



# HEALTH REFORM SUPPORT UKRAINE

---

## **REQUEST FOR GRANT APPLICATIONS (RFA):**

**“ASSESSMENT OF THE LEVEL OF DIGITAL LITERACY AMONG HEALTHCARE PROFESSIONALS IN ZHYTOMYR, LVIV, AND DONETSK OBLASTS AND DEVELOPMENT OF RECOMMENDATIONS ON ITS OVERALL IMPROVEMENT IN UKRAINE”**

**RFA # 15:**

---

**April 2021**

*This RFA is made possible by the support of the American and British People through the United States Agency for International Development (USAID) and through the UK Good Governance Fund/UK Government (UK aid). The contents of this document are the sole responsibility of Deloitte Consulting LLP and do not necessarily reflect the views of USAID, the United States Government, UK aid or the UK government’s official policies. This document was prepared under Contract Number 72012118C00001.*

# Table of Contents

I	SUMMARY .....	4
1.1	USAID Health Reform Support .....	4
1.2	Request for Applications (RFA) Summary .....	4
2	INSTRUCTIONS FOR APPLICANTS .....	6
2.1	General.....	6
2.2	RFA Contact Information .....	6
2.3	Questions and Clarifications.....	6
2.4	Applications Due Date and Time .....	6
2.5	Application Delivery Address .....	7
2.6	Type of Award .....	7
2.7	Submission Requirements.....	7
2.8	Eligibility .....	7
2.9	Application Conditions Precedent.....	8
2.10	Late Applications.....	8
2.11	Modification/Withdrawal of Applications .....	8
2.12	Disposition of Applications.....	8
3	STATEMENT OF WORK.....	9
3.1	Background .....	9
3.2	Specific Statement of Work.....	9
3.3	Deliverables and Milestones Description .....	10
3.4	Grant Project Expected Outcomes.....	11
4	TECHNICAL APPLICATION CONTENTS.....	15
5	BUDGET CONTENTS .....	17
6	SELECTION .....	18
7	REFERENCES, TERMS & CONDITIONS.....	19
7.1	References (choose from the list below as applicable) .....	19
7.2	Terms and Conditions .....	19

**Authors**

This request for applications was prepared by: Oleksandr Zvinchuk, Olena Korduban.

**USAID Health Reform Support**

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

This document is protected under the copyright laws of the United States and other countries as an unpublished work.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

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

---

## I SUMMARY

---

### I.1 USAID Health Reform Support

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

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

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

**Scope of Work:** This solicitation requests applications from eligible USAID Health Reform Support partners to conduct an activity named “Assessment of the level of digital literacy among healthcare professionals in Zhytomyr, Lviv, and Donetsk oblasts and development of recommendations on its overall improvement in Ukraine”.

The aim of this project is to assess this level of literacy and the extent of Internet use among healthcare professionals in Ukraine and develop recommendations on its overall improvement.

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 five (5) months, from May 2021 to October 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 1 925 000 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 May 12, 2021. Questions should be received by close of business (COB) Ukraine local time on April 29, 2021, and responses to questions will be provided by April 30, 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# 15.
- 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 April 29, 2021 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By April 30, 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 **April 28, 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, April 28, 2021**.

### 2.4 Applications Due Date and Time

Closing Date: May 12, 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 #15 with the ceiling amount of up to 1 925 000 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 # 15.
- **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:

- At least three (3) years of previous research experience, including experience collecting and analyzing quantitative and qualitative data through a variety of methods (please, provide a list of the relevant past studies and reference letters from clients);
- Capacity to perform research on a national and local (regional) level and demonstrates the potential to acquire sufficient capacity to manage programs in a sustainable manner;
- Proposed personnel with relevant experience (please, provide CVs for project team);
- Experience with medical education or healthcare sectors strongly preferred.
- The organization has a functional financial system.
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in the implementation of the grant activities.;
- 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

The electronic health system (eHealth) has become an integral part of the health reform which significantly changes the principles of providing and financing health care in Ukraine. The integration of eHealth into the health system aims at improving the patient's access to health care and supporting the doctor's performance. Healthcare professionals require a basic level of digital literacy while working with eHealth and medical information systems. Also, they should be able to identify and use reputable healthcare information sources from the Internet and other relevant sources of information, in order to make good medical decisions. The level of digital and eHealth literacy among health professionals and the extent of Internet use in Ukrainian medical facilities is not well documented. The aim of this project is to assess this level of literacy and the extent of Internet use among healthcare professionals in Ukraine and develop recommendations on its overall improvement.

