HEALTH REFORM SUPPORT

"CONDUCTING THE ESTIMATIONS OF FINANCIAL RESOURCES NEEDED FOR SELECTED HEALTHCARE FACILITIES IN HIGH-PRIORITY REGION RECOVERY IN RESPONSE TO THE WAR BASED ON THE RESULTS OF HEALTHCARE FACILITY NETWORK ASSESSMENT AND PLANNING"

RFA # 48

May 2023

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Authors

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USAID Health Reform Support

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1 SUMMARY

1.1. USAID Health Reform Support

The purpose of USAID's Health Reform Support Project (HRS Project) is to support a transparent, accountable, and effective healthcare 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 healthcare 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.

1.2. 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 an activity aimed at equipping the MOH / Recovery Project Office under MOH with evidence-based information for HCFs network recovery.

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 Grant is approximately six (6) months, from July 17, 2023 to December 29, 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. A Technical Evaluation Committee will review all eligible and complete applications against the review criteria described in Section 6 Selection.

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

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to** 5 250 000 UAH. Funding for this Grant will be subject to donor approval and the availability of funds. Funding will be disbursed to the grantees in local Ukrainian currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on July 11, 2023. Questions should be received by close of business (COB) Ukraine local time on June 19, 2023, and responses to questions will be provided by June 22, 2023.

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# 48.

- 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 June 19, 2023 to the email address noted above. Only questions received by this date will receive a response.

- **Responses:** By June 22, 2023, 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 **Jun 16, 2023, 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, Jun 16, 2023.**

2.4.   Applications Due Date and Time

Closing Date: July 11, 2023

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# 48 with a ceiling amount of **up to** 5 250 000 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 # 48.

- **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 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. Resource allocation in the healthcare network has been changed – from a calculated subvention based on the number of beds (for specialized healthcare – SHC) and the population (for primary healthcare – PHC) to a pay-per-performance model.

As the owners of healthcare facilities (HCFs) – local authorities have gained more autonomy in their decision-making, including strategies for HCF development, building, optimization, renovation, etc. To coordinate this process and allow the owners to make better decisions serving the population's interests, the MOH, jointly with the Ministry of Regional Development, Construction, and Housing-utilities of Ukraine, approved an Order dated February 6, 2018 #178/24 "On approval of the Procedures for the formation of capable networks for the provision of primary medical care" with guiding principles for organizing the capable primary healthcare (PHC) network. For specialized HCFs, following discussions and modifications, the MOH plans to approve a special Order on how to develop and manage hospitals capable network consisting of the general, cluster, and above cluster hospitals (according to the new legislation: Law of Ukraine on July 1, 2022 #2347 'On amendments to some legislative acts of Ukraine on improving the provision of medical care').

Along with that, the full-scale invasion of Russia has caused major challenges for the healthcare system in Ukraine. Constant shelling and bombing of Ukrainian cities and HCFs took place, some regions are occupied, and Russian invasion is provoking a rapid migration inside and outside the country.

The HCF network should recover in a way that will meet population needs, not waste resources on old, inefficient methodologies. Investment into the HCFs network recovery should be made according to the principle "Build Back Better" (WHO, the European Union Delegation to Ukraine, the U.S. Agency for International Development (USAID) Mission in Ukraine, and the World Bank. Priorities for health system recovery in Ukraine - joint discussion paper). While supporting health network recovery, the role of each HCF in the anticipated capable network should be considered, and realistic mid-term and long-term estimations of further migration should be considered.

Therefore, the MOH, Recovery Project Office of MOH, other national and local stakeholders, international counterparts, and local partners require data and reliable information on the estimations of financial resources needed for HCF network recovery in the high-priority region. In the coming years, the developed methodology could also be disseminated to cover the required assessments of financial resource needs for other regions of Ukraine. This study's results and the developed recommendations will better inform policy decisions in recovering the post-war capable HCFs network according to the designed strategy.

3.2. Grant Objective

This Grant aims to help the key stakeholders (MOH, Recovery Project Office of MOH and other national stakeholders, international counterparts, and local partners) better estimate the financial resources needed for the health system recovery in one of the high-priority regions (Kyiv, Chernihiv, Kharkiv, Dnipropetrovsk, or Kherson regions).

3.3. Specific Statement of Work

Within the Grant, in coordination with USAID HRS, the Grantee will collect the data from the HCF network in the identified high-priority region.

Grantee will elaborate a work plan with a detailed description of grant milestones, responsible team members, and deadlines for the completion of each milestone.

