REQUEST FOR PROPOSALS (RFP)
#UKRSAFEMED122A

Name of the RFP	**Regional assessment of how procurement practices maximize the use of resources, improve transparency, adhere to the procurement process, and ensure access of patients' to procured medical commodities of the "Medical Procurement of Ukraine"**

"Management Sciences for Health, Inc." (MSH), implementing the USAID Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) Project, invites you to submit a proposal following the requirements of this request.

Proposals must be received no later than the date and time listed in the table below:

Date of request for proposal:	July 21, 2023
Final date for submitting questions:	July 28, 2023, by 6:00 pm Kyiv time
Final date and time of submission of the proposal:	August 4, 2023, by 6:00 pm Kyiv time
Contact Information:	ua-safemed-procure@safemedua.org

Full description of needs / Terms of reference / Specifications

1. General background information

To support the Ministry of Health of Ukraine of Ukraine (MOH) efforts, the United States Agency for International Development (USAID) awarded an 8-year contract for Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) to Management Sciences for Health (MSH) in September 2017.
SAFEMed applies health system-strengthening best practices to create evidence-based interventions and strengthen Ukraine's pharmaceutical system in line with the MOH's health care reform objectives.
SAFEMed has three primary project objectives working in unison towards achieving a sustainable healthcare system in Ukraine:

1) Strengthening governance within the pharmaceutical sector of Ukraine;
2) Optimizing the financing of the pharmaceutical sector;
3) Increasing the availability and appropriate use of medicines in Ukraine.

Advancing Public Procurement Instruments and Operations, Centrally and Regionally is one of SAFEMed's streams, which involves providing comprehensive support to the MOH and State Enterprise (SE) "Medical Procurement of Ukraine" (MPU). MPU is a well-performing entity within the MOH with a strong history of integrity and good performance. Building off this positive history is the desire of Ukraine MOH to expand the responsibilities and functions under MPU control in order to establish a full cycle national procurement and supply chain entity.

As part of technical assistance, the USAID SAFEMed project supports the MOH and MPU to improve national procurement practices and ensure better public access to essential medical commodities. Among

other things, one of the identified development areas is to support expansion of the MPU best procurement practices to the regional procurement level to ensure transparent, timely, and efficient procurement practices. Regional bodies, including hospitals and regional health authorities, are contracted by the National Health Service of Ukraine (NHSU) to provide health services to the Ukrainian population. These regional bodies are potential regional public customers for MPU.

eCatalog or Prozorro Market is one of the procurement instruments, voluntary for healthcare institutions and is an alternative to the use of the simplified procedure and to procure through a direct contract. On April 20, 2020, changes to the Law of Ukraine "On Public Procurement" were adopted, which introduced the term 'electronic catalogue". eCatalog, or Prozorro Market, was launched in 2019 as a pilot and was therefore introduced with the adoption of the Regulation of the CMU No 822 dated 14 September 2020 "On Approval of the order of formation and usage of Electronic Catalog". On February 28, 2022, when martial law was introduced, the eCatalog was further regulated by Regulation No169, which cancelled the limitation for the amount of procurement through eCatalog to allow for more products to be added and made available for procurement. MPU administers the health component of eCatalog. The main goals of creation of eCatalog are:

- Eliminate corruption risks
- Reduce administrative efforts for selection and qualification of suppliers
- Minimize lead time of procurement
- Receive a competitive price from suppliers through the procedure of price request

The eCatalog instrument has the potential to expand. Yet among the weaknesses preventing its further development and commercialization is insufficient awareness among regional purchasers.

2. Purpose of Study

The purpose of this study is to assess and identify the best procurement practices that can maximize the use of resources, improve transparency, ensure compliance to the procurement process, ensure access for patients to quality products, and identify areas of improvement for MPU at the regional level. The study participants for this study are in three categories at the regional level:

1) decision-makers in the procurement process at the regional level;
2) the heads of hospitals and medical facilities at the regional level and
3) patients that utilize medicines procured at the regional level.