### 3.2 Specific Statement of Work

The primary aim of this project is to assess digital literacy levels and attitudes towards information systems of staff in a health service that implements an electronic health system in Zhytomyr, Lviv, and the Government-controlled area of Donetsk oblasts of Ukraine;

- to evaluate in-place digital literacy levels among health professionals: their achievements, their deficiencies, the obstacles they have faced; the frequency of reputable healthcare information use from the Internet and other relevant electronic sources of information in order to make good medical decisions. The assessment approach must be built upon a body of international experience in assessing digital literacy levels among medical professionals and general population.

The secondary objective is to detect the barriers towards the application of electronic health system (eHealth) in the practice of medical facilities and develop recommendations on the overall improvement of digital literacy levels among healthcare professionals in Ukraine.

- to enable a better understanding of the extent of digital literacy skills development in the sector of medical and nursing education across Ukraine;
- to assess the capacity of the medical (including nursing) education institutions to improve the digital literacy levels within the system of education and the effectiveness of these measures in practice; - develop recommendations based on the assessment results and finalize the suggestions as per the stakeholders' feedback.

Specific tasks under this Scope of Work (grant):

#### 1. Scope of the evaluation

- The study must be focused on health professionals from primary, specialized, and emergency healthcare facilities of Zhytomyr, Lviv, and the Government-controlled area of Donetsk oblasts to ensure responses provide a broad in-country perspective;
- include a representative sample of both central and regional, public and private medical facilities contracted by the National Health Service of Ukraine (NHSU) under the State program of medical guarantees (PMG) with a minimum total of 50 medical facilities from all study regions.
- include a representative sample of doctors, nurses, management and administrative personnel of selected medical facilities, who work with electronic health system in selected medical facilities with a minimum total of 2500 healthcare professionals from all study regions.

- include representatives of medical (including nursing) education facilities, students, and IT professional's organizations.

### **Approach and Methodology**

To address the objectives, the assessment should be based on a desk review of international experience in assessing digital literacy level among medical professionals and general population. The field research is also required and should include in-person or phone interviews and focus group discussions, as appropriate. In addition, an online test instrument can be used to measure the individual level of digital literacy among healthcare professionals.

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

Component 1: In-person/phone surveys and online test of healthcare professionals.

Component 2: Focus Groups on existent educational programs in medical informatics at medical (including nursing) education institutions in Ukraine and its next effectiveness in healthcare practice.

The survey should provide general findings to support the inclusion and documentation of the level of eHealth literacy among health professionals, their technology confidence, understanding and usefulness of eHealth data, data-driven decisions made, ensuring data security, and use of electronic communication in everyday medical practice. Thereafter, all information gathered should be analyzed to produce a reasoned set of prioritized conclusions and recommendations for the overall improvement of digital literacy of healthcare professionals in Ukraine to inform data-driven update of Medical Informatics programs in medical (including nursing) education institutions of Ukraine and implementation of the Strategy for Medical Education Reform.

The selected organization is expected to organize the stakeholder online meeting aimed at sharing the results of the evaluation with the USAID Health Reform Support partners and collecting feedback which should be incorporated into the final report. The selected organization is expected to organize the meeting: prepare the agenda, invite participants, present key results and recommendations of the report. The agenda, the assessment presentation, and the list of participants of the stakeholder meeting shall be agreed with the USAID Health Reform Support.

## **3.3 Deliverables and Milestones Description**

### **Deliverables:**

The selected organization shall use their experience, knowledge of digital literacy assessment techniques, and additional understanding gained from the background and objectives specified in previous sections to complete and submit the following deliverables as part of the implementation of activities under this grant:

1. Literature review with focus on assessing the level of digital literacy among medical professionals or general population with the list of references. It should be provided both in Ukrainian and English;
2. Finalized methodology with tools and a list of key informants. These materials should be provided both in Ukrainian and English;
3. Summary report with key insights from field-based data collection in both Ukrainian and English
4. All completed questionnaires, survey, transcripts, summaries, etc. These materials should be provided in Ukrainian;
5. Databases in SPSS or STATA format as to agreed specifications with the survey results and other sources of data collection.
6. First draft report which should include description of the level of eHealth literacy among health professionals, their technology confidence, understanding and usefulness of eHealth data, data-driven decisions made, ensuring data security, and use of electronic communication in everyday medical practice. These materials should be in Ukrainian and English;
7. Second draft report in both Ukrainian and English, including a set of prioritized conclusions and recommendations for the overall improvement of digital literacy of healthcare professionals in Ukraine to inform data-driven update of Medical Informatics programs in medical education institutions of Ukraine and implementation of the Strategy for Medical Education Reform;

