



HEALTH REFORM SUPPORT

"MULTIDISCIPLINARY APPROACH MODEL FOR THE PROVISION OF SERVICES FOR VULNERABLE GROUPS INCLUDING IDPS AT PHC"

RFA # 32

October 2022

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
2.	INSTRUCTIONS FOR APPLICANTS	5
2.1.	General	5
2.2.	RFA Contact Information	5
2.3.	Questions and Clarifications	5
2.4.	Applications Due Date and Time	5
2.5.	Application Delivery Address	6
2.6.	Type of Award.....	6
2.7.	Submission Requirements	6
2.8.	Eligibility	6
2.9.	Application Conditions Precedent	7
2.10.	Late Applications	7
2.11.	Modification/Withdrawal of Applications	7
2.12.	Disposition of Applications	7
3.	STATEMENT OF WORK.....	8
3.1.	Background of Grant	8
3.2.	Grant Objective.....	8
3.3.	Specific Statement of Work.....	Error! Bookmark not defined.
3.4.	Grant Activities, Deliverables and Expected Results	9
3.5.	General Milestones and associated timelines.....	Error! Bookmark not defined.
3.6.	Grant Project Expected Outcomes.....	Error! Bookmark not defined.
3.7.	Additional conditions	14
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: Alla Boiko, Nadiia Pavchak, Olena Korduban

USAID Health Reform Support

[52A, B. Khmelnytskogo Str., 5th 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This document is protected under the copyright laws of the United States and other countries as an unpublished work.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 Project (HRS Project) is to support a transparent, accountable, and effective health care system that is capable of meeting the health needs of the Ukrainian people. Advancing health sector reforms, enhancing transparency, and tackling corruption will reduce out-of-pocket payments and improve access and availability of high quality, evidence-based health care services for Ukrainians. Elimination of corruption is a cross-cutting theme across all objectives to be achieved by this activity, which include:

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

I.2. Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support partners to implement the developed model for the provision of social, psychological and health services to the vulnerable groups, IDPs, in the selected HCF.

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 ten (10) months, from December 2022 to September 30, 2023. The application work plan and budget should reflect the period of performance.

Proposal Selection: All applications will be reviewed to check for eligibility and completeness of the submission. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the review criteria described in Section 6 Selection.

The minimum score to be considered for grant funding is 70 points out of the total 100 points. Applicants not selected for award will be notified by the project in writing.

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award **two (2) grants up to 2 100 000 UAH** (equivalent of 60 000 USD) each. Funding for these grants will be subject to donor approval and availability of funds. Funding will be disbursed to the grantees in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on November 08, 2022. Questions should be received by close of business (COB) Ukraine local time on October 26, 2022, and responses to questions will be provided by October 28 2022.

The RFA has three Attachments that are relevant to the application development:

Attachment 1: Grant Application Form and Guidelines with attachments

Attachment 2: Budget Template

Attachment 3: Grant Applicants Handbook (including Grant Award template)

2. INSTRUCTIONS FOR APPLICANTS

2.1. General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 32.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support Project reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

2.2. RFA Contact Information

USAID Health Reform Support Project Office

Attention: Olena Korduban

Email: grant@hrs.net.ua

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

2.3. Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by close of business (COB) on October 26, 2022 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By October 28, 2022, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Deloitte Grants Portal (<https://dgrants.fluxx.io>).
- An informational webinar will be held on **October 25, 2022 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 Ukraine local time, October 25, 2022.**

2.4. Applications Due Date and Time

Closing Date: November 08, 2022

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

2.5. Application Delivery Address

The proposal package 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 and attachments received will not be returned.

2.6. Type of Award

The USAID Health Reform Support anticipates the award of up to two (2) Fixed Amount Awards in response to RFA# 32 with the ceiling amount of **up to 2 100 000 UAH** each.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be considered and reviewed. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID Health Reform Support Project, RFA # 32.
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

2.8. Eligibility

To be eligible to apply an Applicant:

Should be registered in SAM.gov and have a Unique Entity Identifier (UEI) - a Unique Entity ID;

Should be a Primary healthcare facilities in Zhytomyr, Chernihiv, and Kyiv oblasts, legally registered in Ukraine as communal non-commercial enterprises are eligible for grant awards.