The primary objectives of this assessment are to:

- Among decision-makers in the procurement process at the regional level, identify existing and new approaches to optimize the procurement process with regard to maximizing resources, improving transparency, ensuring impartiality and adherence to compliance during the procurement process, and expanding patients' access to procured medical commodities.
- Among heads of hospitals and medical facilities at the regional level, identify the strengths and gaps of current regional procurement practices including, assess the utility of procurement electronic systems and electronic tools (eCatalog and Prozorro), and to outline future areas of support and improvements for procurement at the regional level.
- Among patients that utilize medicines procured at the regional level, identify facilitators and barriers to patients' access to the governmentally ensured quality medical commodities, including their experience accessing medications, and their perceptions of the procurement system advantages, successes and gaps, as main stakeholder of the process.

3. Description of services

Proposed research design and methods

Research Questions	Methods*	Participants
1. What are the optimal procurement processes that maximize resources, improve transparency, and adhere to compliance of processes?	Option 1: In-depth-interviews Only Option 2: Sequential Mixed Methods: 1. In-depth-interviews and 2. Quantitative Survey	Decision-makers in the procurement process at the regional level
2. How are the current electronic systems and tools used in the procurement process and what are areas for improvement?	Option 1: In-depth-interviews Only Option 2: Sequential Mixed Methods: 1. In-depth-interviews and 2. Quantitative Survey	Heads of hospitals and medical facilities at the regional level
3. What are the facilitators and barriers to patients' access to procured medicines?	Option 1: Sequential Mixed Methods: In-depth-interviews first and then transcribe, analyze, and produce Quantitative Survey which can reach more patients	Patients that utilize medicines procured at the regional level; can also be from patient organizations

* *Considerations about seniority and managerial levels within a focus group so others are free to speak. Scheduling considerations for in-depth interviews with heads of hospitals and decisions makers. Considerations for confidentiality with patients around medicines use.*

Period of provision of services:
See attached timeline in Annex 4.

Contract type: it will be a fixed-price contract with the deliverable basis payment scheme in UAH without VAT after completion of each implementation phase.

The contractor is expected to implement the following tasks:

- Development of a Complete Protocol that includes:
  - ✓ study background and significance (references provided),
  - ✓ primary objectives of the study,
  - ✓ scientific design of the study including overall methodology,
  - ✓ detailed data collection methodology for qualitative and quantitative data and the rationale for each method with each of the three participant groups,
  - ✓ sampling methodology for each level of data collection or target group (see participant group below),
  - ✓ sample size calculation (representative sample with appropriate margin of error/confidence intervals) with appropriate justification, (see below for 5% or 10% margin of error and 95% confidence intervals).
  - ✓ detailed recruitment process of participants including inclusion/exclusion criteria, recruitment script, and description of how participants will be contacted,
  - ✓ consent process (consent script to be included) and how consent is obtained,

- ✓ analytic plan for the qualitative (thematic, content, grounded theory, etc.) and quantitative (frequency distribution, description analysis, etc.) data,
- ✓ data management and storage procedure (how data will be managed, stored, and destroyed to ensure confidentiality),
- ✓ description of how data collectors will be trained to ensure adherence to national and international best practices for research ethics
- ✓ detailed study timeline with due dates for feedback from MSH, MOH. and MPU, etc.
- ✓ expected products, target audience, and dissemination approach.

- Development Key Findings and reporting: based on the key findings and on the mapping of regional procurement practices, propose actionable recommendations for MOH and MPU for the following areas:
  - ✓ Strengthening procurement practices on regional level,
  - ✓ Improving services provided by MPU to regional customers,
  - ✓ Enhancing eCatalog as procurement instrument,
  - ✓ Improve legislation context for regional procurements,
  - ✓ Optimizing use of resources including knowledge of forecasting and stock management,
  - ✓ Communicating a need for capacity building and trainings on regional level including on compliance and anti-corruption,
  - ✓ Identifying and offer mitigating reasons for lack of access to medicines for patients including through improvement of patients' knowledge of MOH tools and services.