8. Presentation of the Ukrainian version of the report at the stakeholders online meeting;
9. Agenda and the list of participants of the stakeholders online meeting.
10. Final report in Ukrainian and English;

#### **Milestones Description:**

1. Project implementation plan timelines finalization.
2. Literature review with focus on international experience in assessing digital literacy levels among medical professionals or general population. It should be provided both in Ukrainian and English;
3. Finalized methodology with tools and a list of key informants. These materials should be provided both in Ukrainian and English;
4. Summary report with key insights from field-based data collection in both Ukrainian and English;
5. All completed questionnaires, survey, transcripts, summaries, etc. These materials should be provided in Ukrainian;
6. First draft report which should include description of the level of eHealth literacy among health professionals, their technology confidence, understanding and usefulness of eHealth data, data-driven decisions made, ensuring data security, and use of electronic communication in everyday medical practice. These materials should be in Ukrainian and English;
7. Second draft report in both Ukrainian and English, including a set of prioritized conclusions and recommendations for the overall improvement of digital literacy of healthcare professionals in Ukraine to inform data-driven update of Medical Informatics programs in medical education (including nursing) institutions of Ukraine and implementation of the Strategy for Medical Education Reform;
8. Presentation of the Ukrainian version of the report at the stakeholders online meeting, the meeting agenda, and the list of participants;
9. Final report in Ukrainian and English.

### **3.4 Grant Project Expected Outcomes**

1. Literature review with focus on assessing the level of digital literacy among medical professionals or general population with the list of references. It should be provided both in Ukrainian and English;
2. Finalized methodology with tools and a list of key informants. These materials should be provided both in Ukrainian and English;
3. Summary report with key insights from field-based data collection in both Ukrainian and English
4. All completed questionnaires, survey, transcripts, summaries, etc. These materials should be provided in Ukrainian;
5. Databases in SPSS or STATA format as to agreed specifications with the survey results and other sources of data collection.
6. Study report which should include description of the level of eHealth literacy among health professionals, their technology confidence, understanding and usefulness of eHealth data, data-driven decisions made, ensuring data security, use of electronic communication in everyday medical practice and set of prioritized conclusions and recommendations for the overall improvement of digital literacy of healthcare professionals in Ukraine to inform data-driven update of Medical Informatics programs in medical education institutions of Ukraine and implementation of the Strategy for Medical Education Reform;
7. Presentation of the Ukrainian version of the report at the stakeholders online meeting;
8. Agenda and the list of participants of the stakeholders online meeting.
9. Final grant report in Ukrainian and English;

### **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 grantee 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.

