USAID
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USAID Health Reform Support

HEALTH REFORM SUPPORT

REQUEST FOR GRANT APPLICATIONS (RFA):

"STUDY ON EFFECTIVENESS OF FINANCIAL RESOURCES SPENT ON CANCER TREATMENT"

RFA # 202

A USAID/UKRAINE FUNDED PROJECT

December, 2023

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1 SUMMARY

1.1. 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.
5. Improve service delivery system at all levels.

1.2. USAID HRS Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support Project partners to conduct a study on the effectiveness of financial resources spent on cancer treatment with the highest mortality rate.

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 program is approximately eight (8) months, from February 1, 2024 to September 30, 2024. 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. 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: USAID Health Reform Support Project intends to award one (1) grant **up to** 6,550,000 UAH. Funding for this grant will be subject to donor approval and availability of funds. Funding will be disbursed to the Grantee in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on January 24, 2024. Questions should be received by close of business (COB) Ukraine local time on January 11, 2024, and responses to questions will be provided by January 12, 2024.

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. PROJECT IMPLEMENTATION TEAM (CVs)
- Annex C. Information of Previous Assistance Awards/Contracts

Attachment 2: Budget and Budget Notes

- Annex D. Supporting Data for Cost Estimates

Attachment 3: Information about Applicant

Attachment 4: Certifications and Assurances from Applicant

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

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# 202.
- 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 January 11, 2024 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By January 12, 2024, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Grants Portal (https://usaid-hrs.fluxx.io)
- An informational workshop (webinar) will be held on **January 8, 2024 at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua **by 11:00 local time, January 8, 2024.**

2.4. Applications Due Date and Time

Closing Date: January 24, 2024

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 Project anticipates the award of one **(1) Fixed Amount Award** in response to this RFA # 202 with the ceiling amount of up to 6,550,000 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 # 202.
- **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;
- Should not appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";
- Should not be individual, political party, any governmental entity(organization) or official whether at national or municipal level;
- Should not 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 demonstrate past performance in technical areas relevant to the scope of work and grant focus;
- The organization must demonstrate experience in working with health sector counterparts at the regional level etc.;
- The organization must demonstrate a high probability of success through a combination of past results, low risk, and professional performance;
- The organization's professional and technical qualifications, experience and communication skills that will be brought to this grant;
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest in implementation of the grant activities. Organization should not be a service provider in the area of grant focus or have depending relationships with such service providers;
- Experience in implementation of activities in the geographic area or technical area(s) for which it is applying is a plus;
- Skills and experience collecting and analyzing quantitative and qualitative data;
- Skills and experience in research ethics and best practices, preferably in informal payment surveys.
- Knowledge of Ukraine's ongoing healthcare reform, including primary healthcare financing;
- Knowledge and experience in conducting informal payment surveys for patient and medical staff would be an advantage;
- Proposed personnel with relevant experience (please, provide CV for project team). High quality clinical cancer experts must be fully involved at all stages of the grant program and within all components of the research.

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 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 and Specific Challenges to be Addressed by this Grant

In the process of planning and implementing healthcare reform in Ukraine, beginning in 2016 with a complete change in the architecture of healthcare, high cancer mortality rates (second only to cardiovascular diseases) made the coverage and promotion of early cancer diagnosis a critical priority. Another key consideration is the high cost of cancer treatment, which requires additional household expenditures (informal payments and out-of-pocket expenses) that are sometimes unaffordable and constitute a significant barrier to care. In most cases, cancer treatment is available only in state/community-owned hospitals, creating a monopoly and additional corruption risks.

After introducing the state-funded Program of Medical Guarantees (PMG) each year, financial allocations and associated tariffs for cancer treatment increased. In 2023, healthcare facilities (HCFs) will receive more than UAH 36,000 for chemotherapy treatment (without applying aging coefficients). However, this tariff does not always cover the entire treatment costs, often necessitating patients spend personal funds to cover the cost gaps at different treatment stages. Sometimes patients can participate in trials, but due to war-related disruptions to logistics, such treatment is not possible in Ukraine.

At this stage of Ukraine's healthcare system transformation and given the significant additional system burden due to the war, it is critical to conduct a study on the effectiveness of financial resources spent on cancer treatment in Ukraine, with a focus on the highest mortality rate.

Data analyses on the effectiveness of financial resources spent on cancer treatment with the highest mortality rates for males (bronchial, lung, and trachea – 21.2%) and females (breast cancer – 20.2%) will enable the development of recommendations for key national stakeholders (Ministry of Health of Ukraine and National Health Service of Ukraine) to ultimately have a positive impact on policy development and PMG implementation. Long term, healthcare providers and patients will also benefit from more effective policies, medical guarantees, and effective treatment coverage.

3.2. Grant Objective

This grant will be provided under the USAID Health Care Reform Support Project, Objective 2: Support for Transformation of the Health Care Financing Model.

