



# HEALTH REFORM SUPPORT

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## REQUEST FOR GRANT APPLICATIONS (RFA): CONDUCT COST MODELING OF PATIENT TRANSPORTATION SERVICES FOR CERTAIN HEALTH SERVICES

**RFA # 50**

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**A USAID/U.S.A. FUNDED PROJECT**

**July, 2023**

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## Table of Contents

<b>I</b>	<b>SUMMARY</b> .....	4
1.1.	USAID Health Reform Support (HRS) Project.....	4
1.2.	USAID HRS Request for Applications (RFA) Summary .....	4
<b>2.</b>	<b>INSTRUCTIONS FOR APPLICANTS</b> .....	7
2.1.	General.....	7
2.2.	RFA Contact Information .....	7
2.3.	Questions and Clarifications .....	7
2.4.	Applications Due Date and Time.....	8
2.5.	Application Delivery Address .....	8
2.6.	Type of Award.....	8
2.7.	Submission Requirements.....	8
2.8.	Eligibility.....	8
2.9.	Application Conditions Precedent.....	9
2.10.	Late Applications.....	9
2.11.	Modification/Withdrawal of Applications.....	10
2.12.	Disposition of Applications.....	10
<b>3.</b>	<b>STATEMENT OF WORK</b> .....	11
3.1.	Background of Grant.....	11
3.2.	Grant Objective .....	12
3.3.	Indicators .....	12
3.4.	Specific Statement of Work .....	12
3.5.	Deliverables and Activities.....	12
3.6.	General Milestones and Associated Timelines .....	15
3.7.	Key Personnel.....	16
3.8.	Grant Program and Expected Results.....	16
<b>4</b>	<b>TECHNICAL APPLICATION CONTENTS</b> .....	18
<b>5</b>	<b>BUDGET CONTENTS</b> .....	20
<b>6</b>	<b>SELECTION</b> .....	21
<b>7</b>	<b>REFERENCES, TERMS &amp; CONDITIONS</b> .....	23
7.1.	References (choose from the list below as applicable) .....	23
7.2.	Terms and Conditions.....	23

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## I SUMMARY

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### I.1. USAID Health Reform Support (HRS) Project

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.  
Improve service delivery system at all levels.

HRS is undertaking a new costing activity, estimating the cost of providing comprehensive Patient Transportation Services (PTS) to/from treatment for select populations-specifically diseases. This activity aims at equipping the healthcare facilities (HCFs), local authorities (LAs), National Health Service of Ukraine (NHSU) / Ministry of Health (MOH) / Recovery Project Office of the MOH with a modeling that supports such stakeholders to budget and implement for these critical patient services.

### I.2. USAID HRS 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 collect facility, patient, and HCF's data and information about patient transportation needs. Applicants must be able to demonstrate "additionality" of the proposed program. Additionality is defined as a rapid scale-up or expansion of an existing program that will require minimal overhead and operational costs.

**Period of Performance:** The period of performance for the Grant is approximately four (4) months, from September 4, 2023 to December 31, 2023. The application work plan and budget should reflect the 4 month period of performance.

**Project Targets:**

1 technical report with the summary of the estimations of the cost of the PTS in selected HCFs based on the developed methodology developed.

1 model developed for estimating the cost of PTS for selected health services in selected HCFs, with the tools for extrapolation to other HCFs, patient categories, regions, and national levels.

Applicants who propose to reach higher targets and demonstrate in their proposals the ability to do so may receive a higher score in the selection process.

**Proposal Selection:** All applications will be reviewed to check for eligibility and completeness of the submission. 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. 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 August 20, 2023. Questions should be received by close of business (COB) Ukraine local time on July 17, 2023, and responses to questions will be provided by July 20, 2023.