Additional eligibility criteria:

- The applicant is a primary health care facility (Primary Health Care Center or other HCF providing primary health care services) of communal property from one of the following oblasts – Zhytomyr, Chernihiv, and Kyiv oblasts;
- The applicant has been officially contracted by the National Health Service of Ukraine (NHSU);
- The applicant is a PHC facility serving all age groups and all categories of the population including IDPs;
- The applicant is willing and able to establish cooperation between the HCF and the local Social Services;
- The applicant is ready to ensure participation of its medical staff in training and project activities, and share the experience with other HCFs;
- The applicant has a functional financial system;
- The applicant has adequate resources and staff to implement the model of providing support to vulnerable groups, including IDPs, in the city;

- The applicant is able to provide premises (a separate room) for organizing a Psychologists Office and working space for social worker/s;
- The applicant's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in implementation of the grant activities.

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 of Grant

The war has brought many challenges to the life of all people of Ukraine. Millions of Ukrainians have been forced to flee their homes in search of shelter for temporary and long stays in regions of Ukraine less affected by the war. The Internally Displaced People (IDPs) and other Ukrainians in some way impacted by the war have added up to the many vulnerable groups that require special attention, approach, services and care. While basic medical care and social services have been available covering the medical and social needs of these groups, the coordination between providers of these services is often inefficient.

The needs of the new vulnerable groups such as IDPs, families of combatants, those who have lost family members because of the war, and many others, have increased the load of both medical system and local social protection. Not only social and medical workers require special knowledge and skills to ensure efficient support to these groups of people, they should know how to cooperate, coordinate their efforts and work together in order to provide quality support to the vulnerable groups. Given the growing population of vulnerable groups, in particular Ukrainians affected by the war, there is an urgent need to strengthen the capacity of health care providers and social services using holistic approach, coordination of efforts and team development which drastically increase the effectiveness of the help provided.

Working as a unified body equipped with necessary skills and competencies and knowing adequate approaches, a multidisciplinary team is capable of providing a much higher level of support and care to the vulnerable groups. A strong multidisciplinary team at a HCF is an effective tool that will ensure provision of quality help to those in need. The multidisciplinary team works as a small but powerful system allowing to detect and solve the many social, psychological and medical problems that vulnerable groups have.

In PY4 Ukraine Health Reform Support Project (HRS) had already initiated activities aimed at development of a multidisciplinary approach model of provision of medical, social and psychological services to IDPs which demonstrated great results and validated that using multidisciplinary teams at HCFs for supporting vulnerable groups proves to be quite effective. The HCFs had an opportunity to see how effective this approach was, fully justifying the efforts. Special training, coordination and team development play major role in reaching the goals of this approach. Depending on a facility, region and management approaches, the model can vary and have peculiarities, however the key principles of using a complex, systemic and flexible approach to provision of medical, social and psychological services to vulnerable groups remain in its core. In addition, it is expected that training for the multidisciplinary team and medical staff of the facility will have significant effect on the quality of services provided through improving knowledge and shifting attitudes.

The outcome of these grants would be providing vulnerable groups, including IDPs with needed information, access to and help with medical, social, and psychological services through primary healthcare facilities. In addition, the created Psychologist's Offices will be used further on by the grantees to provide ongoing psychological support to the patients of these facilities. The facilities that will have adapted and implemented the model, using the multidisciplinary approach, thus will have the capacity to become a hub for sharing with other facilities their knowledge and experience of providing medical, social and psychological services to vulnerable groups, including IDPs.

3.2. Grant Objective

These grants will contribute to the achievement of HRS Objective 3 – Strengthen the health workforce the health system and Objective 5 – Improving service delivery system at all levels. The grants will support the

Project's activity 3.4. Support in providing of health care and social services to vulnerable groups including IDPs.

Under this grant, the grantees are expected to implement the developed model for the provision of social, psychological and health services to the vulnerable groups (see description in the attachment), IDPs, in the selected HCF. In cooperation with HRS, the grantees will establish a multidisciplinary team of medical workers, a social worker and a psychologist in each of the HCFs. These multidisciplinary teams will identify the needs of IDPs and other vulnerable groups, and will organize a systemic work to provide a range of services, care and support they require.

Throughout the project, training will be provided to the multidisciplinary teams, as well as medical staff of the HCFs, on crisis counselling, communication and other aspects and specifics of working with vulnerable groups. Training will be provided both within the grant activities and provided by HRS. HRS will also support establishment and operation of a Psychologist's Office at the HCF.

