- and small-scale social enterprise focused on health sector</li> </ul>	TBD number of IDIs with owners/managers
<ul style="list-style-type: none"> <li>Private health insurance market; number of players; size (value &amp; volume); products &amp; services, policy costs; trends (social enterprise &amp; technology) (national level)</li> </ul>	<ul style="list-style-type: none"> <li>Private Health Insurance Executives</li> </ul>	TBD number of IDIs with private health insurance companies

<ul style="list-style-type: none"> <li>Local Private and International investment in health care</li> </ul>	<ul style="list-style-type: none"> <li>Private investors, development banks, donors, etc</li> </ul>	TBD number of IDIs with major industry/employers
<ul style="list-style-type: none"> <li>Non-health industry investment in health services, either for employees or through corporate social responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Non-health private industry/large-scale employers</li> </ul>	TBD number of IDIs with major industry/employers

\* Final sampling plan to be proposed by grantee based on total universe, geography, and other factors.

**Table 2.** Health market statistics by groups of market players

Market player	Data to be collected from/on
1. Governance	Parliamentary Committee on People's Health, medical care and medical insurance Ministry of Health Oblast expert centre of the MOH Medicines and Health Products Regulatory Agency National Health Service of Ukraine
2. Health Financing	Ministry of Finance Regional Development Fund Health Insurance Regulatory Agency (Central Bank)
3. Health System Administration	Third party Administration Agencies
4. Professional Associations	Medical Associations Pharmacy Association of Ukraine Association of Medical Laboratory Technologists
5. Health Care Investors	Private Banks Hospital Investors Pharmaceuticals Development Banks
6. Labour Organizations	Labour union Doctors, Nurses, Health Care Unions
7. Health insurance	Names and number of Insurance companies, name and numbers of private insurers (employees' insurance schemes), cost of the policy, entitlement, number of people privately ensured in the regions
8. Preventive Services	Providers of Information, education and counselling programmes

	<p>Immunisation programmes</p> <p>Early disease detection programmes</p> <p>Healthy condition monitoring programmes</p> <p>Counselling services</p> <p>Diet and nutrition services</p> <p>Epidemiological surveillance and risk and disease control programmes</p> <p>Preparing for disaster and emergency response programmes</p>
9. Healthcare facilities*:	
Curative care (Inpatient curative care, Outpatient curative care, Dental outpatient curative care)	
Primary health care facility	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors, nurses, non-medical stuff), number of patients enrolled, list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures, CAPex), number of visits per month, patients by wealth category</p> <p>Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), number of patients enrolled (if any), list of services provided and price list, financial data (<i>estimated annual revenue, annual expenditures, CAPex</i>)**, number of visits per month, patients by wealth category</p>
Small practices, single entrepreneurship	Names and number, scope of financing NHSU, number of employees by categories (if applicable), list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures), number of visits per month
Polyclinics	Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of patients enrolled, list of services provided, list and annual volume of paid services, financial data ( <i>estimated annual revenue, annual expenditures, CAPex</i> ), number of visits per month, patients by wealth category

Hospitals (oblast, rayon, town)	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of departments and capacity (beds), number discharged patients by departments, list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures, CAPex), cost per patient per department, <i>estimated OOP by patients per department</i></p> <p>Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of departments and capacity (beds), list of services provided and prices, financial data (<i>annual revenue, annual expenditures, CAPex</i>), number of visits per month, frequency of discharges per department</p>
Rural ambulatories	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors, nurses, non-medical stuff), number of patients enrolled, list of services provided, list and annual volume of paid services, financial data (<i>estimated annual revenue, annual expenditures, CAPex, number of visits per month</i>)</p> <p>Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), list of services provided and prices, financial data (<i>estimated annual revenue, annual expenditures, CAPex</i>), number of visits per month,</p>
Dental clinics/units	<p>Private: Names and number, number of employees by categories (doctors, nurses, non-medical stuff), list of services provided and price list, financial data (<i>annual revenue, annual expenditures, CAPex</i>), number of visits per month</p>
Rehabilitation care (Inpatient rehabilitative care, Day rehabilitative care, Outpatient rehabilitative care, Home-based rehabilitative care)	
Rehabilitation and occupational medicine providers	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of departments and capacity (beds), number discharged patients by departments, list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures, CAPex), cost per patient per department, <i>estimated OOP by patients per department</i></p>



	Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), capacity and actual number of patients, list of services provided, service fee, financial data ( <i>annual revenue, annual expenditures, CAPex</i> )
Trauma centers (standalone)	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of departments and capacity (beds), number discharged patients by departments, list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures, CAPex), cost per patient per department, <i>estimated OOP by patients per department</i></p> <p>Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), capacity and actual number of patients, list of services provided, service fee, financial data (<i>annual revenue, annual expenditures, CAPex</i>)</p>
Opticians/optometry	Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), number of patients enrolled (if any), list of services provided and price list, financial data ( <i>annual revenue, annual expenditures, CAPex</i> ), <i>number of visits per month</i>
Psychiatric clinics/units	Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), capacity and actual number of patients, list of services provided, service fee, financial data ( <i>annual revenue, annual expenditures, CAPex</i> )
Emergence centers and patients' transportation	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), capacity (beds), number discharged patients, number of visits for ambulance per month, financial data (annual revenue, annual expenditures, CAPex), cost per patient per, <i>estimated OOP by patients per department</i></p> <p>Private (ambulance): Names and number, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of visits per month and price per visits, main cause of visits, average time per visit</p>
Reproductive health centers	Private: Names and number, number of employees by categories (doctors by specialization, nurses, non-medical stuff), list of services provided and price list, financial data

	( <i>annual revenue, annual expenditures, CAPex</i> ), number of visits per month, patients per wealth quartile
Gynecological centers	<p>Public: Names and number, scope of financing NHSU/local authorities, number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of patients enrolled, list of services provided, list and annual volume of paid services, financial data (<i>annual revenue, annual expenditures, CAPex</i>), number of visits per month</p> <p>Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors by specialization, nurses, non-medical stuff), number of patients enrolled (if any), list of services provided and price list, financial data (<i>annual revenue, annual expenditures, CAPex</i>), number of visits per month</p>
Long-term care	
Care homes	Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), capacity and actual number of patients, list of services provided, service fee, financial data ( <i>annual revenue, annual expenditures, CAPex</i> )
Ancillary services (Laboratory services, Imaging services)	
Diagnostic centers/units	Private: Names and number, scope of financing NHSU (if any), number of employees by categories (doctors, nurses, non-medical stuff), list of services provided and price list, financial data ( <i>annual revenue, annual expenditures, CAPex</i> ), number diagnostics per month per category
Laboratories	Private: Names and network size, sales volume per year, number of employees, amount of NHSU contract id applicable
Other facilities:	
Dermato-venerology and cosmetic facilities	Private: names and number, number of employees by specialization, list of services provided and prices, number of patients per month
Nutrition and diet services	Private: Names and number, number of employees by categories (doctors by specialization, nurses, non-medical stuff), list of services provided and price list, financial data ( <i>estimated annual revenue, annual expenditures</i> ), number of visits per month
Wellbeing clinics/sanatoriums	Public: Names and number, number of employees by categories (doctors, nurses, non-medical stuff), specialization, list of services provided, list and annual

	<p>volume of paid services, financial data (<i>estimated annual revenue, annual expenditures, CAPEX</i>), number of visits per month with duration of stay</p> <p>Private: Names and number, number of employees by categories (doctors by specialization, nurses, non-medical stuff), list of services provided and price list, financial data (<i>estimated annual revenue, annual expenditures</i>), number of visits per month</p>
Non-traditional medicine centers	<p>Private: Names and number, number of employees by categories (doctors, nurses, non-medical stuff), list of services provided and price list, financial data (<i>estimated annual revenue, annual expenditures</i>), number of visits per month</p>
10. Pharmacies	<p>Public: Names and network size, retail sales volume per year, number of employees, salaries level, share of prescribed medicine, scope of financing via Affordable medicine program, 5 most popular medicine</p> <p>Private: Names and numbers (network size), retail sales volume per year, number of employees, salaries level, scope of financing via Affordable medicine program, 5 most popular medicine</p>
11. Public health facilities	<p>Public: Names and number, number of employees by specialization, list of services provided, list and annual volume of paid services, financial data (annual revenue, annual expenditures, CAPEX)</p>
12. Pharma producers and suppliers (retail and wholesale)	<p>Public and Private: names and number, number of employees and salaries, annual revenue and expenditures, sales volumes, CAPEX</p>
13. Medical goods (devices, equipment, and hospital supplies) manufacturers and suppliers (retail and whole sale)	<p>Public and Private: names and number, specialization, number of employees and salaries, annual revenue and expenditures, sales volumes, CAPEX</p>
14. Biomedical engineering companies	<p>Names and number, specialization, number of employees and salaries, annual budget</p>
15. Biotechnology companies	<p>Names and number, specialization, number of employees and salaries and salaries, annual budget</p>
16. Medical research and development institutions	<p>Names and number, specialization, number of employees and salaries, annual budget</p>
17. Med tech companies and HIS developers	<p>Names and number, specialization, number of employees, annual revenue and expenditures</p>