- Development of all quantitative and/or qualitative data collection tools (See example for questions below) required for the assessment along with Recruitment and Consent scripts
- Development of any training materials for data collectors in alignment with IRB/GDPR standards for human subject research.
- Complete Protocol and Data Collection Tools in both Ukrainian and English, including the MSH Research and Primary Data Collection Summary form for approval of Scientific Committee prior to local IRB submission (see Annex 5).
- All required steps and materials required for local IRB submission and approval process.
- Data collection process:
  - ✓ Conducting the actual data collection process according to the approved protocol and data collection tools
  - ✓ Implementing the qualitative and/or quantitative data collection methods as outlined in the protocol
  - ✓ Ensuring adherence to research ethics and best practices during data collection
  - ✓ Managing and organizing collected data for analysis purposes
  - ✓ Maintaining confidentiality and privacy of collected data throughout the process
  - ✓ Monitoring the progress of data collection and addressing any issues or challenges that may arise
  - ✓ Collaborating with data collectors and participants to ensure accurate and complete data collection
- Development of the report in Ukrainian and English based on the results of the study, elaboration of the conclusions (can be structured as a SWOT analysis) including descriptions of the medical procurement legislation context, study objectives, applied methodology, key findings, and actionable recommendations with respect to the highlighted objectives.

- Presentation of the findings to USAID, SAFEMed and MOH / MPU representatives. All materials, including the protocol, data collection tools, and report, should be provided in both Ukrainian and English languages. This will ensure effective communication and understanding among all stakeholders involved in the study.
- Ensure that sampling methodology includes the following considerations:
  - ✓ Development of sampling for selection of regional health care facilities: Within the seven regions already identified (Kyiv, Lviv, Odesa, Chernihiv, Dnipro, Kharkiv, Poltava), between 10-13 regional and sub-regional health facilities will be selected based on:
  - ✓ Health Facilities the procure the thirty most common products (based on procurement amount on annual basis during last 2 years). This information can be compiled together with SAFEMed and also on the basis of SMD analytics based on amounts of procurement.
  - ✓ Consider low and high performing facilities in procurement process
  - ✓ Within HFs, participants will be selected based on:
  - ✓ Representation from procurement personnel, management personnel, others who are involved in procurement process For example, within each regional facility, data collection should include personnel directly involved in the procurement process, decision-makers involved in procurement. See inputs below for study size calculations.
  - ✓ Sampling for patients: methods should be based on the practicality of recruiting patients in a hospital setting, maintaining patient confidentiality, and that patients may only have a brief amount of time to provide feedback. Expected sample size based below and selection shall be focused on different sub-groups – experienced patients, one-time service users, whose who help access the treatment for their relatives, etc.

* *Due to limited resources and the unpredictability of an active war, the quantitative survey can be conducted over the phone or online, per the recommendations of the vendor in the proposal. Based on the proposed method, the vendor should describe their approach to achieving a high response rate.*

Sample Size Calculations with 95% interval and 10% margin of error in all regions of Ukraine

Parameter	Quantity	Confidence Interval	Margin of Error	Minimum Sample Size for Quantitative Survey	Sample Size for Qualitative Interviews/ Focus Groups
Total number of regions	21	1.96 (95%)	10%	5-7	7 regions
Total Regional Hospitals in Ukraine	3200	1.96 (95%)	10%	94	21 regional hospitals
Total procurement specialist in Ukraine	2500	1.96 (95%)	10%	94	21 interviews (3 per region)
Total heads of hospitals/decision-makers in Ukraine	3200	1.96 (95%)	10%	94	21 interviews (3 per region)
Total patients in the regional hospitals in Ukraine	15 mln	1.96 (95%)	5%	385	5-10 patients or Focus Groups

Sample Size Calculations with 95% interval and 5% margin of error in all regions of Ukraine - could consider for quantitative survey

Parameter	Quantity	Confidence Interval	Margin of Error	Minimum Sample Size for Quantitative Survey	Sample Size for Qualitative Interviews/ Focus Groups
Total number of regions	21	1.96 (95%)	5%	21	
Total regional hospitals in Ukraine	3200	1.96 (95%)	5%	343	
Total procurement specialist in Ukraine	2500	1.96 (95%)	5%	333	
Total heads of hospitals/decision-makers in Ukraine	3200	1.96 (95%)	5%	343	
Total patients in the regional hospitals in Ukraine	15 mln	1.96 (95%)	5%	385	

4. Qualification requirements

In order to participate in this tender process, the bidder must comply with the following requirements:

- Legally registered in Ukraine.
- Experience with public medical procurement context or experience within the area of sociological assessments, public studies not less than 3 years, including proven experience with research methods, sampling, data management and analytics, and research ethics.
- Possibility to conduct services as per full scope, mentioned in this Scope of Work.
- Validity of the proposal for 120 calendar days.
- Acceptable payment terms (payment on delivery without VAT during 10 bank days after each implementation stage).