3.3. Specific Statement of Work

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

- Get acquainted with the developed model for the provision of social, psychological and health services to vulnerable groups, including visits to HCFs that had experience of supporting IDPs within HRS project);
- Establish cooperation with the local Social Services and sign a Memorandum of Cooperation;
- Select members of a multidisciplinary team (family doctor, nurse, psychologist, social worker) and engage in training;
- Determine target vulnerable groups, including IDPs, and assess their specific needs (social, psychological, medical);
- Implement a multidisciplinary approach model for the provision of medical, social, and psychological services to vulnerable groups, including IDPs, by organizing the work of the multidisciplinary team in the HCF;
- Develop, or improve if already in place, the route for the determined categories of vulnerable groups;
- Organize, equip and enable operation of a Psychologist's office at the health care facility to provide psychological help to vulnerable groups, including IDPs;
- Ensure working space and establish working hours for the engaged social worker/s;
- Assess the needs of facility medical staff in training;
- Organize training for multidisciplinary teams and medical staff according to the assessed needs in the facility support participation of multidisciplinary teams and medical staffing training on other locations proposed by HRS; Develop Training Plan in cooperation with HRS;
- Share the experience of implementing the multidisciplinary approach model of provision of medical, social and psychological services to vulnerable groups, including IDPs to other HCFs through consultations, Internet resources, educational materials, etc.

3.4. Grant Activities and Deliverables

The contractor shall use their experience, knowledge of national and international best practices, and further understanding from the background and objectives specified above to complete and submit the below-listed deliverables by the end of this contract.

Deliverable 1. Develop the Action Plan with timelines for the implementation of the grant together with HRS experts.

Activity 1.1. Develop the Action Plan of the grant activity with timelines in consultations with HRS and in accordance with HRS project work plan.

Deliverable 2. Prepare for the implementation of the model of provision of medical, social and psychological services to vulnerable groups, including IDPs, according to the agreed Action Plan.

Activity 2.1. Establish partnership with local Social Services and conduct meetings to discuss cooperation and sign Memorandum of Cooperation;

Activity 2.2. Study the experience of implementation of the developed model by other HCFs (conduct online meetings with (or visits to, if possible) to HCFs that had experience of supporting IDPs within previous HRS project).

Activity 2.3. In consultations with HRS select and train members of multidisciplinary teams, and organize their work.

Activity 2.4. Organize and enable operation of a Psychologist's office at the facility to provide psychological help to vulnerable groups, including IDPs; organize working space for social worker/s

Deliverable 3. Further improve the quality of provide quality services to vulnerable groups at the HCF through training healthcare staff.

Activity 3.1. In consultations with HRS to identify training needs of HCF medical staff and multidisciplinary team/s; in cooperation with HRS, develop Training Plan;

Activity 3.2. Organize training in accordance with the identified needs within the grant and support participation of HCF staffing training other relevant training organized by HRS, in consultations with HRS).

Activity 3.3. Continue communication with HCFs that had experience of supporting HRS within HRS project (with visits if needed)

Deliverable 4. Implement the model of provision of medical, social and psychological services to vulnerable groups, including IDPs, according to the agreed Action Plan.

Activity 4.1. Ensure on-going work of the multidisciplinary team to provide support to vulnerable groups, including IDPs.

Activity 4.2. Organize operation of the Psychologist's office at the HCF for the vulnerable groups and working space for social worker/s;

Activity 4.3. Develop, or improve if already in place, the route for the determined categories of vulnerable groups.

Deliverable 5. Analyze the activity and results of using the multidisciplinary approach model to provide quality services to vulnerable groups including IDPs at the city level and share best practices.

Activity 5.1. Summarize the results of the conducted activities based on experience and feedback from vulnerable groups, members of multidisciplinary teams, healthcare workers and other facilities (upon need).

Activity 5.2. Share the experience of implementation of the multidisciplinary approach model of provision of medical, social and psychological services to vulnerable groups including IDPs through consultations, Internet resources, educational materials, etc.

Activity 5.3. Develop final reports.

