



HEALTH REFORM SUPPORT UKRAINE

REQUEST FOR GRANT APPLICATIONS (RFA):
“COST TUBERCULOSIS (TB) PACKAGES FOR PRIMARY AND SPECIALIZED
HEALTH CARE SERVICES UNDER PMG”

RFA #: 12

A USAID /Ukraine FUNDED PROJECT

January 2021

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USAID Health Reform Support

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I SUMMARY

I.1 USAID Health Reform Support

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

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

I.2 Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support partners to conduct an activity named "Cost TB packages for primary and specialized health care services under PMG"

This grant will provide technical assistance for the Ministry of Health of Ukraine (MoH), National Health Service of Ukraine (NHSU) and Center for Public Health of the Ministry of Health of Ukraine (CPH) other relevant stakeholders to inform NHSU about the most effective payments mechanism for TB, which will lead to improving early detection and treatment coverage, quality and accessibility.

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. 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 3 600 000 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 11, 2021. Questions should be received by close of business (COB) Ukraine local time on February 04, 2021, and responses to questions will be provided by February 05, 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)

2 INSTRUCTIONS FOR APPLICANTS

2.1 General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under this RFA# 12.
- 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., 5th floor, 01030 Kyiv, Ukraine

Tel: +380 44 281 23 76

Email: 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 February 04, 2021 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By February 05, 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 workshop (webinar) will be held on **February 03, 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 by **11:00 local time, February 03, 2021**.

2.4 Applications Due Date and Time

Closing Date: February 11, 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# 12 with the ceiling amount of up to 3 600 000 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 # 12.
- **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.

3 STATEMENT OF WORK

3.1 Background

In the global context of tuberculosis (TB), Ukraine is on the anti-leaders list and since 2014 it has been among the high priority countries for tuberculosis interventions. In 1995, the epidemic of tuberculosis was declared in Ukraine. It continues today. The prevalence and incidence of TB tended to increase until 2006. At the same time, since 2007 we have been having an opportunity to monitor a decrease in the prevalence and incidence of TB by 3-4% annually.

In 2019, 25 237 patients with TB are registered in Ukraine, and their number is growing every year. A significant number of undetected or unregistered cases should be considered. At the same time, there are significant regional features in terms of prevalence and incidence of tuberculosis, and the highest rates are typical for the southern regions of Ukraine. The total incidence rate in Ukraine reaches 60.1 cases per 100 thousand people in 2019. The prevalence rate is 69.4 cases per 100,000 people.

At the same time, the effectiveness of treatment is quite low (75.3% of patients in 2018 were cured or completed treatment), with discontinuation of treatment is typical for 6.5% of cases, and unsuccessful treatment - for 7.6%.

According to the Concept of Health Care Financing Reform adopted in 2016 and the Law of Ukraine “On State Financial Guarantees of Public Health Care”, in 2017 the Ukrainian health care system and its financing were to undergo radical changes. Thus, in 2018, the reform of primary care began, and starting from April 1, 2020 specialized and highly specialized care reform was also launched. The changes for specialized and highly specialized care facilities foresaw the autonomy of hospitals and their funding through a mixed approach using a global budget and treatment rate, for each patient treated.

Following the implementation of the reform at the level of specialized and highly specialized medical care, payments to institutions that have a contract with the National Health Service of Ukraine for the provision of care to TB patients are based on a new mechanism. Thus, in 2020, a total of 47 providers of relevant medical services were contracted.

The study covers primary, specialized and highly specialized medical care, so we identified the following study objectives with a breakdown related to the level at which costs are incurred:

- Component 1: calculation of the cost of diagnosis and treatment of tuberculosis at the level of PHC:
 - calculation of the actual cost of diagnosis and treatment of patients in accordance with the requirements of the National Health Service of Ukraine (NHSU) within the existing package of medical services at the level of primary care.
 - calculation of the normative cost of providing services to patients with tuberculosis in accordance with the specification of procurement of medical services within the created package for patients with TB(a set of services that are unique to a particular package) ¹.
- Component 2: calculation of the cost of diagnosis and treatment of tuberculosis at the level of specialized medical care:

¹ All services according to new TB package for TB must be costed. Services currently provided or purchased on PHC level by non-governmental organization using non-state funding will be costed within Component 4..