Component 1. Conduct Informal payment study for specific cancer treatment types. The study will include a survey of patients, health staff, focus groups, and HCF data collection. This Component's results will assess the amount, number, prevalence, structure, and reasons for informal payments made by patients and requested by the health staff.

Component 2. Conduct costing estimations for specific cancer treatment types. This Component will include the cost estimations based on data collection from HCFs and health staff for inpatient and outpatient cancer-related healthcare. The results under this Component will assess whether PMG medical service packages cover all necessary costs to receive quality and timely cancer care.

Component 3. Private and public sector cancer treatment engagement analysis. This Component's results will assess the barriers to private HCFs joining the PMG and expand the number of HCFs providing cancer treatment.

The grant's multi-component study aims to inform data-driven recommendations to allow key national stakeholders to increase transparency and strengthen the integrity of the healthcare system, change in the

oncology-related payment package approach under the PMG, and engage the private sector in the provision of healthcare services under the PMG to reduce patient's financial burden and remove barriers to access cancer treatment.

3.3. Indicators

Output indicators:

- 3 reports (on informal payment study, costing, and private and public sector engagement) for cancer treatments with the highest mortality rate developed and presented to NHSU and MOH.

Short-term indicators:

- At least two national stakeholders (MOH, NHSU) commit to considering the reports' results, ensuring effective financial resource allocation, greater anti-corruption measures, and use evidence-based recommendations for involving private sector providers in cancer treatment under the PMG.
- NHSU implements at least two (2) updated PMG packages (chemotherapy and radiology) for PMG 2025 contracting.

Long-term indicators:

- Cancer treatment resources are optimized to increase efficiency and accountability in the health system.
- PMG improvements reduce the level of informal and out of pocket payments.
- Patients have greater access to care, particularly for life-threatening conditions like cancer.

3.4. Specific Statement of Work

The following three study components represent specific tasks under this scope of work (grant).

Component 1: Conduct Informal Payment Study for specific cancer types

This Component will focus on conducting an informal payment study for certain types of cancer treatment based on the developed research instruments and tools, technical approaches, and methodologies. The study should include a survey of patients, a survey of health staff, focus groups, and HCF data collection and analyses. The Grantee should collect data to calculate economic losses and burdens by individuals and states due to cancer treatment; the Grantee should consider the results of Component 1 while conducting the costing calculations under Component 2. All stages require the development of appropriate schedules for surveying respondents across the regions. Before the Component starts, the Grantee should conduct a workshop(-s) with experts regarding the study's methodology to develop possible study improvements.

The Survey for patients will be administered per the following criteria:

1. Participants should be selected based on their diagnosis and must represent all regions of Ukraine (excluding temporarily occupied territories) with appropriate gender, age, and regional distribution to be a representative sample;
2. Participants should be randomly selected or selected using another statistically significant method. An option for patient search could be contact collection using PHC specialists, patient organizations, or other methods, including mixing of several approaches;
3. Participants should have had a particular type of cancer treatment in a HCF from February 1, 2023 – January 31, 2024;

4. Data must be collected from 2031 random participants, including 50 patients (appr. 2.5%) treated in private HCFs;
5. Data must be collected from participants visiting one of 50 selected HCFs (including regional oncology centers, and regional/city hospitals in each region);
6. Survey results must be provided for each HCF (data should be impersonal or de-identified);
7. Survey for patients should be administered anonymously through the questionnaire after finishing treatment in a HCF.

The Focus-groups for patients will be administered per the following criteria:

1. 5 focus groups – 1 in each NHSU sub-region (8 participants in each, gender-weighted);
2. Focus groups should be conducted according to the developed Guides (see Task 1.1 Activity 6).

The Survey for health staff will be administered per the following criteria:

1. Participants should be selected based on the chosen 50 HCFs contracted by the NHSU and provide cancer treatment under the PMG;
2. Participants should be randomly selected;
3. Participants should work at the HCF for at least one year by the day of the survey;
4. 6 respondents in each HCF: three HCF doctors (oncologist, chemotherapist, surgeon, etc.), two nurses/technical staff, and one administrative personnel;
5. Data must be collected from 300 random participants;
6. A survey for health staff should be administered anonymously through a questionnaire;
7. Survey results must be provided for each HCF (data should be impersonal or de-identified).

The Focus-groups for health staff will be administered per the following criteria:

1. 5 focus groups – 1 in each of the NHSU sub-regions (8 participants in each, gender-weighted, including at least three doctors and three nurses/technical staff, such as physicist, dosimetrist, etc);
2. Focus groups should be conducted according to the developed Guides (see Task 1.1 Activity 6).

HCF data collection will be administered per the following criteria:

1. 50 HCFs contracted with NHSU and provide cancer treatment (chemo and radiotherapy) for the patients under PMG;
2. Data must be collected at the HCF for the period 2021-2023 on a quarterly basis (both financial and program data) using the developed data collection tool;
3. Data must be provided for each HCF (data should be impersonal or de-identified);
4. Financial and program data from the HCF should be collected through requests to the HCFs, on-site visits, NHSU requests, or other available methods.