18. Medical education and teaching institutions	Public and Private: Names and number, specialization, number of employees and salaries, number of students (budget/contract by specialization), annual budget, number of graduates in 2019
19. Medical training providers	Names and number, specialization, number of employees, annual revenue and expenditures/budget, number of people trained per month
20. Digital Technologies and IT solutions	Providers of IT solutions, Health Information Systems, Electronical Medical Records, Claims Processing
21. Online services and Telemedicine	Private: Names and number, number of employees by categories (doctors, nurses, non-medical stuff), number of online consultations provided, financial data ( <i>estimated annual revenue, annual expenditures, source of financing</i> )
22. Counseling and treatment of substance abuse	Private: names and number, specialization, list of services provided and prices, number of patients,
23. Donors and charity organizations	Private: names and number, specialization, scope of financing

\*data for public facilities will be collected from previous research, NHSU dashboards and/or by request forms

\*\* *in italic* - where possible

### 3.2.2. A SURVEY TO CHARACTERIZE THE HEALTHCARE WORKFORCE, INCLUDING GENDER GAPS, IN THE PUBLIC AND PRIVATE SECTORS IN ZHYTOMYR AND L'VIV OBLASTS

The study on employment and working conditions of healthcare providers will describe health professionals' perceptions and opinions regarding wages, normal working hours and rest periods, social security coverage and benefits; (non) desirability and reasons behind informal payments as well as incentives to improve performance and working conditions. The study will be conducted in two regions (Zhytomyr and L'viv) and has the following objectives:

- Describe the human resource mix (medical workers by specialization, nurses, junior medical staff, laboratory staff) and their distribution on public and private HCFs at the primary and secondary levels of care.
- Estimate a range of income levels of health workers (doctors, nurses and health managers) stratified by age group, gender, and workplace location (urban/rural) in public and private HCFs and by range and specialty in primary and secondary level of care.
- Estimate the range of (direct and indirect) informal payments as proportion of total income of healthcare workers in public and private HCFs stratified by primary and secondary level of care.
- Characterize HR knowledge of base pay, benefits and pay progression in both the public and private sectors.
- Describe HR job satisfaction and professional incentives to improve their performance in terms of quality and efficiency.

- Explore knowledge, beliefs, perceptions, attitudes and cultural norms about working in the private sector.
- Explore preferences and attitudes towards working part-time in other jobs to complement salaries, intentions to migrate to the private sector and to work in another country.
- Analyze motivation and incentives to improve the performance in the provision of the PMG on main areas of service delivery including cost control, efficiency, responsiveness and quality.
- Explore and describe what type of monetary and non-monetary professional incentives are important for doctors, nurses and health managers.
- Identify what improvements in working conditions are important for healthcare workers.
- Provide recommendations to improve the performance, quality and working conditions of doctors, nurses and health managers.

Data will be collected via interviews with the sampled health workers in the regional private and public facilities to examine their demographic characteristics, level of education, type of medical specialty. Also, gathering information on their participation in continuous medical education activities, management and other skills such as computer literacy, access to international medical literature, handling medical equipment, years in the profession and with the facility, level of income (salary/bonuses/benefits), level of satisfaction and professional incentives.

The target population for this study are health workers in public and private PHC centers, polyclinics and hospitals, knowledgeable members of the public and other relevant stakeholders.

#### **Data Collection period: 2019 – 2020.**

- Overall data will be collected via surveys applied to the sample of health workers.
- Data on health work force structure will be collected via in deep interviews with private facility chiefs by type of the facility.
- Data on informal payments will be collected via interviews with patients in the selected facilities.
- Income level data can be supported by focus groups.