5. Terms of payment and requirements for VAT exemption

The SAFEMed project is entitled to tax benefits and is exempt from VAT on goods (works, services) purchased in the customs territory of Ukraine, so payment for services is made without VAT. Applicants who are VAT payers must be ready, in case of acceptance of the tender offer, to go through the procedure of exemption from value-added tax (see "Requirements for exemption from VAT").

SAFEMed project address	3 Ivan Franko Street, office 29, 01030, Kyiv, Ukraine
Payment terms	**Bank transfer without VAT. Payment during 10 business days from the date of invoice and provision of services. Payment after implementation of each phase.**
Requirements for exemption from VAT	The Safe, Affordable and Effective Medicines for Ukrainians (Safe and Affordable Medicines) - SAFEMed project is an international technical assistance project implemented in Ukraine with the financial support of the United States Agency for International Development (USAID),

	Agreement No. AID-121-C -17-00004, following the Agreement between the Government of Ukraine and the Government of the United States of America on humanitarian and technical and economic cooperation of May 7, 1992 (hereinafter - the "Agreement"). The project purchases goods, works and services from the Tender Winner following the above Agreement and the Procedure for Attracting, Using and Monitoring International Technical Assistance, approved by the Resolution of the Cabinet of Ministers of Ukraine of February 15, 2002, N 153 (153-2002-п) "On creation of a unified system for attracting, using and monitoring international technical assistance". The cost of such goods, works and services is exempt from value-added tax. Procurement of goods, works and services is carried out at the expense of the international technical assistance project and corresponds to the category (type) of goods, works and services specified in the procurement plan. The winner will be provided with a package of documents for exemption from VAT, namely: 1. Copy of the registration card of the Project, within which the purchase of goods, works, services are provided, certified by the seal of the Project. 2. Copy of the procurement plan, certified by the seal of the Project. 3. Copy of the contract for the provision of services, certified by the signature and seal of the Project. The SAFEMed Project Accountant upon request can provide additional clarifications on the VAT exemption procedure.

6. Submission of proposals

To participate in the tender, please submit your proposal in electronic form to the address: ua-safemed-procure@safemedua.org until **August 4, 2023, by 6:00 pm Kyiv time**. The copies of the documents provided must be legible and of good quality. The participant is responsible for the accuracy of the information provided in his price offer.

All questions and clarifications related to this request for proposals should be sent to: ua-safemed-procure@safemedua.org

7. Content of the proposal

Proposals should be submitted by two separate files in pdf with the following information:

1. Technical proposal.
2. Cost Proposal.

Proposals should be submitted in English and Ukrainian. Registration documentation does not require translation and should be submitted in the origin language.

7.1. Technical proposal:

7.1.1. Required copies of documents under the qualification requirements:

- Registration documents of a legal entity;
- Confirmation of compliance with qualification requirements (see Annex 1).

7.1.2. Full contact information of the participant:

- Legal name, physical and legal addresses;
- VAT payer registration number, EDRPOU identification code;
- Contact details for explanations and clarifications.

7.1.3. Participant`s portfolio:

- Information on experience with public medical procurement context or experience within the area of sociological assessments, public studies not less than 3 years, including proven experience with research methods, sampling, data management and analytics, and research ethics.
- List of similar assessments, conducted within the period of 2015-2022 and a sample of similar or previous reports to demonstrate what was the objective of the study and the way how it had been conducted.
- Information on experience in conducting national surveys and, public opinion polls, conducting qualitative research with focus groups and in-depth interviews, and using different sociological approaches and tools.
- Information about research team, including manager, coordinating the assessment: list of team members, their qualifications.