Within Component 1, the Grantee must perform the following tasks:

Task 1.1. Develop methodology and research tools, agreed upon by the HRS team.

Activity 1. Conduct a workshop(-s) with internal, external experts and the HRS team regarding the approach and study methodology. The workshop(-s) results must be incorporated into the methodology, and possible expert suggestions may be included in the methodology later as well.

Activity 2. Finalize the methodological approach for the study based on the results of the workshop(-s).

Activity 3. Develop a questionnaire for patients who received cancer treatment (male – trachea, bronchus, lung; female – breast) during the study period.

Activity 4. Develop a questionnaire for health staff, including doctors, nurses, and administrative personnel who were involved in providing cancer treatment for certain types of cancer during the study period. The data can be used in other components as well.

Activity 5. Develop the data collection tool for HCFs (both financial and program data). The data can be used in other components as well.

Activity 6. Develop a guide for conducting focus groups with former workers of communal HCFs who provided cancer treatment during the study period.

Activity 7. Develop a guide for conducting focus groups with patients who received cancer treatment in communal HCF during the study period.

Activity 8. Collaborate with the HRS team on approval of the package of documents and research tools (Questionnaire for patients, Questionnaire for health staff, data collection tool, Guides for focus groups, etc.) for further conducting testing on local groups.

Task 1.2. Pilot the research tools on local groups.

Activity 1. Pilot the questionnaire for patients with a local group (20 people or more).

Activity 2. Pilot the questionnaire for health staff with a local group (5 people or more).

Activity 3. Pilot the data collection tool for HCF (2 HCFs or more), at least one regional oncology center, and one oblast/city HCF.

Activity 4. Pilot the guide for conducting focus groups for patients (1 group).

Activity 5. Pilot the guide for conducting focus groups for health staff (1 group).

Activity 6. Assess responses from local pilot groups and suggest changes to the question sets (questionnaires), guides, and data collection tools accordingly.

Activity 7. Finalize the questionnaires, guides, and data collection tool and obtain approval from the HRS team.

Activity 8. Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed).

Activity 9. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team.

Activity 10. Conduct training(-s) for regional interviewers with the involvement of HRS team representatives.

Task 1.3. Conduct data collection and create a database(-s)

Activity 1. Create detailed schedules and samples of patients, health staff, focus groups for data collection.

Activity 2. Prepare weekly reports about the data collection process.

Activity 3. Conduct data collection.

Activity 4. Prepare database(-s) with survey data in Excel and SPSS as to agreed specification with the results of surveys and data collection (sub-regional, regional, overall, age groups, etc.).

Activity 5. Clean and verify data in the database.

Task 1.4. Develop an Analytical Report

Activity 1. Prepare gender, vulnerable groups, and war-related specific analyses with appropriate estimations and conclusions.

Activity 2. Prepare the Analytical Report on informal payment study for certain types of cancer treatment and obtain approval from the HRS team.

Activity 3. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team.

Activity 4. Prepare a presentation of the report and study.

Component 2. Conduct costing estimations for specific cancer treatment types

Within the current analysis, the Grantee should conduct data collection for the average cost of certain types of cancer in the HCF sample. The cost analysis should be done based on the data collection from HCFs and health staff for inpatient and outpatient treatment. Costs should include expenditures for salaries, depreciation of equipment, repair, depreciation of infrastructure, tests, medicines, and other cost drivers. Separate cost results should be presented for each treatment type and method. Data collected in other components could be used during cost analysis. A high level of clinical expert involvement is critical for this Components success. Before the Component starts, the Grantee must conduct workshop(-s) with experts regarding the methodology of the study to develop possible study improvements. While developing the methodology, the Grantee must develop the cost assessment methodology, including distribution of indirect cost methods, level of generalization, etc. The Grantee should create at least two sets of final cost analysis results for cancer centers and oblast/city-level HCFs. Cost analysis results should be presented in two ways: 1) based on expenses for each particular service, test, or other element and 2) based on HCF reported expenditures structure (similar to form 1-HC), and be conducted for both disease types for inpatient and outpatient treatment, including surgery or non-surgery options and radiology/chemo treatment types.

The cost data collection for health staff will be administered per the following criteria:

1. Participants should be selected from 10 HCFs contracted by the NHSU and provide cancer treatment under the PMG. At least 10 HCFs should be chosen for cost analysis (5 from oblast/city center level facilities and 5 from cancer center);
2. At least one participant from each type of health staff needed for service provision, based on the NHSU requirement for specific packages, should be interviewed in each facility;
3. Participants should work at the HCF for at least one year by the day of the survey;
4. A survey for health staff should be administered anonymously through a questionnaire;
5. The questionnaire must include a list of service provisions, their frequency for one patient, frequency in general for all patients, and time per unit of service spent.