#### **Method & Scope of work**

The methodological approach is based on a descriptive design using qualitative mixed methods. Quantitative data will be collected through survey instruments. Close-ended structured questionnaires to a sample of health care providers will include information on demographic characteristics, level of education, type of medical specialty, participation in continuous education activities, management skills, computer literacy, access to international medical literature, years in the profession and working in the public or private sector.

The qualitative approach is a descriptive study collecting data from healthcare providers during focus groups sessions. This will also involve conducting focus groups across a range of medical specialties, nurses and health managers to gather the required information from physicians about wages and working conditions and provide a unique opportunity for health professionals to directly contribute to the debate on the important matter of how we pay and incentivize doctors to improve performance.

Focus groups with a maximum of eight participants will include public and private PHC doctors, hospital doctors, nurses, health care directors/managers, executives and retired practitioners. Doctors will be provided with a range of salaries to identify in a scale the entry level salary for a general practitioner and the

top salary in a PHC clinic, the same for doctors working in hospitals (internal medicine and surgery). This will also apply to nurses and doctor's payments compares against that earned in the private sector.

All the salary issues and total income will be discussed during the focus-group sessions. Each session will be scheduled to last a maximum of two hours. The facilitators will be using uniform discussion guides intended to help them pose open-ended, exploratory questions. There will be opportunity for follow-up probes or discussion among participants when an ambiguous or contradictory statement arise.

The sessions will be facilitated and recorded. The transcripts will be coded and analyzed for key themes by the grantees research staff. We will estimate and report the intercoder agreement in percentage points among all the recorded transcripts.

**Table 3. Methods, Data Sources, and Estimated Sample Size**

Key Research Topics by Data Collection Techniques	Data Sources	Sample Size*
<b>Health Professionals Survey</b>		
<ul style="list-style-type: none"> <li>Demographics, age, gender, years of service, specialty, level of income (salary-bonuses-benefits), level of satisfaction and professional incentives.</li> </ul>	<ul style="list-style-type: none"> <li>Doctors, nurses and managers</li> </ul>	<ul style="list-style-type: none"> <li>TBD: doctors and nurses working in public and private facilities (two surveys)</li> </ul>
<b>Focus Groups</b>		
<ul style="list-style-type: none"> <li>Level of satisfaction and professional incentives. Level of income (salary-bonuses-benefits). Perception of service quality (public v. private sector); preferences for public v. private employment and health insurance payments. Perceptions on copayments</li> </ul>	<ul style="list-style-type: none"> <li>Doctors, nurses and managers</li> </ul>	<ul style="list-style-type: none"> <li>TBD: focus groups with 8 participants working in public and private facilities (including those with female doctors and nurses to discover about salaries and any equity differentials in terms of gender)</li> </ul>
<b>In-depth Interviews (IDI)</b>		
<ul style="list-style-type: none"> <li>Oblast government, NHSU and regulatory department. salaries, level of satisfaction and professional incentives.</li> </ul>	<ul style="list-style-type: none"> <li>Oblast-level Departments of health, Budget/Finance Department, Department of education (health education)</li> <li>Oblast-level NHSU representatives</li> <li>Directors of public and hospitals</li> </ul>	<ul style="list-style-type: none"> <li>6 IDIs with key officials from MOH, regulatory agency and NHSU</li> </ul>
<ul style="list-style-type: none"> <li>Medical associations; salaries, level of satisfaction and professional incentives.</li> </ul>	<ul style="list-style-type: none"> <li>Professional medical associations</li> </ul>	<ul style="list-style-type: none"> <li>3 IDIs most active professional associations</li> </ul>
<ul style="list-style-type: none"> <li>Directors of public and private hospitals; salaries, level of satisfaction and professional incentives.</li> </ul>	<ul style="list-style-type: none"> <li>Directors of public and private hospitals</li> </ul>	<ul style="list-style-type: none"> <li>5 IDIs with hospital directors</li> </ul>

\* final sampling plan to be proposed by grantee based on total universe, geography, and other factors.

### 3.3 Grant Program Expected Results and Deliverables

#### **Task 1. Finalize the study design, sampling methodology, and timeline for PSLAs and Healthcare workforce study.**

- Note on technical approach and proposed sampling methodology for all data collection activities.
- Detailed timeline for the full research activity, including field work for both Zhytomyr and L'viv oblast.
- Finalized list of key stakeholders to be interviewed for in-depth interviews (IDI) for both Zhytomyr and L'viv with names/titles/contact information.