This RFA contains the Grant Application Form and Guidelines with the following attachments:

Attachment 1: Technical Proposal

- Annex A. Grant Activity Implementation Plan
- Annex B. Information of Previous Assistance Awards/Contracts

Attachment 2: Budget and Budget Notes

- Annex C. Supporting Data for Cost Estimates

Attachment 3: Information about Applicant

Attachment 4: Certifications and Assurances from Applicant

- Annex D. Documents Demonstrating Applicant's Eligibility and Capabilities
- Annex E. Environmental Self-Assessment Form
- Annex F. Survey on Ensuring Equal Opportunities to Applicants (optional, upon Applicant's Request)

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## 2. INSTRUCTIONS FOR APPLICANTS

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### 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# 50.
- 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](mailto: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 July 17, 2023, to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By July 20, 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 **July 14, 2023, at 16:30 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at [grant@hrs.net.ua](mailto:grant@hrs.net.ua) by **12:00 Ukraine local time, July 14, 2023**.

## 2.4. Applications Due Date and Time

Closing Date: August 20, 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# 50 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 # 50.
- **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 a potential 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.

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## 3. STATEMENT OF WORK

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### 3.1. Background of Grant

Ongoing healthcare reform changed different aspects of health services provision to the population in Ukraine, including the financing model, introducing the Basic Benefits Package called Program of Medical Guarantees (PMG). This shifted from the Semashko model with pay per bed to a model with pay per performance. Instead of a “free health for all” approach, Government of Ukraine (GOU) started to outline services covered by the PMG.

While medical services under PMG are meant to be free of charge for an end user, some obstacles to accessing such services do appear, and they are not equal for all people. Some medical services are given in cities far away from the place of residence of many patients living in different cities and rural areas; for some patients, the cost and/or availability of public transportation, their disability, or their current health condition are barriers to accessing needed services.

Anecdotal evidence suggests that local authorities (LAs), health care facilities (HCFs), charities, and humanitarian organizations sometimes partially cover this gap either on an ad hoc or systematic basis using their own criteria for patients and services and providing patient transportation services (PTS) to the population.

At the same time, there is no standardized approach all over Ukraine for running PTS. A group of experts in PTS from Denmark, the Slovak Republic, Italy, and Sweden (*Jesper Krøyer Hansen et al., Patient Transport Services. An Integrated Part of the Tertiary Healthcare System*) prepared a review on PTS in European countries and perspectives on its introduction in Ukraine.

Along with that, the full-scale invasion of Russia has caused major challenges for the civil infrastructure, healthcare system, and overall population’s condition in Ukraine. Budget constrictions and reprioritizations and decreasing real incomes of the population have made public services less accessible and out-of-pocket expenditures more complicated.

Therefore, to meet immediate population needs in their access to medical services, the Ministry of Health (MOH), Recovery Project Office (RPO) of MOH, National Health Service of Ukraine (NHSU), local authorities, healthcare facilities, and other stakeholders should be equipped with a tool to calculate the cost of PTS to include its rate in their operational budget and its provision to their scope of services.

The first stage of this work covered by this Grant will assess patients with needs in certain groups of key medical interventions, for instance, chemotherapy, radiological treatment, hemodialysis, and peritoneal dialysis, because of the following assumptions and findings:

1. These patients are mostly known and registered by local HCFs, so they can be easily identified and calculated.
2. As per historical data from other countries, these services take roughly up to 50% of the demand for transportation services, so by calculating costs for a couple of services, the Grant covers calculation related to about half of the demand for PTS.
3. While for other categories of beneficiaries who lack of access to specialized health care (SHC) may carry outlying consequences, interruption of the mentioned services will cause patients death.

## 3.2. Grant Objective

This Grant aims to help the key stakeholders (NHSU, MOH, RPO, LAs, HCFs) better estimate the cost of PTS to make respective budget adjustments and establish formal service provision of the selected HCFs, enhancing the connection of the population with health services in one of the high-priority regions (Kyiv, Chernihiv, Kharkiv, Dnipropetrovsk, or Kherson regions).

## 3.3. Indicators

Indicators are embedded in Section 3.6, Grant Milestones and Associated Timelines, for fixed amount awards.

## 3.4. Specific Statement of Work

Within the Grant, in coordination with USAID HRS, the Grantee will collect the data on self-run patients transportation services from the selected HCFs in the identified high-priority region. Also, Grantee will collect quotes for PTS from potential private vendors.

The Grantee will draft a proposed 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 cost model through efforts including but not be limited to:

- (1) choosing relevant data for collection and calculation;
- (2) designing approaches, sources, and research tools for the collection of relevant data from HCFs, patients, and vendors;
- (3) designing approaches for analysis of the collected data;
- (4) designing extrapolation techniques for calculating PTS costs for other HCFs and regions, at the national level, etc. .