HCF data collection will be administered per the following criteria:

1. Data must be collected from 10 HCFs contracted by the NHSU and providing cancer treatment (chemo and radiotherapy) for the patients under PMG (5 from oblast/city center level facilities and 5 cancer centers);
2. Data must be collected at the HCF for the period 2023 quarterly (both financial and program data) using the developed data collection tool;
3. Data must be provided for each HCF (data should be impersonal or de-identified);

4. Financial and program data from the HCF should be collected through requests to the HCFs, on-site visits, NHSU requests, or other available methods;
5. Separate data analysis of specific medication procurement (medicines needed for chemo or radiology) must be conducted for each of the 10 HCFs.

Data collection using NHSU and National Cancer Register:

1. Data about the amount and frequency of service provision should be collected for all patients from February 1, 2023, to January 31, 2024;
2. Data must consider the list of services, tests, and other interactions with patients, including surgery status during treatment;
3. Data could be collected using eHealth and/or the National Cancer Register.

Within Component 2, the Grantee must perform the following tasks:

Task 2.1. Develop methodology and research tools, agreed upon by the HRS team:

Activity 1. Conduct a workshop(-s) for internal, external experts and HRS team regarding the approach and methodology of the study. The workshop(-s) results should be incorporated in the methodology, and possible experts' suggestions may be included in the methodology later as well.

Activity 2. Finalize methodological approach for the cost study based on the results of the workshop(-s).

Activity 3. Prepare a detailed list of services provided.

Activity 4. Prepare a detailed list of data needed for costing.

Activity 5. Analyze the list of necessary data, their distribution, generalization level, and other elements of the cost analysis approach.

Activity 6. Develop an approach for procurement data collection and analysis.

Activity 7. Develop a questionnaire for each type of health staff to collect the time and frequency of the services.

Activity 8. Develop a questionnaire for the head of the cancer department to conduct semi-structured interviews.

Activity 9. Develop the data collection tool for HCFs (both financial and program data). The data can be used in other components as well.

Activity 10. Draft a costing tool (Excel file) and cost estimation approach.

Task 2.2. Pilot the research tools on local groups.

Activity 1. Pilot the questionnaire for health staff with a local group (1 person for each staff type).

Activity 2. Pilot the questionnaire for a semi-structured interview with the head of the cancer department.

Activity 3. Pilot the data collection tool for HCF (2 HCFs or more) at least one cancer center and one oblast HCF.

Activity 4. Assess responses from local pilot groups and suggest changes to the question sets (questionnaires), guides, and data collection tools.

Activity 5. Finalize the questionnaire data collection tool and obtain approval from the HRS team.

Activity 6. Finalize a costing tool (Excel file) and cost estimation approach and develop instructions for using the costing tool.

Activity 7. Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed).

Activity 8. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team.

Activity 9. Conduct training(s-) for regional interviewers with the involvement of HRS team representatives.

Task 2.3. Conduct data collection and create a database(-s)

Activity 1. Create a detailed schedule and samples of HCFs, health staff for the data collection.

Activity 2. Prepare weekly reports about the data collection process.

Activity 3. Conduct data collection in HCFs.

Activity 4. Conduct electronic data collection for procurement.

Activity 5. Conduct electronic data collection for service frequency from e-Health or the National Cancer Register.

Activity 6. Prepare a database with survey data in Excel and SPSS as to agreed specification with the results of surveys and data collection.

Activity 7. Clean and verify data in the database.

Task 2.4. Conduct costing calculations

Activity 1. Conduct costing calculations using obtained data.

Activity 2. Add informal payment expenditure to the costing data.

Task 2.5. Develop an Analytical Report

Activity 1. Prepare the Analytical Report on the cost for certain types of cancer treatment and obtain approval from the HRS team.

Activity 2. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team.

Activity 3. Prepare a presentation of the report and study.

<u>Component 3:</u> Private and public sector cancer treatment engagement analysis

Within private and public sector engagement analysis, the Grantee should examine private hospital services provided, discuss the obstacles of private sector participation in the PMG, and conduct mixed normative costing, which will include data from both communal HCFs and open sources (salaries from web sites, price of medicines and tests from pharmacy vendor and laboratories, etc.). Simultaneously, the Grantee should analyze the current cancer treatment prices of private HCFs. At least 10 private HCFs (2 from each NHSU subregion) should be involved in the study. Before the Component starts, the Grantee must conduct workshop(-s) with experts regarding the methodology and research to develop possible study improvements.

Within Component 3, the Grantee must perform the following tasks:

Task 3.1. Finalize methodology and research tools, agreed upon by the HRS team.

Activity 1. Conduct a workshop(-s) for internal, external experts and HRS team regarding the approach and methodology of the study. The workshop(-s) results must be incorporated into the methodology, and possible expert suggestions may be included in the method later as well.