- calculation of the actual cost of diagnosis and treatment of patients in accordance with the requirements of the NHSU within the existing package of medical services for the diagnosis and treatment of patients with tuberculosis.
- calculation of the normative cost of diagnosis and treatment of patients in accordance with the unified clinical protocol for the treatment of patients with tuberculosis.
- Component 3: calculation of out-of-pocket costs for the diagnosis and treatment of tuberculosis:
 - calculation of financial costs from the pocket of patients for the diagnosis and treatment of tuberculosis, both carried out by the patient and those that the patient would make in the presence of additional financial resources.
- Component 4: calculation of the cost of services purchased by Center of Public Health (CPH), public organizations and NGOs:
 - calculation of current financial costs for medical and medical & social services aimed at improving the effectiveness of diagnosis and treatment of tuberculosis, which are purchased by CPH, public organizations and foundations.
- Component 5: calculation of the required amount of budget funds:
 - calculation of the amount of necessary budget funds for the short and medium term using a certain epidemiological model for forecasting the number of patients.
 - providing recommendations for strengthening and possible institutional changes in the system of diagnosis, treatment, and support of TB patients.

Given that the methods of payment for specialized and highly specialized medical care by the NHSU do not differ, and for the provision of services in both specialized and highly specialized medical care using a common package of medical guarantees, it is appropriate to combine institutions of certain levels in one group (specialized medical care), which will be evaluated separately from PHC services.

Accordingly, the subject of normative (protocol) calculation of the cost of diagnosis and treatment of tuberculosis at the level of PHC will be components of medical services, which will be paid by NHSU in accordance with the specification and conditions of procurement of medical services in the direction "Support and treatment of adults and children with tuberculosis". At the same time, in the framework of the current cost calculation, the current costs of the institution for the provision of PHC to patients will be estimated, considering the individual characteristics of patients with tuberculosis. We will estimate the direct and indirect costs of the PHC facilities and will additionally estimate the costs incurred for the infrastructural changes required for the admission of TB patients.

As part of the calculation of the cost of TB diagnosis and treatment at the level of specialized medical care, the components of medical services will also be based on the relevant requirements of the NHSU, unified clinical protocols and international best practices. We will estimate the direct and indirect costs of healthcare facilities for the provision of relevant medical services, regardless of the sources of funding for institutions. For the elements of diagnosis and treatment provided in 2020, the current cost calculation will be used, for the newly introduced components of the service in 2021, the normative approach will be used.

Patients' personal expenses for medicines, food, transportation, etc. will be considered separately. At the same time, patients currently spend money only on specialized medical care level, but as part of the analysis of the data obtained, the money will be distributed according to the part of the diagnosis or treatment of TB, which will be provided at the primary level.

In addition, the costs of services procured by non-governmental organizations, medical and medico-social elements of diagnosis and treatment (additional consultations with psychologists, medicines, improved nutrition, etc.) aimed at identifying new cases and improving the quality and effectiveness of diagnosis and treatment will be assessed.

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

3.2 Specific Statement of Work

Specific tasks under this Scope of Work (grant):

Task 1. Develop study methodology and research instruments:

- Develop a draft of the document on technical approach.
- Develop/adapt international methodology to the goal of the study and Ukrainian context.
- Develop/adapt the instrument for data collecting from PHC facilities.
- Develop/adapt the Questionnaire for medical staff on PHC level.
- Develop/adapt the instrument for data collecting from SHC facilities.
- Develop/adapt the Questionnaire for medical staff on SHC level.
- Develop/adapt the Questionnaire for patients.
- Develop/adapt the guideline for a focus-group interview for patients.
- Develop/adapt the instrument and approach for data collection from NGOs and CPH sides.
- Finalize the sample for PHC and SHC facilities, staff, and patients for all levels.
- Finalize the package of documents and instruments for pilot testing.

Task 2. Pilot testing of Survey Instruments:

- Conduct 2 focus groups (at least 8 people each, split by gender)
- Pilot test of the Questionnaire for patients (at least 20 patients).
- Pilot test of the Questionnaire for medical staff (at least 3 physicians and 3 nurses of PHC facility; 3 doctors and 3 nurses, as well as 2 chiefs of SHC facilities).
- Pilot test of the research instrument for PHC facility's data collecting (at least 3 facilities).
- Pilot test of the research instrument for SHC facility's data collecting (at least 2 facilities).
- Assess the responses from pilot tests and suggest changes to the research instruments.
- Finalize the research instruments.
- Finalize the package of documents and research tools in line with the law (obtain Ethics Board approval, other documents, if needed).
- Conduct trainings for enumerators and interviewers.
- Finalize all the documents on technical approach and data collection.