3.5. General Milestones and associated timelines

The below is the table format to describe milestones for planning and implementation of the patients' rights awareness campaign:

Milestone	Recommended Duration	Grant activity	Milestone Verification	Expected date of completion
1. Finalize the Action Plan with timelines for the implementation of the grant together with HRS experts.	1-2 weeks	- Develop the Action Plan of the activity with timelines in accordance with HRS project work plan.	- Final Work Plan with timelines agreed with HRS	10 days after signing the Agreement
2. Prepare for the implementation of the model of provision of medical, social and psychological services to vulnerable groups, including IDPs, according to the agreed Action Plan.	6 weeks	<ul style="list-style-type: none"> - Establish partnership with local Social Services and conduct meetings to discuss cooperation and sign Memorandum of Cooperation; - Study the experience of implementation of the developed model by other HCFs (conduct online meetings with (or visits to, if possible) to HCFs that had experience of supporting IDPs within HRS project). -In consultations with HRS select members of multidisciplinary teams, train and organize their work. - Enable operation of a Psychologist's office at the facility to provide psychological help to vulnerable groups, including IDPs and working space for social worker/s. 	<ul style="list-style-type: none"> - Signed Memorandum of Cooperation with Social Services; - List of training participants (if relevant) - List of members, structure and work regulations of the multidisciplinary team - Prepared and equipped Psychologist's office and organized working space for social worker/s; - Reports on visits (if relevant); 	By the end of December

3. Further improve the quality of provision of services to vulnerable groups at the HCF through training healthcare staff	4 weeks	<ul style="list-style-type: none"> - In consultations with HRS to identify training needs of HCF medical staff and multidisciplinary team/s; - Organize training in accordance with the identified needs within the grant and support participation of HCF staff in training other relevant training organized by HRS, in consultations with HRS); - Ensure on-going work of the multidisciplinary team to provide support to vulnerable groups, including IDPs. - Organize operation of the Psychologist's office and working space for social worker/s at the HCF for the vulnerable groups. 	<ul style="list-style-type: none"> - List of training needs - List of training participants - Report on trainings - Reports on the work of the multidisciplinary teams and conducted activities, including photos 	By the end of January
4. Implement the model of provision of medical, social and psychological services to IDPs developed by HRS, according to the agreed Action Plan.	4 weeks	<ul style="list-style-type: none"> - Ensure on-going work of the multidisciplinary team to provide support to vulnerable groups, including IDPs. - Organize operation of the Psychologist's office and working space for social worker/s at the HCF for the vulnerable groups. - Develop, or improve if already in place, the route for the determined categories of vulnerable groups in the city. - In cooperation with HRS develop Training Plan for multidisciplinary teams and medical staff; 	<ul style="list-style-type: none"> - Reports on the work of the multidisciplinary teams and conducted activities, including photos - The developed or updated route for the determined categories of vulnerable groups - Training Plan; 	By the end of February

5. Continue implementation of the model of provision of medical, social and psychological services to IDPs developed by HRS, according to the agreed Action Plan.	24 weeks	<ul style="list-style-type: none"> - Maintain on-going work of the multidisciplinary team to provide support to vulnerable groups, including IDPs; - Maintain operation of the Psychologist's office and the work of social worker/s at the HCF for the vulnerable groups; - Organize and support participation in training of multidisciplinary teams and medical staff according to the Training Plan; 	<ul style="list-style-type: none"> - Reports on the work of the multidisciplinary teams and conducted activities, including photos - Report on training (if relevant); 	Monthly from March to August
6. Analyse the activity and results of using the multidisciplinary approach model to provide quality services to vulnerable groups including IDPs at the city level and share best practices.	4 weeks	<ul style="list-style-type: none"> - Summarize the results of the conducted activities based on experience and feedback from vulnerable groups, members of multidisciplinary teams, healthcare workers and other facilities (upon need). - Share the experience of implementation of the multidisciplinary approach model of provision of medical, social and psychological services to vulnerable groups including IDPs through consultations, Internet resources, educational materials, etc. 	- Draft report on the results of the conducted activities	By the end of September
7. Develop final grant reports	2 weeks	- Develop final grant implementation Reports	- Final program and financial reports on the results of the conducted activities	Not later than October 15

Expected Results

1. Cooperation between the HCF and the local Social Services is established, and a Memorandum of Cooperation is signed.

2. Specialists for multidisciplinary teams are selected and trained; medical staff is trained according to the assessed needs.
3. The Psychologist's office at the primary health care facility to provide psychological help to vulnerable groups, including IDPs is established and operational; social worker's working space is organized.
4. Specific needs (social, psychological, medical) of the target vulnerable groups, including IDPs, are determined.
5. The Model of provision of medical, social, and psychological services to vulnerable groups, including IDPs is developed and implemented by creating or supporting the work of multidisciplinary teams/s in the city level.
6. The routes for the determined categories of vulnerable groups are developed or improved if already in place in the city.
7. The experience of development and implementation of the Model of provision of medical, social, and psychological services to vulnerable groups, including IDPs, is shared to other HCFs.