#### **Task 2. Finalize the data collection instruments for PSLAs and Healthcare workforce study.**

- For the PSLA, Finalized questionnaire for health facility/pharmacy/drug stores survey, patient/users' interviews, and IDIs for government and private sector stakeholders for PSLA.
- Finalized information and data collection strategy for health statistics outlined in Table 2 for both Zhytomyr and L'viv oblast.
- Finalized questionnaire for the health professionals survey (doctors and nurses), focus groups with healthcare professionals (doctors and nurses), and IDIs with MOH, NHSU, and regulatory officials for the healthcare workforce survey.
- Finalized package of documents and research tools in line with the law (approval of the Ethics Board, other document (if needed)).
- The Schedule of trainings for enumerators and interviewers.

#### **Task 3. Pilot test of survey instruments for PSLA and Healthcare workforce study and preparation for fieldwork.**

- The note with recommended changes based on the results of the pretests.
- Draft recruitment screeners for all data collection activities.
- Finalized research instruments based on proposed revisions and HRS feedback.
- Agenda for planned trainings of research team, training materials, and trainers prior to initiating training for research team.
- A note with proposed locations and timing for focus group discussions with healthcare professionals.

#### **Task 4. Conduct data collection for PSLA and Healthcare workforce study.**

- Final calendar for fieldwork data collection activities.
- Weekly updates to HRS team once fieldwork has initiated and inform of any issues/delays in fieldwork.

#### **Task 5. Ensure proper data transfer, documentation, and reporting.**

- Transcripts (recorded and in writing) of all IDIs (as permitted) and focus group discussions.
- Draft database structure for statistics collected for Table 2.
- Data analyses plan for healthcare facilities/pharmacy, patient/user interviews, and healthcare professionals survey, including quality check report.
- Databases in Excel, SPSS with the agreed specification (in Ukrainian and English)
- Draft outline for final reports for both PSLA and healthcare workforce study.
- Reports for PSLA (including methodology, procedures, randomization techniques, instruments etc.) (in Ukrainian and English) for each region, including mapping of health care market stakeholders; patient's perception of paying for private services: for which medical services; what cost categories (medical service, specific doctor, hospital "hotel service", medicines and labs); what facilities (private or public) and how much users are willing to pay;
- Reports for healthcare workforce study with contextual analysis of data obtained via IDIs according to agreed structure (in Ukrainian and English) for each region.

- Other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

### 3.4 Grant Project Expected Outcomes

1. Databases in Excel and SPSS with the agreed specification including generated variables (in Ukrainian and English).
2. Technical report on the Component 2: Private sector landscape analysis in Zhytomyr and Lviv oblasts (including methodology, procedures, randomization techniques, instruments, contextual analysis of the interviews and focus groups etc.) in Ukrainian and English.
3. Technical report on the Component 3: A survey to characterize the public and private healthcare workforce in Zhytomyr and L'viv oblasts (including methodology, procedures, randomization techniques, instruments contextual analysis of the interviews and focus groups etc.) in Ukrainian and English.
4. Other materials as requested by the HRS team (cross-tabulations tables, technical documents, etc.).

### 3.5 Additional conditions

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

This research doesn't involve any clinical research or human subjects and collects information without any patient identification and the research team will not have access to identifiers or keys to link coded data (not even temporarily). All the interviews will be conducted previous consent form signed.



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## 4 TECHNICAL APPLICATION CONTENTS

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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 0.5 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 0.5 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. EXPECTED RESULTS AND TECHNICAL STRATEGIES *[maximum 3 pages]*

- Describe technical strategies the organization will use to conduct surveys, interviews, IDIs, focus groups with different types of participants in the selected regions Demonstrate that strategy is in line with the project goals.
- Demonstrate knowledge and experience in conducting surveys, IDIs, focus groups, preferably covering sensitive for participants issues (e.g. income level, remuneration schemes, informal payments, etc.)

- 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 2 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. Separate final reports for Component 2 and Component 3 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, 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

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## 5 BUDGET CONTENTS

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### Budget and Payment Terms

The approximate budget for the grantee amounts shall not exceed 3 780 000 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.

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## 6 SELECTION

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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	15
Expected Results and Technical Strategies	15
Project Activities	20
Coordination and Collaboration	10
Management Plan	5
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.

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## 7 REFERENCES, TERMS & CONDITIONS

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### 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/usaiddipnforassistance/>. 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