Task 3. Conduct data collection for the study:

In our study, we will use mixed approach for the evaluation of certain elements of medical services using the methodologies of "top-down" and "bottom-up" costing. The mixed approach will allow us to choose the best options for estimating the cost of certain elements, based on the characteristics of service delivery, data centers and the main cost drivers. The calculations will be conducted based on international best practices and methodologies, including those developed by WHO, which will be adapted to the objectives and the context of the study. This approach will make the results comparable with other countries.

Adaptation and/or development of the methodology and research instruments, data collection and analysis will be performed by the selected Grantee with the support of the HRS representatives. Components 1-4 will be conducted at the same time.

Component I. Calculation of the cost of diagnosis and treatment of tuberculosis at the level of PHC

Within the defined component, the cost of services will be estimated at the level of PHC. Thus, within the framework of the institution's activities, the costs of the patient's visits, his consultation by phone, conducting the necessary laboratory and instrumental tests, control of the issuance of medicines and more will be

calculated. This will consider the costs of maintenance, repairs, maintenance, administrative costs, depreciation, etc.

The cost of services under the existing PHC package will be calculated according to the current costs of the facility, while the cost of services that are unique to the TB package will be calculated using the normative method. This approach will be used, given that the services under the new package for the diagnosis and treatment of TB patients will be provided only starting from April 1, 2021.

Methods of data collection: data on the activities of health care facilities will be collected using a specially designed by Grantee form, which must be completed by a representative of the PHC provider with the help of a representative of Granter. There will also be a personal structured survey of health professionals directly involved in the provision of services to TB patients as part of the current primary care package.

Data on the procurement of medicines will be obtained using the Prozorro system and central procurement data.

Sample: as of December 1, 2020, there are 1,739 primary care facilities in Ukraine, serving 30.85 million people who have signed a declaration with a doctor. In 2019, the prevalence of TB in Ukraine was 69.4 cases per 100,000 population, which is equal to 1 case per 1,441 people. For statistical significance of the study, it is necessary to have at least 10 patients in an institution. From the sample any institutions that have less than 15,000 signed declarations are excluded. Within the defined criteria, there are 653 health facilities, and non-public facilities were excluded from the sample.

When using a 95% confidence interval and a 5% confidence interval, the required number of establishments in the sample is at least 242 facilities. PHC facilities will be selected randomly, considering the selection criteria. However, at least 8 institutions must be selected from each administrative unit of the oblast level and the city of Kyiv, three of which should be in the oblast center and three in the rayon or oblast subordination city (except for the city of Kyiv). One doctor and one nurse who are directly involved in providing services to TB patients should also be interviewed within each institution; so, the total number of health workers in the sample is at least 484 people.

Data collection period: data on the activities of institutions and the costs of PHC will be collected for April-December 2020, given that financial indicators for 2021 will not yet be available. The relevant period was chosen to unify all stages of the study, considering the start of PMG at the level of specialized and highly specialized medical care starting from April 1, 2020. Data for the first quarter of 2021 will not be available at the time of the study.

Component 2. Calculation of the cost of diagnosis and treatment of tuberculosis at the level of specialized medical care

Within the framework of the defined component, the actual cost of services at the level of specialized medical care will be assessed. Thus, as part of the institution's activities, the costs of admission of the patient, conducting the necessary laboratory and instrumental tests, monitoring the issuance of drugs, diagnosis and treatment, anesthesia, nutrition, and hospital stay, etc. will be calculated. This will consider the costs of maintenance, repairs, administrative costs, depreciation, etc.

In the case of expanding the requirements for the provision of certain new elements of services under the updated specification for the diagnosis and treatment of tuberculosis patients in 2021, the added parts of the service will be evaluated using the regulatory method.

In view of providing TB services only in mono-profile facilities, an additional necessary element of the analysis of costs for diagnosis and treatment of TB patients will be the comparison of the determined cost of services with the tariff for treatment of other diseases that have a similar level of complexity by diagnostic-related

groups (DRG) but are provided by multidisciplinary hospitals. This approach will allow us to compare the cost of diagnosis and treatment of identical diseases in large hospitals and TB treatment in single facilities.

Methods of data collection: data on the activities of specialized facilities will be collected using a developed by Grantee form, which should be completed by a representative of a specialized health care provider with the support of a representative of the Granter. There will also be a personal structured survey of the head and staff of the facility who are directly involved in the provision of services to patients with tuberculosis.

Data on the procurement of medicines will be obtained using the Prozorro system and in accordance with the reports on central procurement.