The Grantee will support the development of a methodology that will cover but not be limited to:

(1) the selection and prioritization criteria of the HCFs to be included in the study;

(2) approaches, sources, and research tools for the collection of relevant data from HCFs and authorities;

(3) approaches for analysis of the collected data;

(4) sophisticated description of approaches for the estimation of expenditures for recovery of the selected HCFs, separately for construction/engineering means and health/medical equipment;

(5) techniques for extrapolation of calculation onto finance resource needs for the recovery of other HCFs in the priority region, etc.

The Grantee will support the analysis of the collected data, conduct estimations of financial resource needs required for the recovery, provide relevant recommendations, and conduct workshop(s) to equip national stakeholders (MOH, NHSU, Recovery Project Office of MOH, etc.) with the information needed to estimate the required finance resource needs to restore the HCFs network in the high-priority region that will empower proper estimation, allocation, and spending of resources.

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

The 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 relevant sections of the proposed RFA to accomplish the following deliverables by the end of this Grant.

All approaches, methods, actions, criteria, formats, and external communication must be preliminary agreed upon with the HRS technical team.

While both the HRS team and Grantee will contribute to the Grant at all stages, some activities are to be led by the HRS with some contribution from the Grantee, and some activities are to be led by a Grantee with some contribution and under the supervision of the HRS.

Components led by the HRS:

- Study methodology;

- Data analysis and results synthesis.

Components let by a Grantee:

- Search for publicly available information, including prices for certain services and materials for the last five years in the Prozorro database and acts of damage assessments;

- Data collection tools design;

- Piloting the developed data collection tools;

- Data collection;

- Data verification and cleaning.

HRS will be leading information search and systematization for building and/or renovation of the HCFs network, construction/renovation, providing medical and non-medical equipment, etc. The key focus should be on the post-war and/or post-disaster settings. Extrapolate available data into the Ukrainian context.

The Grant will consist of six (6) activities.

Activity 1. Support the study methodology design.

1.1. Conduct a desk review of available information for the historical cost similar to those needed for restoration services and materials for the last five years in the Prozorro database and other sources upon approval by the HRS.

1.2. The results of the desk review will produce a database of historical cost quotes- specify what was procured, at what volume, when, and for how much- that can be used as proxies to estimate how much recovery will cost.

1.3. Develop a study protocol covering the whole study cycle.

The study protocol should cover the following: types of financial resource needs for the HCFs network recovery to be analyzed, sampling, the technical approach and methodology for data collection, research tools, approaches for calculations and estimations of financial resource needs, data verification, analysis of data obtained within this study, as well as developing of recommendation for MOH and other stakeholders on the application of received results onto HCFs network recovery in the high-priority region, etc.

The study protocol should contain but not be limited to: Introductions, Background and significance, Literature Review; Research design and methods, Limitations; Preliminary suppositions and implications; and Conclusions.

1.4. Develop a data collection plan.

The data collection plan should include the details of the study implementation (schedules, responsible team members, etc.), description of step-by-step completion, communication with respondents (how does Grantee select them, encourage them to participate; how does Grantee`s representative(s) communicate with them, e.g., online, offline, or hybrid), verification and analysis of data obtained from the respondents (on construction/renovation, equipping, etc.).

Deliverables under Activity 1:

1.1. Database on a desk review of historical public procurement (and other sources if approved by the HRS) prices (MS Excel).

1.2. Sample for the data collection (MS Word/MS Excel).

1.3. Study protocol (MS Word).

1.4. Data collection plan (MS Word/MS Excel).

1.5. Presenting materials of the developed methodology and study protocol (MS PowerPoint).

All deliverables under Activity 1 should be developed by the Grantee and approved by the HRS team.

Activity 2. Design research tools to collect necessary data on the HCFs network damage and scope of restoration as per methods provided by the HRS. Develop questionaries for data collection from the respondents-representatives of the HCFs, and local and oblast authorities.

2.1. Develop data collection tools suggested by evidence, context, international expert`s advice and/or other reason for using by the Grantee upon approval by HRS.

2.2. Develop guides for focus groups (for HCFs management, local and oblast authorities).

2.3. Develop data verification and analysis tool(s) for use by the Grantee to proceed with the obtained data (separately for construction/renovation, equipping, etc.).

2.4. Conduct a pilot of the developed draft methodology, protocol, research tools, etc.

2.5. Report on the piloting of the stages with the proposed amendments.

2.6. Proposed amendments/recommendations to methodology, protocol, research tools, etc. prepared by the HRS.

Deliverables under Activity 2:

2.1. Data collection tools (MS Word/MS Excel).

2.2. Guides for focus groups (MS Word).

2.3. Data verification and analysis tool (MS Excel/other if applicable).

2.4. Report on piloting (MS Word/MS Excel/MS PowerPoint).

2.5. Finalized questionaries, guides, and other tools (format as per 2.1., 2.2., 2.3. respectively).

 All deliverables under Activity 2 should be developed by the Grantee and approved by the HRS team.