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

## 3.5. Deliverables and Activities

The HRS technical team will provide specific technical direction throughout Grant implementation. The Grantee shall use their 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 the Grant period of performance.

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

While both the HRS team and Grantee will contribute to the Grant at all stages, some activities are to be led by the HRS team 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:

- Conducting the patients' preferences survey on current means of transportation used, costs of ride, distances to travel, willingness to use PTS if they are available etc.;
- Distances between patients' places of residence and health care facilities mapping;
- Quotes collection from the potential vendors for patients transportation;
- Information collection from the HCFs running PTS;

The Grant will consist of six (6) activities.

**Activity 1.** Overall project management and reporting.

- 1.1. Create a detailed work plan with the team's composition, roles, responsibilities, and timelines for each milestone.
- 1.2. Participate in regular follow-up activities with the HRS, for instance, but not limited to, weekly online meetings.
- 1.3. After implementing each activity, develop a report and/or other sets of information and data obtained during the implementation.
- 1.4. Develop a Grant Final Report (including but not limited to progress on all tasks under this Grant).

**Deliverables under Activity 1:**

- 1.1. Detailed Workplan.
- 1.2. Minutes of meetings or/and other tools to track the follow-up activities.
- 1.3. Intermediate reports and/or datasets as explained in the description of each activity.
- 1.4. Grant Final Report.

**Activity 2.** Conduct patients' preferences survey.

- 2.1. Develop data collection tools (may include interviews within survey, focus group discussions, requests, others) suggested by evidence, context, expert opinion and/or other for use by the Grantee upon approval by HRS. During the data collection, the following information should be gathered: Would patients use PTS if they could so; what is the distance from their place of residence to the closest HCF, in km; the time needed to reach an HCF with public transportation; any other information required for calculation, agreed upon with HRS.
- 2.2. Develop data verification and analysis tool(s) to proceed with the obtained data.
- 2.3. Conduct a pilot of the patient survey for a small sample of participants.
- 2.4. Develop a report on the piloting of the stages with the proposed amendments.
- 2.5. Finalize the methodology, protocol, research tools, etc.
- 2.6. Conduct patients' preferences survey using developed methodology and tools.

**Deliverables under Activity 2:**

- 2.1. Develop data collection tools (MS Word/MS Excel).
- 2.2. Pilot and verify data using analysis tools (MS Excel/other if applicable).
- 2.3. Report on piloting (MS Word/MS Excel/MS PowerPoint)
- 2.4. Finalized questionnaires, guides, methodology, research protocols, and other tools to incorporate lessons learned in piloting (format as per 2.1., 2.2. respectively).
- 2.5. Patient preferences survey results (MS Word).

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

**Activity 3.** Map distances from patients' places of residence to HCFs, ensuring depersonalization measures are applied.

- 3.1. Collect depersonalized information of patients' places of residence (approximate – on the level enough for calculation of the distance) from the patients' preferences survey.
- 3.2. Request remaining depersonalized information of patients' places of residence (approximate – on the level enough for calculation of the distance) from the HCFs (extracted from eHealth or medical records).
- 3.3. Develop a database with information about distance and zone of patient travel needs.

**Deliverables under Activity 3:**

- 3.1. Develop a list of approximate locations from the survey.
- 3.2. Develop a list of approximate locations from eHealth and medical records pull from HCF records.
- 3.3. Develop a database with locations and driving distances to the HCFs.

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

**Activity 4.** Collect quotes for PTS from potential vendors.

- 4.1. Map vendors who provide or may provide PTS in the area of responsibility of the HCFs.
- 4.2. Request and analyze quotes (per average ride, per km, and others if applicable).

**Deliverables under Activity 4:**

- 5.1. Develop a list of potential vendors (MS Excel).
- 5.2. Develop a list and results of the analysis of quotes (MS Excel).

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

**Activity 5.** Gather data about sample PTS already run by the municipal HCFs, LAs, and other entities.

- 5.1. Select HCFs or other entities in the HCFs' area of responsibility which have been running full of partial formal or informal PTS.