Sample: as of December 1, 2020, in Ukraine, services for the diagnosis and treatment of patients with tuberculosis are provided by at least 47 specialized HFs throughout Ukraine. Due to the limited number of institutions, the sample of the study will be equal to the general population.

Within each facility, two physicians and two nurses directly involved in the provision of tuberculosis services should be interviewed, as well as the head of the facility or his or her deputy. A total of 5 people per facility or at least 235 people in general must be interviewed. Replacement of facilities is not allowed due to the lack of alternatives for replacement.

Period: data on the activities and costs of specialized medical care facilities will be collected for April-December 2020, considering that the contracts for the provision of services under this package of medical services came into force only on April 1, 2020.

Information on centralized procurement of medicines will be collected for 2019 and 2020 in general. Given the fact that usually in the current year hospitals use medicines procured in previous periods.

Component 3. Calculation of out-of-pocket costs for the diagnosis and treatment of tuberculosis

As a separate component, it is important to highlight the costs of patients' pockets, which are a common phenomenon in the current health care system. Yes, we will calculate the patient's costs for transportation, food, treatment of comorbidities caused by tuberculosis, informal payments and more. In addition, the total economic losses due to the disease and its consequences will be calculated. It should be kept in mind that patients are not always able to spend money on the necessary needs, including food and medicines that may be needed.

Given that today patients receive medical services for the diagnosis and treatment of TB only at the level of specialized and highly specialized medical care, respectively, when analyzing the costs of respondents, it is necessary to make a distribution depending on whether the service will be provided at the primary level or at other levels of the system after April 1, 2021.

Data collection methods: Patient cost data will be collected through a semi-structured face-to-face interview. Interviews should not be conducted outside the health care facility due to the sensitivity of the questions and the fear of possible consequences of the respondents' answers.

To focus on the costs that patients could incur in the event of additional funds, as well as for an in-depth analysis of the causes and patterns of patient costs, a two focus groups of at least 8 participants each should be conducted before the main stage of interviews. Focus groups participants have to be split by gender.

Sample: in 2019, the prevalence of tuberculosis in absolute terms was 29,151 cases. That is, with a 95% confidence interval and a 5% confidence interval, at least 379 people should be interviewed, and 5% of

additional respondents should be included to avoid possible survey errors, which will increase the sample to at least 398 people. Patients should be treated and diagnosed in one of the 47 identified specialized and highly specialized facilities in accordance with component 2. Patients should be treated in 2020 and finish treatment by March 31, 2021. One of the two channels for finding respondents should be chosen:

- with the help of a primary care physician.
- with the help of representatives of local non-governmental organizations that provide services in the fight against tuberculosis.

At least 3 patients should be interviewed within each institution, and the remaining patients should be distributed among the institutions according to the amount of funds received from the NHSU in 2020. Respondents should correspond to the sex and age structure of TB patients, as well as represent all major types of TB diseases (chemo resistant tuberculosis, extrapulmonary tuberculosis, etc.) in the appropriate proportion, based on the number of patients in 2019 (Table I). If children under the age of 18 have the disease, one of their parents should be interviewed and have the necessary information to answer the questions.

| Characteristics | % of the sample |
|---|-----------------|
| Patients under 17 y. o. | 3,3% |
| Patients older 18 y. o. Including* | 96,7% |
| Patients with re-diagnosed TB | 18,2% |
| Patients with newly diagnosed TB | 81,8% |
| Patients with extrapulmonary localization of TB | 9,9% |
| Patients with chemo resistant form of TB | 23,4% |
| Patients with co-infection with TB / HIV | 21,9% |

Table I. Structure of patients' sample

* – some patients can be in several categories at the same time

Period: Patient cost data will be collected for the same period as for healthcare facilities under components 1 and 2 (April 1 - December 31, 2020).

Component 4. Calculation of the cost of services purchased by CPH, public organizations and NGO

Medical and medico-social services purchased by non-governmental organizations should be singled out. The main provider of material assistance for the provision of relevant services is the Global Fund (The Global Fund to Fight AIDS, Tuberculosis and Malaria), as well as other organizations. For example, Global Fund, during 2021-2023, plans to provide more than \$ 55 million in assistance to Ukraine to finance services in the field of HIV / AIDS, tuberculosis, and other infectious diseases.

The distribution of funds within the country takes place through several key recipients, who then transfer funds to the local level. TB control services are currently focused on increasing adherence to treatment, increasing treatment and testing coverage, and speeding up the testing process. At the same time, the Center for Public Health (CPH) also performs a separate list of functions, most of which relate to the purchase and distribution of medicines and equipment.