### **Additional References or Resources:**

1. Digital literacy of the population of Ukraine. Ministry of Digital Transformation of Ukraine. 2019. Online publication: [https://osvita.diia.gov.ua/uploads/0/588-the\\_first\\_in\\_the\\_history\\_of\\_ukraine\\_research\\_compressed.pdf](https://osvita.diia.gov.ua/uploads/0/588-the_first_in_the_history_of_ukraine_research_compressed.pdf)
2. Digital Education action Plan 2021-2027. EU COMMISSION STAFF WORKING DOCUMENT. 2020. Online publication: [https://osvita.diia.gov.ua/uploads/0/1389-deap\\_swd\\_sept2020\\_en.pdf](https://osvita.diia.gov.ua/uploads/0/1389-deap_swd_sept2020_en.pdf)
3. BRØRS, G., NORMAN, C. D., NOREKVÅL, T. M. Accelerated Importance of Ehealth Literacy in the Covid-19 Outbreak and Beyond. *European Journal of Cardiovascular Nursing*, 2020, Volume: 19 issue: 6, page(s): 458-461. Online publication: <https://journals.sagepub.com/doi/full/10.1177/1474515120941307>
4. CHEN W, LEE K. More than search? Informational and participatory eHealth behaviors. *Comput. Hum. Behav.* 2014; 30:103-9. Online publication: [https://moody.utexas.edu/sites/default/files/More\\_than\\_search\\_Informational\\_and\\_participatory\\_eHealth\\_behavior\\_s-libre.pdf](https://moody.utexas.edu/sites/default/files/More_than_search_Informational_and_participatory_eHealth_behavior_s-libre.pdf)
5. DADACZYNSKI, K., OKAN, O., MESSER, M. & RATHMANN, K. (2020). Digitale Gesundheitskompetenz von Studierenden in Deutschland. Ergebnisse einer bundesweiten Online-Befragung. Online publication: <https://fuldok.hs-fulda.de/opus4/843>
6. DASHTI S, PEYMAN N, TAJFARD M, ESMAEELI H. E-Health Literacy of Medical and Health Sciences University Students in Mashhad, Iran in 2016: a Pilot Study. *Electron Physician*. 2017; 9(3):3966-3973. Online publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5407229/>
7. Development of a Questionnaire and Cross-sectional Survey of Personal E-health Readiness and E-health Inequalities. Online publication: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4084763/bin/med20\\_v2i2e9\\_app1.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4084763/bin/med20_v2i2e9_app1.pdf)
8. DIVIANI, N., FREDRIKSEN, E. H., MEPELINK, C. S., MULLAN, J., RICH, W. & SUDMANN, T. T. 2019. Where else would I look for it? A five-country qualitative study on purposes, strategies, and consequences of online health information seeking. *Journal of Public Health Research* 8(1):33–39. Online publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478008/>
9. Flash Eurobarometer 404: European Citizens' Digital Health Literacy Report, 2014. Online publication: [https://ec.europa.eu/commfrontoffice/publicopinion/flash/fl\\_404\\_en.pdf](https://ec.europa.eu/commfrontoffice/publicopinion/flash/fl_404_en.pdf)
10. GELGOOT, E. Examining eHealth Literacy in the Development of a Mobile App to Address the Psychoeducational Needs of Infertility Patients. M.Sc. Thesis, McGill University, Montreal, Quebec, August 2019. Online publication: <https://revistas.udea.edu.co/index.php/iee/article/view/341299/20795814>
11. GHADDAR SF, VALERIO MA, GARCIA CM, HANSEN L. Adolescent health literacy: the importance of credible sources for online health information. *J. Sch. Health*. 2012; 82:28–36. Online publication: <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/89464/j.1746-1561.2011.00664.x.pdf;jsessionid=1F1B7E6C83EB1F6DB6D05F1171710CIA?sequence=1>
12. HALWAS, N. Ehealth Literacy, Internet and Ehealth Service Usage: a Survey Among Cancer Patients and their Relatives. Doctor of Medicine Thesis, 2018. Online publication: [https://www.db-thueringen.de/servlets/MCRFileNodeServlet/dbt\\_derivate\\_00044398/disshalwas.pdf.pdf](https://www.db-thueringen.de/servlets/MCRFileNodeServlet/dbt_derivate_00044398/disshalwas.pdf.pdf)
13. HANIK B, STELLEFSON M. E-Health Literacy Competencies among Undergraduate Health Education Students: A Preliminary Study. *Int. Electron. J. Health Educ*. 2011; 14:46–58. Online publication: <https://files.eric.ed.gov/fulltext/EJ946322.pdf>
14. HLS-EU Consortium (2012): Comparative Report of Health Literacy in Eight EU Member States. The European Health Literacy Survey HLS-EU: Annex: The HLS-EU-Q47 of the HLS-EU Consortium for the European Health Literacy Survey (HLS-EU). (SECOND REVISED AND EXTENDED VERSION, DATE JULY 22TH, 2014), Online Publication: [https://static-content.springer.com/esm/art%3A10.1186%2F1471-2458-13-948/MediaObjects/12889\\_2012\\_5945\\_MOESM1\\_ESM.pdf](https://static-content.springer.com/esm/art%3A10.1186%2F1471-2458-13-948/MediaObjects/12889_2012_5945_MOESM1_ESM.pdf)