Activity 3. Conduct data collection and verification of the collected data of the HCFs network damage and scope of restoration as per methods provided by the HRS.

The data collection process should include but not be limited to:

- o A list of damaged HCFs in the high-priority region, and the amount of damage per facility, hromada, cluster/rayon, oblast, damaged HCFs in the high-priority region,

- o A list of HCFs needed to be built or renovated so the HCFs network will respect the needs of the population in health services, considering:

  - war-related population migration and further migration trends,

  - the population needs` anticipated war-related changes,

  - the holistic view of the regional health system, so after restored, its branches and levels won`t overlap or show gaps but work the most efficiently for the population's health,

- o extrapolation of the data obtained from the selected HCFs onto the whole HCFs network of the region,

- o methodology(ies) for calculating the estimated financial resource needs for recovery of the HCFs network in the high-priority region, methodology(ies) for the calculation of the estimated financial resource required for recovery of the HCFs network in the high-priority region,

- o calculation of the estimated financial resource needed for recovery of the HCFs network in priority oblast (separately for construction/renovation, equipping, etc.),

- o other materials as requested by the HRS team (cross-tabulating tables, analytical materials, technical documents, tables, analyses, etc.).

3.1. Select at least 30 municipal HCFs damaged or destroyed because of war, among them 10 HCFs providing PHC services, 10 general hospitals, 9 cluster hospitals, and 1 above cluster hospital, according to the anticipated capable HCFs network. The final sample should be defined due to the selected region.

The list of regions, HCFs, hromadas, rayons should be pre-approved by HRS.

3.2. Conduct interviews of HCF representatives (at least 1 from each HCF), representatives of local authorities – owners of respective HCFs (at least 1 from each owner of every HCF), oblast health department representatives (at least 1), other stakeholders (if applicable).

The list of respondents for interviews and their format should be pre-approved by HRS.

3.3. Conduct focus-group discussions (at least 1).

The final list of respondents for focus groups should be pre-approved by HRS.

Preliminary, from the level of HCFs, a General Director, a Medical Director, and a Deputy for Economics are supposed to be the parts of the focus groups; from the level of local authorities and oblast administration, representatives of a Unit (Department) for Capital Constructions, Financial Unit, Health Unit are supposed to be the parts of focus groups, as well as optionally Deputy Heads for respective fields.

3.4. Conduct other data collection as described in the study protocol.

3.5. Conduct data verification (including on-site visits) and prepare the relevant report.

3.6. Prepare and share with HRS the data sets (MS Excel or other pre-approved formats i.e., separately for construction/renovation, equipping, etc.).

Deliverables under Activity 3:

3.1. List of HCFs to be included to the study (MS Word/MS Excel).

3.2. Interviews notes and summary (MS Word/MS Excel – format should respect the format of the questionary).

3.3. Focus group notes and summary (MS Word– format should respect the format of the guide).

3.4. Data verification report (MS Word).

3.5. Datasets.

All deliverables under Activity 3 should be developed by the Grantee and approved by HRS team.

Activity 4. Conduct data analysis.

4.1. Analyze the collected data (Activity 3) using the pre-approved methodology developed within Activity 1.

4.2. Develop technical report(-s) based on the available data in a pre-approved format.

4.3. Present and discuss technical report(-s).

4.4. Finalize the technical report(-s) due to the received feedback.

Deliverables under Activity 4:

4.1. Technical report (MS Word).

4.2. Finalized technical report (MS Word).

All deliverables under Activity 4 should be developed by the Grantee and approved by HRS team.

Activity 5. Support in the development of an analytical report with study results and recommendations.

5.1. Develop an analytical report with study results and recommendations, including key findings from desk study, methodology, data collection and verification, data analysis, recommendations, etc.

5.2. Develop presentation materials and other requested information for the local stakeholders meeting(-s) (oblasts administrations) to present and discuss the results of the grant implementation. The Grantee experts should organize and conduct such a meeting(s) in coordination with HRS.

5.3. Present and discuss the developed analytical report and recommendations, including further dissemination.

5.4. Develop presenting materials, technical briefs, infographics, and other requested materials for the national (MOH, NHSU, Recovery Project Office, and others) and international stakeholders meeting(s) to present and discuss the results of this Grant. The Grantee experts should organize and conduct such a meeting(-s) in coordination with HRS.