Data collection methods: NGO and CHP expenditure data will be collected through information requests using a specially designed by Grantee form. Semi-structured interviews will also be conducted with key staff from selected organizations.

Sample: central organizations have been identified that transfer funds to the local level and at the same time have all the information on the services provided and their cost. Accordingly, the data collection will be carried out in cooperation with ICF "Alliance for Public Health", CF "100% Life" and CPH, which ensure the implementation of the grants in Ukraine. At the same time, at least people from each organization will be involved in the in-deep face-to-face interview, at least 6 people in total.

Period: NGO expenditure data will be collected for the same period as for facilities and patients under the previous components (April 1 - December 31, 2020).

Component 5. Calculation of the required amount of budget funds

The fifth component will develop a model of service consumption at different levels of health care, based on current epidemiological and statistical data. Using the information obtained, the calculation of the necessary financial resources to pay for services will be performed using their value obtained in the analysis of data collected in the previous components.

At the same time, using the obtained data and considering the best world practices, we will provide recommendations for institutional strengthening of the system of providing certain services and the optimal model of organization of diagnosis, treatment, and support of TB patients.

Data collection methods: information on the cost of services from facilities, patients and other organizations will be collected using the methods described in the previous components.

Additionally, epidemiological, and statistical data on the prevalence, morbidity, mortality, number of services provided, and other aspects related to TB will be collected. Data will be collected using published statistical materials and additional requests to major information operators (Public Health Center, Center for Medical Statistics of the Ministry of Health of Ukraine, State Statistics Service of Ukraine, and others). Epidemiological forecasting will be based on existing models for the expected number of TB patients.

Period: data on the cost of services by facilities, patients and other organizations will be collected for April-December 2020. Epidemiological and other statistical indicators to predict the number of patients will be used for the period 2015-2020. The cost forecast will be made by 2030.

Task 4. Database and Reports:

- Provide databases in Excel, SPSS and with the agreed specification which include generation of additional variables (in Ukrainian and English).
 - Expenditures on PHC level
 - Expenditures on SHC level
 - Out-of-pocket payments
 - Other organizations expenditures
- Provide tables of completed costing for each part of the services and for TB treatment in general.
- Provide epidemiological model with different scenarios.
- Provide table with budget calculation and financial needs projection.
- Prepare quality check report.
- Provide PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation (both English and Ukrainian)

- Prepare technical report (including methodology, procedures, randomization techniques, instruments etc.) on the study.
- Prepare analytical report on the study with relevant graphic materials (maps, graphs, infographics etc.) and annotation (annotation must be both English and Ukrainian).
- Provide PowerPoint presentation and brief with results for the specified research questions with relevant disaggregation (both English and Ukrainian)
- Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

All intermediate and final documents must be approved by HRS team.

3.3 Grant Program Expected Results and Deliverables

Task 1. Work with HRS team to finalize the study design and sampling:

- Detailed implementation plan for the study.
- Detailed sample for data collection.
- Package of documents and research tools (Questionnaire for patients, Questionnaires for medical staff, Questionnaire for patients for NGO staff, Guideline for focus group, research instrument for collecting data and other documents) for conducting testing on local groups.

Task 2. Pilot testing of Survey Instruments:

- Report on a pilot test.
- All final parts of a research instrument.
- Final package of documents and research tools in line with the law (approval of the Ethics Board, other document (if needed)).
- Schedule of trainings for enumerators and interviewers.
- Final document on technical approach and methodology for a study design.

Task 3. Conduct data collection for the study:

- Schedule for conducting surveys (for patients and medical staff) and plan for data collection on PHC facility's data.
- Periodic updates on data collection progress (each Tuesday).

Task 4. Database and Reports:

- Databases in Excel and SPSS with the agreed specification which will include generation of additional variables (in Ukrainian and English).
 - Expenditures on PHC level
 - Expenditures on SHC level
 - Out-of-pocket payments
 - Other organizations expenditures
- Tables of completed costing for each part of the services and for TB treatment in general
- Epidemiological model with different scenarios
- Table with budget calculation and financial needs projection
- Quality check report.
- PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation (both English and Ukrainian)
- Technical report (including methodology, procedures, randomization techniques, instruments etc.) on the study.

