



HEALTH REFORM SUPPORT

"CONDUCTING A FOLLOW-UP SURVEY OF INFORMAL PAYMENTS ON SPECIALIZED HEALTHCARE LEVEL AND CONDUCTING A SURVEY OF OUT-OF-POCKET EXPENDITURES FOR REHABILITATION IN PRIVATE AND COMMUNAL HEALTHCARE FACILITIES"

RFA # 40

November 2022

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I	SUMMARY	4
I.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.....	6
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.....	8
3.4.	Grant Activities and Deliverables	9
3.5.	General Milestones and associated timelines	14
3.6.	Key Personnel	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

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USAID Health Reform Support

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I SUMMARY

I.1. USAID Health Reform Support

The purpose of USAID's Health Reform Support 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 an application from eligible USAID Health Reform Support partners with the relevant experience and expertise to undertake activities aimed at equipping the NHSU and other stakeholders with evidence-based information for effective PMG development.

This project contains two studies: (1) a multicomponent follow-up informal payment study for specialized priority PMG-funded services (childbirth, neonatal care, acute stroke, myocardial infarction) including war-related content, and (2) comprehensive payment study of war-related rehabilitation services in public and private sectors, including out-of-pocket payments and analysis of international best practices for providing war-related rehabilitation services.

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 nine (9) months, from January 1, 2023 to September 30, 2023. The application work plan and budget should reflect the period of performance.

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

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

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to 8 400 000 UAH**. Funding for this grant will be subject to donor approval and availability of funds. Funding will be disbursed to the grantees in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on December 12, 2022. Questions should be received by close of business (COB) Ukraine local time on December 2, 2022, and responses to questions will be provided by December 6, 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# 40.
- 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 December 2, 2022 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By December 6, 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 **December 02, 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, December 02, 2022.**

2.4. Applications Due Date and Time

Closing Date: December 12, 2022

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

2.5. Application Delivery Address

The proposal package should be submitted through the Deloitte Grants Portal (<https://dgrants.fluxx.io>).

First time applicants will be required to register for an account and, upon approval, will receive an email notification with the necessary log-in credentials to access the portal.

The portal details submission instructions for completing a web-based application form and contains all required document and budget attachments to be included with the application.

All electronic file names should include the organization's name and the title of the document. Applicants should retain copies for their records, as all applications and attachments received will not be returned.

2.6. Type of Award

The USAID Health Reform Support anticipates the award of up to one (1) Fixed Amount Awards in response to RFA# 40 with the ceiling amount of **up to 8 400 000 UAH**.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be considered and reviewed. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID Health Reform Support Project, RFA # 40.
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

2.8. Eligibility

To be eligible to apply an Applicant:

- Should be Non-U.S. non-governmental organizations, for profit or nonprofit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations) for no less than 3 years;
- Shouldn't not appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";
- Shouldn't be individual, political party, any governmental entity(organization) or official whether at national or municipal level;
- Shouldn't be affiliated with HRS or any of its directors, officers or employees;
- Organizations whose objectives are not consistent with the broad objectives of the HRS Project are also ineligible.
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website

Additional eligibility criteria

- The organization must have demonstrated experience in technical areas relevant to the scope of work or grant focus.
- The organization must have been in existence for more than three years.
- The organization must currently be implementing activities in the geographic area or technical area for which it is submitting an application.
- The organization has minimum absorptive capacity and demonstrates the potential to acquire sufficient capacity to manage programs in a sustainable manner.
- 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 implementation of the grant activities.