Activity 2. Finalize methodological approach and list of data sources for the mixed normative costing study.

Activity 3. Develop study methodology for private and public sector engagement, including service competition, service components analysis, prices, and other factors.

Activity 4. Develop a semi-structured questionnaire for the heads of private HCFs (including questions about barriers, support needed from the Government, and other aspects).

Activity 5. Develop a semi-structured questionnaire for experts and officials (NHSU, MOH, State Procurement agency, associations, charitable foundations, etc.).

Activity 6. Develop the data collection tool for HCFs (both financial and program data). The data can be collected through requests to the HCFs, on-site facility visits, NHSU requests, or other available methods.

Task 3.2. Pilot the research tools on local groups.

Activity 1. Pilot the semi-structured questionnaire for the head of private HCF (at least 1 person).

Activity 2. Pilot the semi-structured questionnaire for experts and officials (at least 1 person).

Activity 3. Pilot the data collection tool for HCFs (1 HCF or more).

Activity 4. Assess responses from local pilot groups and suggest changes to the question sets (questionnaires) and data collection tools.

Activity 5. Finalize the questionnaire data collection tool and obtain approval from the HRS team.

Activity 6. Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed).

Activity 7. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team.

Activity 8. Conduct training(-s) for regional interviewers with the involvement of HRS team representatives.

Task 3.3. Conduct data collection and create a database(-s)

Activity 1. Create detailed schedules and samples of HCFs, experts, and heads of HCFs for data collection.

Activity 2. Prepare weekly reports about the data collection process.

Activity 3. Conduct data collection.

Activity 4. Prepare database with survey data in Excel and SPSS as to agreed specification with the results of surveys and data collection (sub-regional, regional, overall, age groups, etc.).

Activity 5. Clean and verify data in the database.

Task 3.4. Conduct costing calculations

Activity 1. Conduct costing calculations using obtained data.

Task 3.5. Develop an Analytical Report

Activity 1. Prepare the Analytical Report on the cost for certain types of cancer treatment and obtain approval from the HRS team.

Activity 2. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team.

Activity 3. Prepare a presentation of the report and study.

As a result of all three components, we must be able to analyze informal payments, find limitations of private engagement, and compare the cost, tariffs, and prices for the services by several categories:

1. NHSU tariffs;
2. Communal HCF costing estimates;
3. Communal HCF costing estimates and informal payments;
4. Mixed normative costing estimates for private HCF;
5. Prices in private HCF.

All changes within any component, task, approach, methodology, or any other study elements must be approved by HRS.

3.5. Deliverables and Activities

Task	Activity	Deliverables	Quantity	Due date	Format
Component 1. Conduct Informal payment study for specific cancer treatment types					
Task 1.1. Develop methodology and research tools, agreed upon by the HRS team	**Activity 1.** Conduct a workshop(-s) for internal, external experts and HRS team regarding the approach and study methodology	Reporting materials on conducted workshop(-s)	At least 1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Finalize the methodological approach for the study based on the results of the workshop(-s).	Finalized methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Develop a questionnaire for patients	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 4. Develop a questionnaire for health staff	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 5. Develop the data collection tool for HCFs	Draft data collection tool	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 6. Develop a guide for conducting focus groups with former workers of communal HCFs	Draft guide	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 7. Develop a guide for conducting focus groups with patients	Draft guide	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 8. Collaborate with the HRS team on approval of the package of documents and research tools	Package of documents	1	TBD	Word/Excel/PowerPoint documents, etc
Task 1.2. Pilot the research tools on local groups	**Activity 1.** Pilot the questionnaire for patients	Report on piloting with suggested improvements	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Pilot the questionnaire for health staff				
	Activity 3. Pilot the data collection tool for HCF				
	Activity 4. Pilot the guide for conducting focus groups for patients				
	Activity 5. Pilot the guide for conducting focus groups for health staff				
	Activity 6. Assess responses from local pilot groups and suggest changes to research tools				
	Activity 7. Finalize the questionnaires, guides, and data collection tool and obtain approval from the HRS team	Package of documents	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 8. Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed)	Package of documents	1	TBD	Word/Excel/PowerPoint documents, etc