- 5.2. Design a questionnaire to engage with HCF to solicit information about the frequency, provider, and cost of existing PTS.
- 5.3. Collect information on PTS services provided in the selected HCFs or other entities.

**Deliverables under Activity 5:**

- 5.1. Develop a list of the selected HCFs or other entities with the described scope of coverage of the population with PTS (MS Word).
- 5.2. Create a dataset for calculation of the cost (MS Excel).

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

**Activity 6.** Support in the development of an analytical report with study results and recommendations.

- 6.1. Support in the development of an analytical report by adding data and findings obtained during the study within Activities 2-5.
- 6.2. Develop presentation materials and other requested information for the local stakeholders meeting(s) (HCFs, local authorities, 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.
- 6.3. Contribute to the development of the analytical report and recommendations and dissemination of findings.
- 6.4. Develop presenting materials, technical briefs, infographics, and other requested materials for the national (MOH, NHSU, and others) and international stakeholders meeting(s) and workshops 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 6:**

- 6.1. Develop an analytical report (MS Word).
- 6.2. Present materials and other requested information for the series of meetings and capacity-building activities (MS PowerPoint, MS Word), including (but not be limited to):
  - 6.2.1. meeting(s) with regional health authorities, HCFs, hromadas, rayons, MOH, NHSU, Ministry of Finance, and other national and international stakeholders;
  - 6.2.2. workshop(s) for local health authorities, MOH, NHSU, Ministry of Finance, and other national and international stakeholders.
- 6.3. Develop reports on meeting(s) and capacity-building activity(s) with the stakeholders in accordance with HRS reporting requirements.

All deliverables under Activity 6 should be developed by the Grantee and approved by HRS team.

### 3.6. 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:

#	Milestone	Milestone verification	Expected date of completion
1.	Design survey instruments for collecting data from the patients. Design interview instruments for collecting data from the HCFs/LAs. Design interview instruments for collecting data from the potential vendors.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	September 15, 2023
2.	Support in the development of the methodology of the study.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	September 22 2023
3.	Conduct the patients survey. Complete the distance mapping.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	October 30, 2023
4.	Collet data from the HCFs/LAs and the potential vendors.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	October 30, 2023
5.	Support in the development of an analytical report with study results and recommendations.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	December 4, 2023
6.	Develop presenting materials for the stakeholder meetings and workshops.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	December 11, 2023
7.	Conduct the stakeholder meetings and workshops for the regional health authorities, HCFs, hromadas, rayons, MOH, NHSU, Ministry of Finance, and other national and international stakeholders.	To be proposed how the Grantee will document the completion of the product, task, deliverable, or goal	December 31, 2023

### 3.7. 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,
- procurement experience, particularly with transportation vendors,
- interaction with and engaging HCF management and local authorities,
- 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.

### 3.8. Grant Program Expected Results

**Key expected results:**



Outputs:

I technical report with the summary of the estimations of the cost of the PTS in selected HCFs based on the developed methodology developed.

I model developed for estimating the cost of PTS for selected health services in selected HCFs, with the tools for extrapolation to other HCFs, patient categories, regions, and national levels.

Short-term outcomes:

At least one local or national stakeholder understands better how to estimate the cost of PTS and how to match this need with the available limited funding.

At least one stakeholder committed to considering the report results for the PTS implementation.

Long-term outcomes:

Patient transport services are appropriately provided and financed for universal health coverage.

Patients have greater access to care, particularly for life-threatening conditions

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## 4 TECHNICAL APPLICATION CONTENTS

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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 existing challenges/barriers for patients to access needed services. Please, describe both aspects, cost and/or availability.
- Please, define the target audience for developed recommendations and their impact on decision-makers and/or patients.

#### - **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

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## 5 BUDGET CONTENTS

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### 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.

Suggested milestones can be found in section 3.6, Grant Milestones and Associated Timelines.

### 5.2. COST SHARE

Cost sharing is not a requirement for RFA #50

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.

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## 6 SELECTION

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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
<b>Total points</b>	<b>100</b>

### **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.

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## 7 REFERENCES, TERMS & CONDITIONS

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

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

### 7.2. Terms and Conditions

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

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