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

Ongoing healthcare reform in Ukraine entirely changed the financing approaches - i.e., movement from health subvention to the payments under PMG contracts signed with the NHSU. For many years, informal payments in the Ukrainian healthcare system were an "obligatory" part of the system. To measure the amount, types, and prevalence of informal payment under four priority services before the introduction of the state-funded Program of Medical Guarantees (PMG), HRS conducted the Baseline Informal Payment Study at the specialized healthcare facility (SHC) level for four priority services under the PMG (childbirth, neonatal care, myocardial infarction, and acute stroke). This study collected data before the introduction of PMG for specialized healthcare (covered period from July 1, 2019 to March 31, 2020). The study showed that 78.8% of respondents (patients) paid for medical care during childbirth, 78% of respondents paid to receive neonatal medical care, 74.2% of respondents paid for acute myocardial infarction services, and 71.9% of respondents paid for acute stroke services. Average informal payment for childbirth services was 6 283 UAH, informal payment for neonatal care services – 8 996 UAH, average informal payment for myocardial infarction services – 17 214 UAH, average informal payment for acute stroke services – is 11 176 UAH.

This data illustrated the financial burden on the household's budget and catastrophic expenditures for some part of the population. At the same time, the baseline study was conducted before the introduction of the PMG at the SHC level. And since that time the financing mechanism was significantly changed for SHC providers under the reform implementation.

Along with that, full scale invasion of Russia has caused major challenges for the healthcare system in Ukraine. Apart from constant shelling and bombing of Ukrainian cities and healthcare facilities (HCFs), Russian invasion has provoked a rapid migration inside and outside the county. The war crimes result in severe trauma among the civil population, including amputations, burns, polytrauma, etc. The Government of Ukraine recognizes the growing demand for rehabilitation services for veterans and civilians on one hand, and the scarcity of available resources in communal HCFs to provide those highly qualified medical services.

Therefore, the GOU, MOH, and NHSU require data and information about the current level of informal payments at the SHC level for the priority services, as it was one of the main reasons to change financing in healthcare. Moreover, national stakeholders need knowledge on out-of-pocket payments (formal and informal) for rehabilitation services both in the communal and private sectors.

3.2. Grant Objective

This Grant aims to help the GOU design the PMG using data on informal payments and out-of-pocket expenditures.

3.3. Specific Statement of Work

Under this Grant, the Grantee will conduct a (1) multicomponent follow-up informal payment study for specialized priority PMG-funded services (childbirth, neonatal care, acute stroke, myocardial infarction) including war-related context; (2) comprehensive study of trauma rehabilitation services in the public and private sectors, including out-of-pocket payments and an analysis of international best practices for providing trauma rehabilitation services.

The first study will compare the amount and prevalence of informal payments before and after the implementation of the health financing reform, using data from patients and health workers, as well as financial and program data of the specialized HCFs.

The second study will estimate the out-of-pocket expenditures for trauma rehabilitation services (including ambulatory and hospital services) in the private and public sectors.

Grantee will analyze collected data, provide relevant recommendations, and conduct relevant workshops to equip national stakeholders (NHSU, MOH) with the information needed to set the evidence-based tariffs for the priority and rehabilitation services under PMG and healthcare policy that will empower public-private partnerships. The study results will better inform policy decisions in reducing the risks of catastrophic healthcare expenditures associated with priority health services and rehabilitation.

Under this Scope of Work, the Grantee shall perform, but will not be limited to, the tasks specified under the following categories and receive the outlined deliverables.

3.4. Grant Activities and Deliverables

I. Deliverables

HRS technical team will provide specific technical direction throughout Grant implementation. The Grantee shall use his/her experience, knowledge of national and international best practices, and additional understanding gleaned from the background and objectives specified in sections A and B above to accomplish the following deliverables by the end of this grant.