7.1.4. Methodology:

- Detailed description of all protocol requirements as listed under description of services above.
- Completed table (see Annex 2).

Please send your proposed approach to developing and implementing the research methods to meet the criteria in the Scope, including the time frame and sampling for each component, in the technical proposal template. The number of pages should be from 3 to 5.

7.1.5. Previous work experience/references:

- If you have not provided services for MSH in the last 3 years, please provide contact information of 3 current/former customers for recommendations or reference letters.
- Information on experience with international organizations and/or technical assistance projects *(if available).*

7.2. Cost Proposal

Information on the total cost of services for the organization and conduct of regional assessment:

- overall summary budget;
- the detailed budget of the assessment, split as per different stages of the assessment: Preparation, Research Study Design, Data Collection, Storage, and Processing, Data Collection for of the data and Conducting of the Interviews/Survey – with clear explanation of each study participant group and locations, Quantitative and Qualitative Data analysis approaches, Report preparation, Presentation, Administrative costs, etc.

Prices must be offered in UAH without VAT.

8. Evaluation criteria

Technical and cost proposals will be evaluated according to the following criteria:

Evaluation criteria	Maximum number of points
Compliance with qualification requirements "YES / NO"	
- Legally registered in Ukraine - Experience with public medical procurement context or experience within the area of sociological assessments, public studies not less than 3 years, including proven experience with research methods, sampling, data management and analytics, and research ethics - Demonstrated ability to conduct services as per full scope, mentioned in this Scope of Work - Validity of the proposal for 120 calendar days - Acceptable payment terms (payment on delivery without VAT during 10 bank days after each implementation stage)	YES / NO If there is at least one "NO" answer, the tender offer will be rejected
A. Experience and ability to meet the scope of work	
Clear description of the proposed methodology/ technical approach including: - The responsiveness, clarity, and quality of the technical approach proposed - Demonstration of expertise in the methods outlined in the Scope - Detailed steps of data collection, processing, and analysis for each research question and all required questions and information filled in technical proposal template	50
Past performance/ references: - Offeror's portfolio and successful proven past experience in performing similar assignments, sample provided - Level of expertise of the proposed research team - Availability of contact information of 3 current/former customers or reference letters - Experience of cooperation with international organizations or technical assistance projects	20
B. Cost of services	
Costing realism and best value principle	30
Maximum Total Score	**100**

9. Work Product/Intellectual Property Requirements

Any materials, data or work that are transferred under this project in the process of its implementation shall be considered confidential. The Contractor has no right to transfer any information to third parties without receipt of the preliminary approval by the persons authorized by the SAFEMed project.

"Work Product" shall consist of all deliverables and other data, information, designs, know-how, software, inventions, and other material and intellectual property in all media and forms now known or hereafter developed or prepared in the course of, or resulting from, the performance of services. The service provider acknowledges that:

1. MSH, or such party as MSH may designate, shall retain all title to and all rights in any Work Product provided by the Vendor.
2. Work Product shall be the sole and exclusive royalty-free property of MSH, or any party that MSH designates, and shall be deemed to be a "work made for hire" in the course of services' performance. This shall include intellectual property not first developed in the course of, or resulting from the service performance, but which is incorporated in any deliverable provided by the Vendor to MSH.
3. If title to any Work Product may not, by operation of law, vest in MSH all title to and rights and interest therein are hereby irrevocably assigned by the Vendor to MSH, or such party as MSH may designate.
4. The Vendor agrees to take all such other actions as may be reasonably requested by MSH to carry into effect the provisions of the Work Product/intellectual property requirement, including, without limitation, the execution of assignments, copyright registrations, and patent applications.

MSH holds its tenders based on value for money principle; therefore, none of the criteria is prevailing. All quotes will be considered and evaluated based on the aggregate criteria.