Expected Outcomes

1. Target vulnerable groups, including IDPs, in the city are provided with better access to information, and help with medical, social, and psychological services through a city primary healthcare facility.
2. The city has an increased number of trained specialists capable of providing assistance to the determined vulnerable groups for dealing with medical, social and psychological assistance.
3. The multidisciplinary approach model is effectively used in HCF in assisting vulnerable groups, and best practices are shared.
4. The cooperation between the HCF and the local social services is sustainable and focuses on the needs of vulnerable population groups.

3.6. Additional conditions

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

4 TECHNICAL APPLICATION CONTENTS

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

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

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

A. Cover Page

Include all of the following information:

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

B. Applicant Data (see Grant Application Form and Guidelines)

C. Technical Proposal (8 pages maximum)

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

- **BACKGROUND/STATEMENT OF NEED** [maximum 1 page]
 - Provide information about the HCF in terms of provision of services to vulnerable groups, including IDPs (if available, describe how vulnerable groups, including IDPs, become patients of the HCF and how the process of referring them to the institution is organized and coordinated with Social Services). Identify key areas for development and current key gaps.
- **VISION OF IMPROVING/ GOALS, OBJECTIVES** [maximum 1 page]
 - Describe your vision for improving the situation with providing medical, social and psychological services to vulnerable groups including IDPs at the HCF. Based on the analysis and outlined areas of development, indicate what resources and support your institution lacks to meet current challenges and achieve planned goals.
- **IMPLEMENTATION PLAN/ACTIVITIES** [maximum 2 pages]
 - Give specific practical steps that will help the HCF achieve its goals. Justify the choice of such measures and their prioritization.
 - Provide a detailed grant implementation plan (see the template in Annex A - PROJECT IMPLEMENTATION PLAN).
- **COORDINATION AND COLLABORATION** [maximum 1 page]
 - Describe the roles and participation of other stakeholders in grant activities, including other health facilities, local authorities, target groups and partners, and explain why they are assigned these roles.
 - Describe how the HCF will collaborate and coordinate grant activities with other partners, Social Services and local authorities in the first place.
- **MANAGEMENT PLAN** [maximum 1 page]

- Indicate the number of staff in the HCF, list medical and socio-psychological services provided in HCF.
- Describe how you see the multidisciplinary assistance team.
- Describe how the project will be managed within the grant.
- Indicate whether you have experience of cooperation with international organizations and charitable foundations.

- ORGANIZATIONAL CAPACITY *[maximum 1 page]*

- Describe the team that will implement the grant, indicating their positions, roles and contact details) as Annex B. Provide CVs for core/implementation team (as an ANNEX B – PROJECT IMPLEMENTATION TEAM).
- Indicate if HCF has a palliative care package from NHSU
- Indicate contacts who will liaise with the HRS Project.

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – PROJECT IMPLEMENTATION TEAM

5 BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget for each grantee amounts shall not exceed 2 100 000 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.

5.2. COST SHARE

Cost sharing is not a requirement for grants issued in response to RFA #32.

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

5.3. BUDGET CONTENT

The Applicant must:

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

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

5.4. TAXES

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

6 SELECTION

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

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

Application Selection Criteria	Points
Background/Statement of Need	10
Vision of Improving/ Goals, Objectives	15
Implementation Plan/Project Activities	25
Coordination and Collaboration	15
Management Plan	10
Organizational Capacity	10
Budget, Budget Notes and Cost Reasonableness	15
Total points	100

Technical Proposal

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

Budget

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

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

7 REFERENCES, TERMS & CONDITIONS

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

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

7.2. Terms and Conditions

- Issuing this RFA is not a guarantee that a grant will be awarded.
- Deloitte reserves the right to issue a grant based on the initial selection of offers without discussion.
- Deloitte may choose to award a grant for part of the activities in the RFA.
- Deloitte may choose to award a grant to more than one recipient for specific parts of the activities in the RFA.
- Deloitte may request from short-listed grant applicants a second or third round of either oral presentations or written responses to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- Deloitte has the right to rescind an RFA, or rescind an award prior to the signing of a 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 USAI

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