Task	Activity	Deliverables	Quantity	Due date	Format
	Activity 9. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team.	Technical approach and methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 10. Conduct training(-s) for regional interviewers with the involvement of HRS team representatives.	Reporting materials on conducted training(-s)	1	TBD	Word/Excel/PowerPoint documents, etc
Task 1.3. Conduct data collection and create a database(-s)	**Activity 1.** Create detailed schedules and samples of patients, health staff, focus groups for data collection	Schedules and samples	At least 2	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Prepare weekly reports about the data collection process	Reports	16-32	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Conduct data collection	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
	Activity 4. Prepare database with survey data in Excel and SPSS				
	Activity 5. Clean and verify data in the database	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
Task 1.4. Develop an Analytical Report	**Activity 1.** Prepare gender, vulnerable groups, and war-related specific analyses with appropriate estimations and conclusions	Analytical Repot	1	TBD	Word/Excel documents, etc
	Activity 2. Prepare the Analytical Report on informal payment study for certain types of cancer treatment and obtain approval from the HRS team				
	Activity 3. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team				
	Activity 4. Prepare a presentation of the report and study	Presentation	1	TBD	Word/Excel/PowerPoint documents, etc
Component 2. Conduct costing estimations for specific cancer treatment types					
Task 2.1. Develop methodology and research tools, agreed upon by the HRS team	**Activity 1.** Conduct a workshop(-s) for internal, external experts and HRS team regarding the approach and methodology of the study	Reporting materials on conducted workshop(-s)	At least 1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Finalize methodological approach for the costing study based on the results of the workshop(-s)	Finalized methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Prepare a detailed list of services provided	List of services	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 4. Prepare a detailed list of data needed for costing	List of data	1	TBD	

Task	Activity	Deliverables	Quantity	Due date	Format
	Activity 5. Analyze the list of necessary data, their distribution, generalization level, and other elements of the costing approach				Word/Excel/PowerPoint documents, etc
	Activity 6. Develop an approach for procurement data collection and analysis	Approach for data collection	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 7. Develop a questionnaire for each type of health staff to collect the time and frequency of the services	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 8. Develop a questionnaire for the head of the cancer department to conduct semi-structured interviews	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 9. Develop the data collection tool for HCFs	Draft data collection tool	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 10. Draft a costing tool (Excel file) and costing approach	Draft costing tool	1	TBD	Word/Excel/PowerPoint documents, etc
Task 2.2. Pilot the research tools on local groups	**Activity 1**. Pilot the questionnaire for health staff	Report on piloting with suggested improvements	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Pilot the questionnaire for a semi-structured interview with the head of the cancer department				
	Activity 3. Pilot the data collection tool for HCF				
	Activity 4. Assess responses from local pilot groups and suggest changes to the question sets (questionnaires), guides, and data collection tools				
	Activity 5. Finalize the questionnaire data collection tool and obtain approval from the HRS team.	Finalized tools	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 6. Finalize a costing tool (Excel file) and costing approach and develop instructions for using the costing tool	Finalized costing tool	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 7. Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed)	Package of documents	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 8. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team	Technical approach and methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 9. Conduct training(-s) for regional interviewers with the involvement of HRS team representatives	Reporting materials on conducted training(-s)	1	TBD	Word/Excel/PowerPoint documents, etc
Task 2.3. Conduct data collection and create a database(-s)	**Activity 1.** Create a detailed schedule and samples of HCFs, health staff for the data collection	Schedules and samples	At least 2	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Prepare weekly reports about the data collection process	Reports	16-32	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Conduct data collection in HCFs	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
	Activity 4. Conduct electronic data collection for procurement				

Task	Activity	Deliverables	Quantity	Due date	Format
	Activity 5. Conduct electronic data collection for service frequency from e-Health or the National Cancer Register				
	Activity 6. Prepare database with survey data in Excel and SPSS				
	Activity 7. Clean and verify data in the database	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
Task 2.4. Conduct costing calculations	**Activity 1.** Conduct costing calculations using obtained data.	Costing calculations	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Add informal payment expenditure to the costing data.	Costing calculations	1	TBD	Word/Excel/PowerPoint documents, etc
Task 2.5. Develop an Analytical Report	**Activity 1.** Prepare the Analytical Report on the cost for certain types of cancer treatment and obtain approval from the HRS team	Analytical Repot	1	TBD	Word/Excel documents, etc
	Activity 2. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team				
	Activity 3. Prepare a presentation of the report and study	Presentation	1	TBD	Word/Excel/PowerPoint documents, etc
Component 3: Private and public sector cancer treatment engagement analysis					
Task 3.1. Finalize methodology and research tools, agreed upon by the HRS team	**Activity 1.** Conduct a workshop(-s) for internal, external experts and HRS team regarding the approach and methodology of the study	Reporting materials on conducted workshop(-s)	At least 1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Finalize methodological approach and list of data sources for the mixed normative costing study	Finalized methodological approach	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Develop study methodology for private and public sector engagement	Study methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 4. Develop a semi-structured questionnaire for the heads of private HCFs	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 5. Develop a semi-structured questionnaire for experts and officials	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 6. Develop the data collection tool for HCFs	Draft questionnaire	1	TBD	Word/Excel/PowerPoint documents, etc
Task 3.2. Pilot the research tools on local groups	**Activity 1.** Pilot the semi-structured questionnaire for the head of private HCF	Report on piloting with suggested improvements	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Pilot the semi-structured questionnaire for experts and officials				
	Activity 3. Pilot the data collection tool for HCFs				