- *Quotes submitted after the deadline has passed or that do not include all of the information requested will be rejected.*

- *This RFP is non-binding and in no way obligates MSH to award any contract. MSH reserves the right to purchase any or all of the items requested, to adjust quantities if necessary, or to make no purchase. Firm commitment to purchase is not established until MSH issues a written order. MSH will not pay for vendors quote preparation costs.*

MSH procurement staff are instructed not to request or accept any commission relating to this order, and MSH has procedures in place to detect such payments. Please do not offer or pay any such commission, as this could result in your quotation being rejected. Please report any MSH representative asking for such a payment to the following email address: auditcommittee@msh.org

ANNEX 1

Compliance with qualification requirements

Company Name:			
No.	**Qualification Requirements**	**YES/NO**	**Comments**
1	Legal Ukrainian registration		
2	Experience with public medical procurement context or experience within the area of sociological assessments, public studies not less than 3 years, including proven experience with research methods, sampling, data management and analytics, and research ethics		
3	Technical capacity to provide services as per full scope, mentioned in the Scope of Work		
4	Validity of the proposal for 120 calendar days		
5	Acceptable payment terms (payment on delivery without VAT during 10 bank days after completion of each implementation stage)		

Date:

Signature:

ANNEX 2

Complete table:

Parameter	**Quantity**
Total number of regions[1]	24
Regional Center	24
City	490
urban-type settlements	885
rural settlements	28,377
Number of regions in the study	
Regional Center	**Kyiv, Lviv, Odesa, Chernihiv, Dnipro, Kharkiv, Poltava**
City	
urban-type settlements	
rural settlements	
Total number of medical facilities in Ukraine	**3200**
	1469
City	**459**
urban-type settlements	**886**
rural settlements	**27163**
Number of medical facilities in the study	
Total number of procurement specialists	**2500**
Number of procurement specialists in the study	
Total number of hospital managers	**3200**
Number of hospital managers in the study	
Total number of patients	**15.6 mln**
Number of patients in the study	

https://goodcalculators.com/sample-size-calculator/
https://www.bbc.com/news/world-europe-60506682 At present, there are four regions under temporary occupation along with the Autonomous Republic of Crimea and the city of Sevastopol.
https://suspilne.media/478585-vid-pocatku-cogo-roku-ukrainci-pocali-castise-zvertatisa-do-likariv-opendatabot/
https://niss.gov.ua/news/komentari-ekspertiv/resursy-systemy-okhorony-zdorovya-v-umovakh-viyny-zhovten-2022r

ANNEX 3

Additional Questions for data collection tools and context to consider for sampling

- What are the characteristics of procurement specialists / managers / decision-makers (including education level, attitudes, and practices) of the regional entities involved in procurement? Characteristics would also include their roles and responsibilities in the procurement and budget allocation process, any duplication or functions, and the level of coordination between various interconnected functions.
- What is the typical profile of the purchaser: an individual person in the staff, or the chief accountant, economist, etc. What is the education. What are the responsibilities. Do they overlap with any other employees. Is this person engaged in the budget allocation process, in stock management process.
- How are resources used and what are the regional procurement bodies' approaches to forecasting, planning of resources and budget allocations including from different sources (NHSU, local governmental bodies, charity organizations, etc.): patients' coverage by treatment, EML, quantification.
- What are the standard procurement SoPs / and guidelines? What are the approaches used by regional bodies to establish and conduct procurement process: availability of written SoPs / guidelines for pharmaceutical procurement, knowledge and adherence to Pharmaceutical Procurement Practices.
- What is the utility of instruments and tools utilized in the procurement process? (e-catalogue or regional budget procurement) What are the knowledge, adherence, potential benefits, and disadvantages from the perspective of the regional entities over use of MPU services and instruments, such as e Catalog. Discover gaps and most common complaints, which encounter regional purchases while using e Catalog and proposals for improvement of such gaps.
- What are the gaps and inefficiencies within the procurement process? Describe typical gaps, problems, inefficiencies, violations and missed opportunities encountered during the procurement process from the perspective of health facility procurement personnel and patients through research on the level of hospital procurement practices. This study can be also supplemented through the data provided from bodies dealing with corruption prevention activity, monopoly prevention, such as AMCU (Anti-Monopoly Committee of Ukraine).
- What exactly do Healthcare Facilities do not like in public procurement process. What is requested to be corrected/improved.
- Personnel turnover in procurement. How often do hospitals replace employees who are directly involved in procurement.
- What are the most typically procured commodities (drugs and medical devices).
- What is the optimal delivery lead time from announcement in the Prozorro system to requested delivery date.
- What kind of capacity building/training is there in procurement? Identify purchasers' specific skills and knowledge gaps as well as availability of procurement trainings and purchasers' access to such trainings.
- What are the expectations and areas of improvement for MPU? Identify regional purchasers' expectations about MPU and e Catalog as a procurement instrument, expectations for trainings and improvements, including compliance and anti-bribery policies. Identify the concerns of potential customers that may hinder the provision of MPU's procurement services and instruments.
- What is the availability of medicines for patients (patient organizations)? Explore patients' experience with access to the treatment within guaranteed medical services package, access to medical commodities provided via MOH central procurement programs, conducted by MPU, and