#	Name of the milestone	Specific outputs	
		<i>Deliverable 1. Follow-up informal payment study conducted for specialized priority PMG-funded services (childbirth, neonatal care, acute stroke, myocardial infarction), including war-related content.</i>	<i>Deliverable 2. Comprehensive payment study conducted of trauma rehabilitation services in public and private sectors, including out-of-pocket payments estimates for ambulatory and hospital services, an analysis of international best practices for providing trauma rehabilitation services, and recommendations for public-private partnerships.</i>
1	Design the methodology of the studies	<p>1.1.1. Study protocol, including technical approach, sampling, methodology for conducting study and approach for data analyses, etc;</p> <p>1.1.2. Data collection plan, including schedules for conducting surveys (all components) and plan for data collection on HCFs' data with 'live' updates on a weekly basis.</p>	<p>2.1.1. Study protocol (concept) with the proposals for the components 2-4 based on the results of desk-study to compare different approaches, methodologies, study conclusions to avoid limitations, etc.</p> <p>2.1.2. Data collection plan, including schedules for conducting surveys and plan for data collection on HCFs' data with 'live' updates on a weekly basis.</p> <p>2.1.3. Report on desk study on trauma rehabilitation services international best practices in public and private sectors.</p>
2	Design research instruments	<p>1.2.1. Questionnaires (for patients and for health staff).</p> <p>1.2.2. Guides for focus-groups (with patients and health staff).</p> <p>1.2.5. Data collection tools for HCFs.</p> <p>1.2.6. Report on piloting stages with the proposed amendments with attached finalized instruments.</p>	<p>2.2.1. Questionnaires (for patients and for health staff).</p> <p>2.2.2. Guides for focus-groups (with patients and health staff).</p> <p>2.2.5. Data collection tools for HCFs.</p> <p>2.2.6. Report on piloting stages with the proposed amendments with attached finalized instruments.</p>

#	Name of the milestone	Specific outputs	
		<i>Deliverable 1. Follow-up informal payment study conducted for specialized priority PMG-funded services (childbirth, neonatal care, acute stroke, myocardial infarction), including war-related content.</i>	<i>Deliverable 2. Comprehensive payment study conducted of trauma rehabilitation services in public and private sectors, including out-of-pocket payments estimates for ambulatory and hospital services, an analysis of international best practices for providing trauma rehabilitation services, and recommendations for public-private partnerships.</i>
3	Conduct data collection and verify data	1.3.1. Datasets (SPSS/Excel) of follow-up and baseline surveys cleaned and (re)analysed, transcripts of FGDs, financial/operational dataset.	2.3.1. Datasets (SPSS/Excel) of survey cleaned and analysed, transcripts of FGDs, financial/operational dataset, international best practices described in analytical report.
4	Conduct data analysis	1.4.1. Technical report with comparison of baseline and follow-up datasets as to agreed specification with the results of surveys and data collection with appropriate estimations and conclusions (illustrating all study results in tables, figures, quotes, etc).	2.4.1. Technical report illustrating all study results in tables, figures, quotes, including appropriate estimations of OOPs made by rehabilitation patients, services obtained by patients in public and private HCFs, and relevant conclusions, etc.
5	Develop an analytical reports with studies results and recommendations	<p>1.5.1. Analytical Report on:</p> <ul style="list-style-type: none"> • estimated amount and frequency of IPPs for childbirth, neonatal care, myocardial infarction, and acute stroke; analyses and comparing with the results and database of baseline study; • described attitude of patients and health staff to various types of informal payments; • analysed program and financial changes of the hospitals, comparing with baseline dataset; • analyses of procurement needed for priority services, including comparing with baseline dataset; • developed conclusions and lessons learnt; • developed recommendations based on the study results for the next periods and PMG amendments. <p>1.5.2. Presenting materials with the study results;</p> <p>1.5.3. Other materials as requested by the HRS team (cross-tabulating tables, analytical materials, technical documents, tables, analyses etc.).</p>	<p>2.5.1. Analytical Report on:</p> <ul style="list-style-type: none"> • analysis of international best practices for providing trauma rehabilitation services; • conducted comprehensive study of trauma rehabilitation services (ambulatory and hospital) in public and private sectors of Ukraine; • OOPs estimates; • developed conclusions and lessons learnt; • developed recommendations based on the study results for public-private partnerships. <p>2.5.2. Presenting materials with the study results.</p> <p>2.5.3. Other materials as requested by the HRS team (cross-tabulating tables, analytical materials, technical documents, tables, analyses etc.).</p>

I. Activities

Deliverable #1. Analytical Report on conducted Follow-up informal patients` payments (IPPs) study for specialized priority PMG-funded services (childbirth, neonatal care, acute stroke, myocardial infarction), including war-related context.