Task	Activity	Deliverables	Quantity	Due date	Format
	Activity 4. Assess responses from local pilot groups and suggest changes to the question sets (questionnaires) and data collection tools				
	Activity 5. Finalize the questionnaire data collection tool and obtain approval from the HRS team	Finalized tools	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 6. Approve the package of documents and research tools in line with the law	Package of documents	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 7. Prepare the document on the technical approach and methodology for conducting the study and obtain approval from the HRS team	Technical approach and methodology	1	TBD	Word/Excel/PowerPoint documents, etc
	Activity 8. Conduct training(-s) for regional interviewers	Reporting materials on conducted training(-s)	1	TBD	Word/Excel/PowerPoint documents, etc
Task 3.3. Conduct data collection and create a database(-s)	**Activity 1.** Create detailed schedules and samples of HCFs, experts, and heads of HCFs for data collection	Schedules and samples	At least 2	TBD	Word/Excel/PowerPoint documents, etc
	Activity 2. Prepare weekly reports about the data collection process	Reports	16-32	TBD	Word/Excel/PowerPoint documents, etc
	Activity 3. Conduct data collection	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
	Activity 4. Prepare database with survey data in Excel and SPSS				
	Activity 5. Clean and verify data in the database	Database(-s)	1-5 (TBD)	TBD	Word/Excel documents, SPSS
Task 3.4. Conduct costing calculations	**Activity 1**. Conduct costing calculations using obtained data	Costing calculations	1	TBD	Word/Excel/PowerPoint documents, etc
Task 3.5. Develop an Analytical Report	**Activity 1.** Prepare the Analytical Report on the cost for certain types of cancer treatment and obtain approval from the HRS team	Analytical Repot	1	TBD	Word/Excel documents, etc
	Activity 2. Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team				
	Activity 3. Prepare a presentation of the report and study	Presentation	1	TBD	Word/Excel/PowerPoint documents, etc

As a result of all three components, we must be able to analyze informal payments, find limitations of private engagement, and compare the cost, tariffs, and prices for the services by several categories:

1. NHSU tariffs;
2. Communal HCF costing estimates;
3. Communal HCF costing estimates and informal payments;
4. Mixed normative costing estimates for private HCF;
5. Prices in private HCF.

All changes within any component, task, approach, methodology, or any other study elements must be approved by HRS.

3.6. General Milestones and Associated Timelines

For this type of Grant, 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
Component 1. Conduct Informal payment study for specific cancer treatment types			
1	**Task 1.1.** Develop methodology and research tools, agreed upon by the HRS team	1 workshop (TBD) 1 methodology 2 questionnaires 2 guides 1 data collection tool 1 packages of documents	TBD
2	**Task 1.2.** Pilot the research tools on local groups	1 report 2 packages of documents 1 technical approach and methodology 1 reporting documents (TBD)	TBD
3	**Task 1.3**. Conduct data collection and create a database(-s)	2 schedules and samples 16-32 reports 1-5 databases (TBD)	TBD
4	**Task 1.4.** Develop an Analytical Report	1 report 1 presentation	TBD
Component 2. Conduct costing estimations for specific cancer treatment types			
5	**Task 2.1.** Develop methodology and research tools, agreed upon by the HRS team	1 workshop (TBD) 1 methodology 1 list of services 1 list of data 1 approach for data collection 2 questionnaires 1 data collection tool 1 costing tool 1 packages of documents	TBD
6	**Task 2.2.** Pilot the research tools on local groups	1 report 2 packages of documents	TBD

#	Milestone	Milestone verification	Expected date of completion
		1 technical approach and methodology 1 reporting documents (TBD)	
7	**Task 2.3**. Conduct data collection and create a database(-s)	2 schedules and samples 16-32 reports 1-5 databases (TBD)	TBD
8	**Task 2.4.** Conduct costing calculations	2 costing calculations	TBD
9	**Task 2.5.** Develop an Analytical Report	1 report 1 presentation	TBD
Component 3: Private and public sector cancer treatment engagement analysis			
10	**Component 3.** **Task 3.1.** Finalize methodology and research tools, agreed upon by the HRS team	1 workshop (TBD) 1 methodology 1 list of services 1 list of data 1 approach for data collection 2 questionnaires 1 data collection tool 1 costing tool 1 packages of documents	TBD
11	**Component 3.** **Task 3.2.** Pilot the research tools on local groups	1 report 1 finalized tool (TBD) 1 package of documents 1 technical approach and methodology 1 reporting documents (TBD)	TBD
12	**Component 3.** **Task 3.3.** Conduct data collection and create a database(-s)	2 schedules and samples 16-32 reports 1-5 databases (TBD)	TBD
13	**Component 3.** **Task 3.4.** Conduct costing calculations	1 costing calculations	TBD
14	**Component 3.** **Task 3.5.** Develop an Analytical Report	1 report 1 presentation	TBD

3.7. Grant Project Expected Results

Outputs:

1. Set of databases (at least 3) in Excel and SPSS for each Component of the research;
2. Report on informal payment study for cancer treatments with the highest mortality rate;
3. Report on costing of cancer treatments with the highest mortality rate;
4. Report on private and public sector engagement within cancer treatments with the highest mortality rate;
5. Presentation of each component results (at least 3);
6. Costing instrument(-s) in Excel and user instructions;
7. Other supporting materials (questionaries, guidelines, methodology, technical documents, etc.).