access to commodities procured on the regional level. Learn from the patients' perspective on knowledge of MPU's tools and services, such as chat bot, communicating on the medicines availability or pipeline.

- What budgets are spent on health care and medical care in terms of regions/healthcare centers.

Questions around Prozorro Marker (e-catalog)

- Study on the level of knowledge and adherence of Prozorro Marker (eCatalog) as a procurement instrument by the regional purchasers, sample size as described in p.5 above but not less than 10-15 Healthcare facilities around Ukraine who use and don't use Prozorro Market to have a purposeful sample.
- Identify the ways to collect the information in the following areas of Prozorro Market usage by the Healthcare Facilities:

- The most popular type of procurement of Healthcare Facilities, its advantages, and disadvantages.
- Comparison of the Prozorro Market with the most popular type for procurement by Healthcare Facilities in terms of procurement period, admin. resources spent on procurement, the level of competition (Prozorro Market vs open bidding according to Resolution 1178).
- What are the barriers for using the Prozorro Market by Healthcare Facilities: what exactly they do not like about Prozorro, awareness of this tool, experience of using it, is there a request for training.
- Identify the ways to collect the information in the following areas of Prozorro Market usage by the Healthcare Facilities:
- What are the terms of delivery usually indicated by Healthcare Facilities when announcing their purchases in Prozorro. Do they take lead times into account. How do they consider available stocks and pipelines.

Questions and data collection consideration around patient access to medicine:

- The study should include the availability of medicines for patients, access to information by patients, such as guaranteed medical services package, knowledge by patients of SE MPU tools (like a chat bot) which help to improve patients access to information of products' availability.

ANNEX 4

Provisional schedule of the main stages of the research[2]

Services provision phases	Services Description	Results	Weeks					
			1-5	6-11	12-18	18-22	23	24
Phase 1	Development of Protocol and data collection tools for conducting of the assessment with SAFEMed collaboration in English and Ukrainian (input from MOH and MPU) (4 weeks)	Protocol and data collection tools for assessment developed in English and Ukrainian.						
	Review protocol and data collection tools with HQ MEL liaison (Kristin) (2 weeks)	Reviewed protocol and data collection tools						
	Make necessary revision and complete MSH protocol summary form for Science Committee	Revised MSH protocol summary form						
	Submit to MSH Science Committee (5 days) and respond to all feedback (2-3 days)	Submitted protocol and responded to feedback from the MSH Science Committee.						
	Submit to Local IRB (15 days)	The protocol was submitted to the local IRB and approved						
Phase 2	Conduct Field Qualitative Data Collection (in-depth interviews and focus groups)	Interview audio records, their transcripts and filled informed consent forms						
	Data Processing and Analysis of Qualitative Data	Qualitative data processed and analyzed						
	Quantitative Data Collection (Survey)	Survey data collected						
	Data Processing and Analysis of Quantitative Data	Quantitative data processed and analyzed						
	Consultation of Mixed-Methods results	Consultation of Mixed-Methods results						
	Reporting on data collection results	Data sets (sav. and excel).Technical report (in Word format)						