15. KARNOE, A., FURSTRAND, D., CHRISTENSEN, K. B., NORGAARD, O., KAYSER, L. Assessing Competencies Needed to Engage With Digital Health Services: Development of the eHealth Literacy Assessment Toolkit. *J Med Internet Res* 2018;20(5):e178. Online publication: <https://www.jmir.org/2018/5/e178/>
16. KAYSER, L., KARNOE, A., FURSTRAND, D., BATTERHAM, R., CHRISTENSEN, K. B., ELSWORTH, G., OSBORNE, R. H. A Multidimensional Tool Based on the eHealth Literacy Framework: Development and Initial Validity Testing of the eHealth Literacy Questionnaire (eHLQ). *J Med Internet Res* 2018;20(2):e36. Online publication: <https://www.jmir.org/2018/2/e36/>
17. KELLY, A. K. Evaluating E-Health Use by Primary Care Providers in a Medically Underserved Clinic. Doctor of Nursing Practice Thesis, The University of Arizona, 2016. Online publication: [https://repository.arizona.edu/bitstream/handle/10150/622939/azu\\_etd\\_15106\\_sip1\\_m.pdf?sequence=1&isAllowed=y](https://repository.arizona.edu/bitstream/handle/10150/622939/azu_etd_15106_sip1_m.pdf?sequence=1&isAllowed=y)
18. KHADEMIAN, F., MONTAZER, M. R. A., ASLANI, A. Web-based Health Information Seeking and eHealth Literacy among College students. A Self-report Study. *Invest. Educ. Enferm.* 2020. 38(1):e08. Online Publication: <https://revistas.udea.edu.co/index.php/iee/article/view/341299/20795814>
19. KIRCHBERG, J., FRITZMANN, J., WEITZ, J., BORK, U. eHealth Literacy of German Physicians in the Pre-COVID-19 Era: Questionnaire Study. *JMIR Mhealth Uhealth* 2020;8(10):e20099. Online publication: <https://mhealth.jmir.org/2020/10/e20099/>
20. KOO, M, NORMAN, C D & HSIAO-MEI, C . 2012. Psychometric evaluation of a Chinese version of the eHealth literacy scale (eHEALS) in school age children. *Global Journal of Health Education and Promotion* (1) 15. Online publication: <http://iejhe.com/archives/2012/4219-14188-1-CE.pdf>
21. KOLPATZIK, K.; MOHRMANN, M.; ZEEB, H. (Hrsg.). (2020). *Digitale Gesundheitskompetenz in Deutschland*. Berlin: KomPart. Online publication: [https://www.aok-bv.de/imperia/md/aokbv/gesundheitskompetenz/studienbericht\\_digitale\\_gk\\_web.pdf](https://www.aok-bv.de/imperia/md/aokbv/gesundheitskompetenz/studienbericht_digitale_gk_web.pdf)
22. KOOPMAN, R.J., PETROSKI, G.F., CANFIELD, S.M. et al. Development of the Pre-Hit Instrument: Patient Readiness to Engage in Health Information Technology. *BMC Fam Pract* 15, 18 (2014). Online publication: <https://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-15-18>
23. MARINESCU, V., MITU, B. *The Power of the Media in Health Communication*. Routledge, 2016. ISBN: 1317019512, 9781317019510. 190 pages. Online publication: <https://books.google.com.ua/books?id=rRoFDAAAQBAJ&pg=PA152&lpg=PA153&focus=viewport&dq=ehealth+literacy+result#v=onepage&q=ehealth%20literacy%20result&f=false>
24. MASILAMANI, V., SRIRAM, A., ROZARIO, A. M. eHealth literacy of late adolescents: Credibility and quality of health information through smartphones in India. *Comunicar*, n° 64, v. XXVIII, 2020 j *Revista Científica de Educomunicación* j ISSN: 1134-3478; e-ISSN: 1988-3293. Online Publication: <https://www.revistacomunicar.com/html/64/en/64-2020-08.html>
25. MITSUTAKE S, SHIBATA A, ISHII K, OKA K. Association of eHealth literacy with colorectal cancer knowledge and screening practice among internet users in Japan. *J. Med. Internet Res.* 2012; 14:e153. Online publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3510729/>
26. MÖRI, N. et al. Does eHealth Literacy Impact Patients' Opinion on the EHR? Online publication: <https://arbor.bfh.ch/9021/1/Denecke-2019-eHealth-Literacy-SHTI259-0095.pdf>
27. Nasriah Zakaria, Ohoud AlFakhry, Abeer Matbuli, Asma Alzahrani, Noha Samir Sadiq Arab, Alaa Madani, Noura Alshehri, Ahmed I Albarrak, Development of Saudi e-health literacy scale for chronic diseases in Saudi Arabia: using integrated health literacy dimensions, *International Journal for Quality in Health Care*, Volume 30, Issue 4, May 2018, Pages 321–328, <https://doi.org/10.1093/intqhc/mzy033>
28. Neter, Efrat & Brainin, Esther . 2012. eHealth literacy: extending the digital divide to the realm of health information. *Journal of Medical Internet Research* 14(1):e19. Online publication: <https://www.jmir.org/2012/1/e19/pdf>