To understand the change in frequency and amounts of informal payments from the survey, Grantee will perform statistical analysis and use common statistical metrics to analyze the survey results. Analyzed outcomes will include:

- Average informal payment amounts paid “per service” (with in-kind donations monetized based on the commercial value of the gift);
- Frequency of informal payments made per service;
- Average (mean, mode, median) informal payment amounts received “per service”;
- Frequency of informal payments received per service;
- Correlations of payment behaviors with attitudes towards payments, regions, social characteristics, etc.;
- Comparison for above mentioned outcomes to the results of Baseline Study.

The study will have a three-component structure within the following activities.

Activity 1: Patient Survey. This component is intended to collect information on informal payments incurred by patients who have availed of acute care services for any of the four focus areas (childbirth, neonatal care, myocardial infarction, and acute stroke). Information will include the patient’s socio-demographic characteristics, services availed, and informal payments made in form of cash payments or in-kind gifts. Types of informal payments will be identified, when possible, including payments made for essential medication/drugs required for treatment, and payment for the transportation.

Convenience sampling of **2 031 patients** for interviews and **5 focus group discussions** (8 patients per 1 group) in each sub-region (due to the NHSU departments’ structure) will be based on the following principles (baseline methodology should be used):

- using a recruitment script and preliminary consent form;
- respondents shall have received treatment related to one of the four conditions in the last year since survey start;
- respondents shall be 18+ years of age at the time of the survey.

The appropriate **piloting of the research tools and methodology** should be done (1 FGD and 20 patients). The research tools, technical approach and methodology should be finalized due to the piloting results and agreed with HRS.

Method of data collection:

- Survey for patients should be administered anonymously through the Exit Poll Questionnaire upon the exit from the HCFs or other available method considering COVID and safety restrictions;
- Focus-group discussions should be conducted due to the developed Guides.

Activity 2: Hospital Provider Survey. This component is intended to capture information on HCFs' knowledge, attitude, practices, and motivation for charging or accepting informal payments, as well as payment structure. Surveyed staff of HCFs will include responsible staff for providing services, and other staff involved in the delivery and management of the selected health care conditions (doctors, administrative staff, nurses). The list of HCFs should be the same as in baseline study. Supplementary information on receipt of medicines through central procurement will also be captured in the provider survey to potentially inform findings from Component 1 on payments for medicines. FGDs in each sub-region will be conducted with a small group of providers no longer in the system to collect qualitative data on behaviors and attitudes of interest.

Sampling of representatives from hospitals for the Component 2 of the survey (at least **400 health staff representatives**) should be the same as in the baseline study sample. The respondents shall be selected based on their designation at the hospital (same structure as in baseline study). Moreover, the respondents shall have worked at the hospital for at least one year. **5 representatives** from each hospital shall be surveyed.

Five FGDs, one in each region (due to the NHSU departments' structure), with retired providers will be conducted. The FGD will be designed to encourage participants to respond honestly about informal payments and related behaviors observed in facilities during their tenure, albeit in terms that do not identify individuals (including themselves) engaging in these behaviors.

The appropriate **piloting of the research tools and methodology** should be done (1 FGD and 10 health staff). The research tools, technical approach and methodology should be finalized due to the piloting results and agreed with HRS.

Method of data collection:

- Survey for health staff should be administered anonymously through Questionnaire;
- Focus-groups should be conducted due to the developed Guides.