[2] Provisional timeline, to be confirmed upon selection of the tender winner

Phase 3	Preliminary report with all sections completed	Analytic report in doc. and pdf. formats in English and Ukrainian						
	Feedback from SAFEMed, MOH, and MPU on report	Feedback from SAFEMed, MOH, and MPU on report						
	Incorporate feedback into final report	Analytic report in doc. and pdf. formats in English and Ukrainian						
	Preparation of a brief description of the survey results in Power Point format	Report-digest in Power Point in English and Ukrainian						
	Presentation of the survey results to the Customer	Results presentation						

ANNEX 5

SAFEMed PROTOCOL TEMPLATE

Technical Proposal Requirements:

CONTENTS

SECTION A. KEY STUDY INFORMATION:

1. Title of study/primary data collection activity
2. Country/Countries of study
3. Principal Investigator's name and title (Email address)
4. Second investigator's name and title (Email address)
5. Other Co-investigator's names and titles (Email address)
6. Start date of study
7. End date

SECTION B. STUDY SETTING:

1. Describe the specific site(s) where research activities will take place (geography, institution(s), facilities, homes, etc.)

SECTION C. STUDY BACKGROUND/OBJECTIVES:

1. Study Background & Significance
2. Primary study objectives and research questions

SECTION D. STUDY DESIGN:

1. Succinctly describe the type of study, overall methodology and any frameworks or models being used or tested.

SECTION E. RESEARCH SUBJECTS/STUDY PARTICIPANTS:

1.Will the study involve quantitative data collection?

If yes, what type(s)?

If yes, indicate the sample size for all types of quantitative data

2. Will the study involve qualitative data collection?

If yes, indicate what type(s)?

If yes, indicate the sample size for all types of qualitative data

3. Detailed description Sampling methodology with calculation and formulas (Quantitative and/or qualitative).
4. What criteria will be used to select research subjects/primary data collection study participants (both inclusion and exclusion)?
5. Will children or other vulnerable population groups (pregnant women, children under 18 (or minor age as determined by in-country regulations), prisoners, etc.) be included in the study sample? Please describe.
6. What identifying information will be collected from research subjects/study participants?
7. Please describe the procedure for identification/recruitment of and contact with study participants (including duration and frequency of contact)
8. Will anthropometric data (human body measurement, primarily dimensional descriptors of body size and shape) be collected? Please describe.
9. Will medical test results or other records be collected? Please describe.
10. Will swabs, blood, tissue samples, or other biological specimens be collected? Please describe.

SECTION F. IMPLEMENTATION SCHEDULE:

1. Abbreviated timeline or schedule of the study. A more detailed timeline with the responsible party for each activity should be developed and added as an annex to this form.

SECTION G. RISK AND INFORMED CONSENT:

1. Description of the risks that participation in the study may pose to the participants
2. Will informed consent be obtained for subjects age 18 and over?
3. Will parental/guardian consent be obtained for subjects under age 18?
4. Will assent be obtained for subjects under age 18?
5. What is the proposed procedure for obtaining informed consent? (Type of consent, process for obtaining consent, storage of consent forms, etc.) If no written informed consent is being proposed, please describe the rational/justification for not obtaining written informed consent.

SECTION H. METHODOLOGY FOR DATA ANALYSIS AND DATA MANAGEMENT:

1. Describe the methodological/analytical approach to data analysis. Be specific and provide separate paragraphs for each strand of data collection activities (whether quantitative or qualitative).
2. Will pre-existing data be included in the analysis? If so, what are the data and how will they be used?
3. Describe data management and storage procedures. How will data be managed and stored for security and confidentiality? How will data be stored after the completion of the study and for how long?

SECTION I. DISSEMINATION OF STUDY RESULTS:

1. Describe the expected products that will document the findings of the research study/primary data collection activity. For each product please specify the primary intended audience and the expected methods for dissemination of the study findings (to be agreed with the customer).

SECTION J. HUMAN SUBJECTS REVIEW/IRB:

1. Name of proposed IRB(s)
2. Name of national IRB (including government or local university partner)
3. National IRB contact (name and email address)
4. Proposed date of protocol submission to national IRB
5. Date of national IRB response
6. Notes on national IRB response (i.e., duration of approval, special requirements before, during and after data collection, etc.)

ANNEX:

1. Informed consent
2. All research instruments (questionnaire, guide, etc.)