- Analytical report on the study with relevant graphic materials (maps, graphs, infographics etc.) and an annotation (an annotation must be both in English and Ukrainian).
- PowerPoint presentation and brief with results for the specified research questions with relevant disaggregation (both in English and Ukrainian)
- 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 which can include generation of additional variables (in Ukrainian and English);
 - Expenditures on PHC level
 - Expenditures on SHC level
 - Out-of-pocket payments
 - Other organizations expenditures
2. Tables of completed costing for each part of the services and for TB treatment in general.
3. Epidemiological model with different scenarios
4. Table with budget calculation and financial needs projection
5. Quality check report.
6. PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation (both in English and Ukrainian)
7. Technical report (including methodology, procedures, randomization techniques, instruments etc.) on the study.
8. Analytical report on the study with relevant graphic materials (maps, graphs, infographics etc.) and an annotation (an annotation has to be both English and Ukrainian).
9. PowerPoint presentation and brief with final results for the specified research questions with relevant disaggregation (both English and Ukrainian)
10. Other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, 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. The local company **will be in charge of all stages and materials of the study**. HRS staff will be involved basing on their availability. The study should start in March 2021. Preliminary results (costs) must be present before June 25, final results and report must be presented before 31st of August.

It is obligatory to have a contracted experienced doctor (phthiology) and a specialist for epidemiological modeling.

This research does not involve any clinical research or human and collects information without any patient identification and the research team will not have access to identifiers or keys to link with the coded data (not even temporarily). All the interviews will be conducted with a consent form signed in advance.

4 TECHNICAL APPLICATION CONTENTS

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

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

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

A. Cover Page

Include all of the following information:

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

B. Applicant Data

C. Technical Proposal (10 pages maximum)

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

1. BACKGROUND/STATEMENT OF NEED [maximum 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 and instruments/tools the organization will use to conduct surveys (patients, medical staff and healthcare workers). Demonstrate that strategy is in line with the project goals.
- Describe technical strategies and instruments/tools will be used for of data collection from PHC, SHC facility and general overview of datasets needed. Demonstrate that strategy is in line with the project goals.
- Describe technical strategies and instruments/tools will be used for costing calculation, epidemiological and budget projections.
- Demonstrate knowledge and experience of applying data quality assurance practices including but not limited to medical data.
- 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. Final report in Ukrainian | | |

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, regional departments of health, local administrations in selected regions, PHC and SHC facilities, Center of Public Health, Non-Governmental organization etc. Specifically, explain how the partners will be involved in making important decisions about the implementation of the grant and what roles they are expected to play.

6. MANAGEMENT PLAN [maximum 1 page]

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

7. ORGANIZATIONAL CAPACITY *[maximum 2 pages]*

- Provide brief information on up to three (preferably similar) actions/projects managed by your organization for which your organization has received assistance awards or contracts over the past three years as Annex C - see INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS template.
- Describe experience and expertise based on Applicant's past performance and achievements, including collaboration with national and international stakeholders.
- Explain Applicant's experience and achievements in implementing similar projects, including cooperation with national and international stakeholders.
- Describe systems that exist or will be put in place to enable the organization to effectively manage the project. Include an organogram and a table of positions and responsibilities (as an Annex).

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

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

ANNEX C – INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS

5 BUDGET CONTENTS

Budget and Payment Terms

The approximate budget for the grantee amounts shall not exceed 3 600 000 UAH. The budget items and associated payment terms and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

Cost Share

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

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

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

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

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

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

Budget Content

The Applicant must:

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

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

Taxes

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

6 SELECTION

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

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

| Application Selection Criteria | Points |
|--|------------|
| Statement of Need | 5 |
| Project Goal, Objectives, and Geographic Focus | 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 |
| Total points | 100 |

Technical Proposal

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

Budget

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

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

7 REFERENCES, TERMS & CONDITIONS

7.1 References (choose from the list below as applicable)

- The U.S. Government regulations that govern this grant as found at the following websites:
<http://www.usaid.gov/sites/default/files/documents/1868/303.pdf>
<https://www.acquisition.gov/far/html/FARTOCP31.html>
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- 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 USAID Health Reform Support project Grant Program will be administered according to Deloitte's policies and procedures as well as USAID's regulations for Non-U.S. Governmental Recipients or USAID's regulations for U.S. Non-Governmental Recipients. These include:

1. Implementing Partner Notices (IPN) registration

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

2. Indirect rates

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

3. Activities that will not be considered for funding

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

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

4. Prohibited Goods and Services

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

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

5. Restricted Goods

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

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

6. Certifications for Non-US Non-Governmental Recipients

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

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