Activity 3: Facility Operational Survey (same 50 HC facilities from the baseline study or justified equivalent). This will capture program and financial data (including data on personnel), specialized equipment, and service delivery capacity from the HCFs selected within the Component 1 of the survey. This approach will allow the study to receive integrated data on informal payments and additional context for each hospital (e.g., average income or number of doctors per patient). This will significantly improve the analysis of the first two survey components.

The appropriate **piloting of the research tools and methodology should be done** (2 HCFs). The research tools, technical approach and methodology should be finalized due to the piloting results and agreed with HRS.

Method of data collection:

- Financial and program data from the HC facilities should be collected through requests to the HCFs or other available methods.

Deliverable #2. Analytical report on conducted comprehensive study of trauma rehabilitation services in public and private sectors, including out-of-pocket payments estimates, an analysis of international best practices for providing war rehabilitation services, and recommendations for public-private partnerships.

The study will have a four-component structure within the following activities.

Activity 1. Conduct desk-study. The Grantee will conduct a desk-study on trauma rehabilitation services in public and private sectors (1) to compare different approaches, methodologies, study conclusions (2) to minimize limitations (3) to be used for the completing further components.

The Grantee will analyze international best practices for providing trauma rehabilitation services (ambulatory and hospital) in three (3) selected countries and will include the analyses of health network, service provision standards, payment mechanisms, terms of procurements, public-private partnership options, etc. The analyses will include lessons learnt and recommendations for Ukraine.

Activity 2. Collect data from patients, health staff/experts, healthcare facilities. The Grantee will collect and analyze data on trauma rehabilitation services (ambulatory and hospital) in public and private sectors, including out-of-pocket payments estimates. The Grantee will develop the study protocol, the methodology of the study, research instruments. The developed draft methodology, protocol, research tools, etc should be piloted before the field stage of the study.

The study will cover at least **30 communal HCFs and at least 10 private HCFs** providing trauma rehabilitation services (ambulatory and hospital). Methods and approaches of data collection and analyzes should be developed by the Grantee and approved with HRS team.

The data collection should include, but not limited to:

- 2.1. survey of the patients (minimum **300 from communal HCFs and 100 from private HCFs**);
- 2.2. FGDs with patients (**1 FGD**) and health staff (**1 FGD**);
- 2.3. survey of the health staff/medical experts involved in rehabilitation service provision and other supportive functions;
- 2.4. collection of available financial and program data from at least **30 communal HCFs and at least 10 private HCFs** providing trauma rehabilitation services;
- 2.5. analytical report with the results of estimated out-of-pocket payments, available practices, attitude of health personnel, etc.

Activity 3. Develop aggregated report with the results of study on trauma rehabilitation services (ambulatory and hospital) in public and private sectors, including out-of-pocket payments estimates and analysis of international best practices for providing trauma rehabilitation services and recommendations for public-private partnerships

The Grantee will generate an aggregate report based on the analytical results of desk-study and data collection, as well as prepare presenting materials and other requested materials for the stakeholder meeting to present and discuss the results of this Grant.

3.5. General Milestones and associated timelines

For this type of grants, fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones:

N	Milestone	Milestone verification	Expected date of completion
1.	Design the methodology for Follow-up survey of informal payments on specialized healthcare level	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
2.	Design the methodology for Survey of out-of-pocket expenditures for rehabilitation in private and communal healthcare facilities	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
3.	Design research instruments and the supporting documents for conducting a Follow-up survey of informal payments on specialized healthcare level	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
4.	Design research instruments and the supporting documents for conducting a Survey of out-of-pocket expenditures for rehabilitation in private and communal healthcare facilities	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
5.	Conduct data collection and verify data under Follow-up survey of informal payments on specialized healthcare level	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
6.	Conduct data collection and verify data under Survey of out-of-pocket expenditures for rehabilitation in private and communal healthcare facilities	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
7.	Conduct data analysis Follow-up survey of informal payments on specialized healthcare level	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
8.	Conduct data analysis for Survey of out-of-pocket expenditures for rehabilitation in private and communal healthcare facilities	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	TBD
9.	Develop an analytical report (including presenting materials, infographics, etc) with Follow-up survey of informal payments on specialized healthcare level study results, lessons learned, conclusions, and recommendations	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	Not later than September 15 2023
10.	Develop an analytical report (including presenting materials, infographics, etc) with Survey of out-of-pocket expenditures for rehabilitation in private and communal healthcare facilities study results, lessons learned, conclusions, and recommendations	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	Not later than September 15 2023
11.	Develop a Grant Final Report (including but not limited with progress on all tasks under this grant)	To be proposed how will the Grantee document the completion of the product, task, deliverable, or goal	Not later than September 30 2023