29. NORMAN, C. D., SKINNER, H. A., eHealth Literacy: Essential Skills for Consumer Health in a Networked World. *J Med Internet Res* 2006;8(2):e9. Online publication: <https://www.jmir.org/2006/2/e9/>
30. NORMAN, C. D., SKINNER, H.A. eHEALS: The eHealth Literacy Scale. *J Med Internet Res*. 2006 Oct-Dec; 8(4): e27. Online Publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1794004/#>
31. PAIGE, S. R., KRIEGER, J. L., STELLEFSON, M. L. The Influence of eHealth Literacy on Perceived Trust in Online Health Communication Channels and Sources. *J Health Commun*. 2017 Jan; 22(1): 53–65. Online publication: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551054/#\\_\\_ffn\\_sectitle](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551054/#__ffn_sectitle)
32. RATHNAYAKE S, SENEVIRATHNA A. Self-Reported Ehealth Literacy Skills among Nursing Students in Sri Lanka: A Cross-Sectional Study. *Nurse Educ. Today*. 2019; 78:50-6. Online publication: [http://website60s.com/upload/files/334\\_11.pdf](http://website60s.com/upload/files/334_11.pdf)
33. ROBB, M., SHELLNBARGER, T. Increasing Electronic Health Literacy: A Three-Pronged Approach. Online publication: <https://www.myamericannurse.com/increasing-electronic-health-literacy/>
34. TENNANT, B, STELLEFSON M, DODD V, Chaney B, CHANEY D, PAIGE S, et al. Ehealth Literacy and Web 2.0 Health Information Seeking Behaviors Among Baby Boomers and Older Adults. *J Med Internet Res*. 2015;17(3):e70. Online publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4381816/>
35. TUBAISHAT A, HABIBALLAH L. eHealth literacy among undergraduate nursing students. *Nurse Educ. Today*. 2016; 42:47–52. Online publication: [https://www.researchgate.net/profile/Laila-Habiballah/publication/301755985\\_eHealth\\_literacy\\_among\\_undergraduate\\_nursing\\_students/links/5924300caca27295a8b15d08/eHealth-literacy-among-undergraduate-nursing-students.pdf](https://www.researchgate.net/profile/Laila-Habiballah/publication/301755985_eHealth_literacy_among_undergraduate_nursing_students/links/5924300caca27295a8b15d08/eHealth-literacy-among-undergraduate-nursing-students.pdf)
36. Using the internet to get ready for coronavirus. Power Point slides, 2020. Online publication: [https://www.goodthingsfoundation.org/sites/default/files/using\\_the\\_internet\\_to\\_get\\_ready\\_for\\_coronavirus.pdf](https://www.goodthingsfoundation.org/sites/default/files/using_the_internet_to_get_ready_for_coronavirus.pdf)
37. van der VAART, R., DROSSAERT, C. Development of the Digital Health Literacy Instrument: Measuring a Broad Spectrum of Health 1.0 and Health 2.0 Skills. *J Med Internet Res* 2017, Vol. 19, Iss. 1, e27. Online publication: <https://www.jmir.org/2017/1/e27/pdf>

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

- Describe technical strategies the organization will use to conduct surveys, interviews, 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, , 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).

#### **2. 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 finalization.	<i>How will the recipient document the completion of the product, task, deliverable, or goal?</i>	

...		
...		
X. Final reports 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.)*

### 3. 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.

### 4. 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.

### 5. ORGANIZATIONAL CAPACITY *[maximum 2 pages]*

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

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

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

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

ANNEX C – INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS



---

## 5 BUDGET CONTENTS

---

### **Budget and Payment Terms**

The approximate budget for the grantee amounts shall not exceed 1 925 000 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
Expected Results and Technical Strategies	35
Project Activities	10
Coordination and Collaboration	10
Management Plan	10
Organizational Capacity	20
Budget, Budget Notes and Cost Reasonableness	15
<b>Total points</b>	<b>100</b>

### **Technical Proposal**

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

### **Budget**

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

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

---

## 7 REFERENCES, TERMS & CONDITIONS

---

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

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

### 7.2 Terms and Conditions

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

#### **Grant Agreement**

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

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

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

#### **Reporting**

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

#### **Monitoring**

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

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

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

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

### ***False Statements in Offer***

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

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

(a) The offeror certifies that--

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

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

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

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

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

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

(c) Offeror understands and agrees that --

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

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

### ***Standard Provisions***

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

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

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

### **2. Indirect rates**

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

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

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

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

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

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

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

### **5. Restricted Goods**

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

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

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

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

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