Deliverables under Activity 5:

5.1. Analytical report (MS Word).

5.2. Presenting materials for the series of meetings and capacity-building activities (MS PowerPoint, MS Word):

5.2.1. meeting(-s) with regional health authority, hromadas, rayons, MOH, Recovery Project Office, NHSU, Ministry of Finance, and other national and international stakeholders;

5.2.2. workshop(-s) for local health authorities, MOH, Recovery Project Office, NHSU, Ministry of Finance, and other national and international stakeholders.

5.3. Reports on meeting(s) and capacity-building activity(-s) with the stakeholders due to HRS reporting requirements.

All deliverables under Activity 5 should be developed by the Grantee and approved by HRS team.

Activity 6. Overall project management and reporting.

6.1. Elaborate a detailed work plan with a team`s composition, roles, responsibilities, and timelines for each milestone.

6.2. Participate in regular follow-up activities with the HRS, for instance, but not limited to, weekly online meetings.

6.3. After implementing each activity, develop a report and/or other sets of information and data obtained during the implementation.

6.4. Develop a Grant Final Report (including but not limited to progress on all tasks under this Grant).

Deliverables under Activity 6:

6.1. Detailed Workplan.

6.2. Minutes of meetings or/and other tools to track the follow-up activities.

6.3. Intermediate reports and/or datasets as explained in the description of each activity.

6.4. Grant final report.

Key expected results:

Outputs:

-1 technical report with the summary of the estimations of financial resources in selected HCFs in one high-priority region based on the developed methodology developed.

Short-term outcomes:

-At least one 1 national stakeholder understands better how to estimate the need in financial resources and how to match this need with the available limited funding.

-At least one 1 national stakeholder considered the report results for the Health Recovery Plan implementation.

Long-term outcomes:

-MOH and/or other stakeholders make well-informed recovery/investment decisions to ensure the effective operation of the system under war and post-war conditions.

-Attraction and direction of recovery investments are optimized.

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 collecting data on needed health network recovery in the priority region	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	July 20, 2023

N	Milestone	Milestone verification	Expected date of completion
2.	Design research instruments and supporting documents for collecting data on needed health network recovery in the priority region	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	Aug 10, 2023
3.	Conduct data collection on needed health network recovery in the priority region and verify the collected data	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	October 2, 2023
4.	Conduct data analysis on needed health network recovery in the priority region	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	October 23, 2023
5.	Develop an analytical report (including presenting materials, infographics, etc.) with needed health network recovery in the priority region study results, lessons learned, conclusions, and recommendations	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	November 13, 2023
6.	Develop a Grant Final Report (including but not limited to progress on all tasks under this Grant)	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	December 11, 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.

The Grantee must demonstrate various expertise to cover different areas of the study – staff and/or consultants ready to be contracted with proficiency in:

- healthcare management,
- interaction with and engaging HCF management and local authorities,
- healthcare services delivery, engineering (construction and reconstruction),
- local governance, planning in social and economic spheres.

The Grantee's team should include highly professional international consultants with appropriate practical experience in the estimation of finance resource needs in the healthcare sector and the development of methodological approaches for such calculations, preferably in post-conflict and/or post-disaster settings.

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 1 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 international best practices for financial resource need's estimations into the HCF network; collect data for HCF network recovery in the high-priority region in Ukraine; analyze collected data, conduct estimations of financial resources needed for the recovery, provide relevant recommendations with the information needed to estimate the financial resources needed to restore the HCFs network at the high-priority region that will empower proper estimation, allocation, and spending of resources.

    - The study results and the developed recommendations will better inform policy decisions in recovering the post-war capable HCFs network according to the designed strategy.

- **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.

- **EXPECTED RESULTS AND TECHNICAL STRATEGIES** *[maximum 2 pages]*

    - Give specific study methodologies; 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 healthcare facilities, and explain the selection of respondents 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 PAYMENT TERMS

The approximate budget amount shall not exceed 5 250 000 UAH. The budget should be produced by milestones. The budget items, 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 #48.

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
1. Statement of Need	5
2. Project Goal, Objectives, and Geographic Focus	10
3. Technical Strategies	20
4. Implementation Plan / Project Activities	20
5. Coordination and Collaboration	5
6. Management Plan	10
7. Organizational Capacity	20
8. Budget, Budget Notes and Cost Reasonableness	10
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 attchaments.

Certification of Independent Price Determination

(a) The offeror certifies that--

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

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

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

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

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

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

 (c) Offeror understands and agrees that --

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

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

Standard Provisions

Deloitte is required to respect the provisions of the United States Foreign Assistance Act and other United States laws and regulations. The USAID Health Reform Support 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