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 Attachment 1 Technical Proposal of the Grant Application Form and Guidelines should use the headings italicized below in the following order:

1. BACKGROUND/STATEMENT OF NEED *[maximum 1 page]*

- Briefly describe the context of the situation in which the grant will be implemented.
- Explain the need for the grant, using evidence and data to support your justification.

2. GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY *[maximum 1 page]*

- Clearly state objectives and goals of the study and clearly indicate the potential impact of the objective on the reform process (up to 10 sentences). Be sure that objectives are SMART (specific, measurable, achievable, realistic, and time-bound).
- Indicate the performance targets and other results that will be reached over the life of the project. 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).
- Briefly describe the geographic focus of grant activity.

3. EXPECTED RESULTS AND TECHNICAL STRATEGIES *[maximum 2 pages]*

- Describe technical strategies and instruments/tools the organization will use to conduct surveys (patients, health staff, heads of departments and clinics, experts). Demonstrate that the strategy is in line with the project goals.
- Describe technical strategies and instruments/tools that will be used for data collection from HCFs, survey of patients and health staff, conducting focus groups, and general overview of datasets needed. Demonstrate that the strategy is in line with project goals.
- Demonstrate knowledge and experience in applying data quality assurance practices.
- Describe the technical approach for costing strategy and data collection
- 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).

4. IMPLEMENTATION PLAN AND MILESTONE DESCRIPTION *[maximum 2 pages]*

- Provide implementation plan for grant project as Annex A - see Grant Activity Implementation Plan template.
- Based on the developed implementation plan, please provide the list of grant activity milestones using the table from Section 3.6. 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.

5. COORDINATION AND COLLABORATION *[maximum 1 page]*

- Describe how the grant activity will be coordinated with local authorities, regional departments of health, local administrations in selected regions, public and private HCFs, etc. Specifically, explain how the partners will be involved in making important decisions about the grant implementation and what roles they are expected to play.

6. MANAGEMENT PLAN *[maximum 1 page]*

- Describe how the grant will be managed, including the staff positions that will implement the activity and the staff person responsible for managing the grant on a day-to-day basis.
- Provide core/implementation team CVs, including cancer clinical experts, as an annex B.
- Indicate contacts who will liaise with the HRS Project.

7. ORGANIZATIONAL CAPACITY *[maximum 2 pages]*

- Provide brief information on up to three (preferably similar) actions/projects managed by your organization for which your organization has received assistance awards or contracts over the past three years as Annex C - see INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS template.
- Describe experience and expertise based on Applicant's past performance and achievements, including collaboration with national and international stakeholders.
- Explain the Applicant's experience and achievements in implementing similar projects, including cooperation with national and international stakeholders.

- Describe systems that exist or will be implemented to enable the organization to manage the project effectively. Include an organogram and a table of positions and responsibilities (as an Annex).

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – IMPLEMENTATION TEAM & CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY (max 3 pages)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

5 BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget for the Grantee amounts to 6,550,000 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 RFA #202.

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	15
5. Coordination and Collaboration	10
6. Management Plan	10
7. Organizational Capacity	15
8. Budget, Budget Notes and Cost Reasonableness	15
Total points	**100**

Technical Proposal

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

Budget

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

1) **Reasonableness**. USAID Health Reform Support Project will make a determination of reasonableness based on USAID HRS's experience for similar items or services, what is available in the marketplace, and/or other competitive offers.

2) **Completeness.** A detailed line item budget, budget notes, assumptions, and schedules that clearly explain how the estimated amounts were derived must adequately support the applicant's budget. USAID Health Reform Support may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

7 REFERENCES, TERMS & CONDITIONS

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

- The U.S. Government regulations that govern this Grant as found at the following websites:

http://www.usaid.gov/sites/default/files/documents/1868/303.pdf

https://www.acquisition.gov/far/html/FARTOCP31.html

https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

- Required provisions for Simplified and Standard Grants to Non-U.S. Non-Governmental Organizations: http://www.usaid.gov/ads/policy/300/303mab.
- Required Standard Provisions for U.S. Non-governmental organizations: http://www.usaid.gov/ads/policy/300/303maa
- Required Provisions for a Fixed Amount Awards to Non-Governmental Organizations:

  (1) Mandatory Provisions from: https://www.usaid.gov/ads/policy/300/303mat.

  (2) Include ONLY the applicable "Required, As Applicable" provisions from: https://www.usaid.gov/ads/policy/300/303mat.

7.2. Terms and Conditions

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