3.6. Key Personnel

Key personnel must have relevant education and experience (reflected in CVs) and provide the workload information. The key personnel shall not be changed throughout the project execution without justification.

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 out-of-pocket expenditures on health services in Ukraine: describe the financial accessibility of the priority specialized medical services due to high informal payments; the raising demand for rehabilitation services and major financial challenges caused by the Russian war; the problems of catastrophic expenditures of Ukrainians and how conducting the study will inform the national stakeholders, linking to the evidence-based decision-making.
- **GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY** *[maximum 1 page]*
 - Describe your study's approach considering the sensitivity of the topic and war-related difficulties in data collection, as well as describe the vision for informal payment elimination and strengthening rehabilitation services accessibility.
- **EXPECTED RESULTS AND TECHNICAL STRATEGIES** *[maximum 2 pages]*
 - Give specific study methodologies separately for two studies; justify the choice of the study approaches.
 - Identify best practices and evidence base/rationale that have informed the project interventions.
 - The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).
- **IMPLEMENTATION PLAN/ACTIVITIES** *[maximum 2 pages]*
 - Provide a detailed grant implementation plan (see the template in Annex A - PROJECT IMPLEMENTATION PLAN).
 - Based on a developed implementation plan, please, provide the list of grant activity milestones using the table from Section 3.5. For Fixed Amount Awards, the budget is aligned to specific milestones

and fund disbursement is made based on verification of milestone completion (see Section 5 for more details). Grant activities will be monitored and evaluated against these milestones.

- The working plan must deliver the milestones and ensure the requirements of its expected time of completion

- COORDINATION AND COLLABORATION *[maximum 1 page]*

- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with communal and private healthcare facilities, and explain the recruitment of respondents (both patients and doctors) and facility data collection approach.

- MANAGEMENT PLAN *[maximum 1 page]*

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

- ORGANIZATIONAL CAPACITY *[maximum 1 page]*

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

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – PROJECT IMPLEMENTATION TEAM (CVs)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

5 BUDGET CONTENTS

5.1. BUDGET AND PEYMENT TERMS

The approximate budget for each grantee amounts shall not exceed 8 400 000 UAH. The budget should be produced by milestones. The budget items and associated payment terms and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

5.2. COST SHARE

Cost sharing is not a requirement for grants issued in response to RFA #40.

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

5.3. BUDGET CONTENT

The Applicant must:

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

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

5.4. TAXES

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

6 SELECTION

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

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

Application Selection Criteria	Points
Background/Statement of Need	5
Project Goal, Objectives, and Geographic Focus	10
Technical Strategies	25
Project Activities	15
Coordination and Collaboration	10
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/usaaidipnforassistance/>. Detailed steps are given under the article M9 of the Mandatory Standard Provisions for Fixed Amount Awards to Non-Governmental Organizations from ADS 303mat, which is annexed to this RFA.

2. Indirect rates

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

3. Activities that will not be considered for funding

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

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

4. Prohibited Goods and Services

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

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

5. Restricted Goods

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

- Agricultural commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Fertilizer;
- Used equipment; and

- U.S. Government-owned excess property.

6. Certifications for Non-US Non-Governmental Recipients

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

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