



# HEALTH REFORM SUPPORT

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## ESTABLISHING COMMUNICATIONS STANDARDS IN HCFs

RFA #101

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**A USAID/UKRAINE FUNDED PROJECT**

**January, 2024**

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# Table of contents

<b>I</b>	<b>SUMMARY</b> .....	4
1.1.	USAID Health Reform Support (HRS) Project .....	4
1.2.	USAID HRS Request for Applications (RFA) Summary .....	4
<b>2.</b>	<b>INSTRUCTIONS FOR APPLICANTS</b> .....	6
2.1.	General .....	6
2.2.	RFA Contact Information .....	6
2.3.	Questions and Clarifications .....	6
2.4.	Applications Due Date and Time .....	7
2.5.	Application Delivery Address .....	7
2.6.	Type of Award .....	7
2.7.	Submission Requirements .....	7
2.8.	Eligibility .....	7
2.9.	Application Conditions Precedent .....	8
2.10.	Late Applications .....	8
2.11.	Modification/Withdrawal of Applications .....	9
2.12.	Disposition of Applications .....	9
<b>3.</b>	<b>STATEMENT OF WORK</b> .....	10
3.1.	Background and Specific Challenges to be Addressed by this Grant .....	10
3.2.	Grant Objective .....	11
3.3.	Indicators .....	11
3.4.	Specific Tasks Under this Statement of Work .....	12
3.5.	Deliverables and Activities .....	13
3.6.	General Milestones and Associated Timelines .....	15
3.7.	Key Personnel .....	16
3.8.	Grant Program Expected Results .....	16
<b>4.</b>	<b>TECHNICAL APPLICATION CONTENTS</b> .....	18
<b>5.</b>	<b>BUDGET CONTENTS</b> .....	20
<b>6.</b>	<b>SELECTION</b> .....	21
<b>7.</b>	<b>REFERENCES, TERMS &amp; CONDITIONS</b> .....	22
7.1.	References (choose from the list below as applicable) .....	22
7.2.	Terms and Conditions .....	22

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## I SUMMARY

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

The purpose of USAID's Health Reform Support Project (HRS Project) is to support a transparent, accountable, and effective healthcare system that is capable of meeting the health needs of the Ukrainian people. Advancing health sector reforms, enhancing transparency, and tackling corruption will reduce out-of-pocket payments and improve access and availability of high-quality, evidence-based healthcare services for Ukrainians. Elimination of corruption is a cross-cutting theme across all objectives to be achieved by this activity, which include:

1. Improve health sector governance.
2. Support the transformation of the healthcare financing model.
3. Strengthen the health workforce.
4. Enhance transparency, accountability and responsiveness of the health care system.
5. Improve service delivery system at all levels.

HRS understands that managerial teams of healthcare facilities (HCFs) and local authorities (owners of HCFs) need to be equipped with guidance to improve their understanding of the restoration and recovery efforts and how to operate successfully with financial sustainability during the war and post-war periods. For this purpose, HRS announces the Grant to conduct capacity-building activities for local authorities and managerial teams of HCFs focused on legal and financial issues of recovery and restoration.

### I.2. USAID HRS Request for Applications (RFA) Summary

**Scope of Work:** This solicitation requests an application from eligible USAID Health Reform Support partners with the relevant experience and expertise to implement an initiative to scale up the introduction of communications standards in the work of HCFs. It is expected that the initiative will involve a wide range of communications capacity-building instruments such as training, advising, and mentoring. The initiative will also include support for HCFs in the development of identity and visibility tools.

**Period of Performance:** The period of performance for the Grant is approximately ten (10) months, from March 1, 2024 to December 31, 2024. The application work plan and budget should reflect the 10 months period of performance.

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

**Proposal Selection:** All applications will be reviewed to check for eligibility and completeness of the submission. Applications should include a technical approach, with corresponding activities that will be undertaken to achieve the goals of the activities described in the detailed scope of work (SOW) specified in Section 3 of the RFA. A Technical Evaluation Committee will review all eligible and complete applications against the review criteria described in Section 6 Selection.

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

**Funding Range:** Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to 8,950,000 UAH**. Funding for this Grant will be subject to donor approval and the availability of funds. Funding will be disbursed to the grantees in local Ukrainian currency (UAH).

**Submission Deadlines:** All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on February 15, 2024. Questions should be received by close of business (COB) Ukraine local time on January 26, 2024, and responses to questions will be provided by February 2, 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)

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## 2. INSTRUCTIONS FOR APPLICANTS

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### 2.1. General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 101.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support Project reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

### 2.2. RFA Contact Information

USAID Health Reform Support Project Office

Attention: Olena Korduban

Email: [grant@hrs.net.ua](mailto:grant@hrs.net.ua)

Address: 52A, B. Khmelnytskogo Str., 5th floor, 01030 Kyiv, Ukraine

### 2.3. Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by close of business (COB) on January 26, 2024 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By February 02, 2024, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Deloitte Grants Portal (<https://dgrants.fluxx.io>).
- An informational webinar will be held on **January 24, 2024, at 15:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at [grant@hrs.net.ua](mailto:grant@hrs.net.ua) by **18:00 Ukraine local time, January 23, 2024.**

## 2.4. Applications Due Date and Time

Closing Date: February 15, 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 awarding one (1) Fixed Amount Award in response to RFA# 101 with a ceiling amount of **up to 8,950,000 UAH**.

## 2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. 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 # 101.
- **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 Applicant is an institution officially registered in Ukraine for not less than 3 years;
- The Applicant has strong experience working with stakeholders in the Ukrainian healthcare system;
- The Applicant has experience developing and implementing communications and capacity-building programs in the healthcare area;
- The Applicant has experience in working with healthcare establishments.
- The Applicant has worked nationwide or covered at least 8 regions of Ukraine;
- The Applicant has adequate staff members to implement a multicomponent communications capacity-building program or can demonstrate the approach to promptly mobilize or outsource the required professionals.

## 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.

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## 3. STATEMENT OF WORK

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### 3.1. Background and Specific Challenges to be Addressed by this Grant

The Ukrainian healthcare system is undergoing a fundamental reform to become patient-centered and promote access, quality, and inclusion. As part of this reform process, Ukrainian healthcare facilities (HCFs) entered into contracts with the National Health Service of Ukraine (NHSU) to receive payments only for services provided to patients. The pathways for patients to receive government-funded health services have changed significantly as well. Patients are no longer tied to receiving health services where they domicile and can freely choose doctors and facilities for treatments and consultations covered by the Program of Medical Guarantees (PMG).

The current infrastructure reform stage will change the health services landscape even more, requiring healthcare facilities to proactively communicate recent system and access changes to the public.

The large-scale Russian invasion of Ukraine has also had a significant impact on the medical system as a whole, and the functioning of individual HCFs. Since the beginning of the war, the socio-demographic landscape of the regions of Ukraine has changed significantly due to the influx of many internally displaced persons (IDPs) to the relatively safe Western regions, and the outflow of patients and medical personnel from the frontline regions. This reality has changed both the needs and the possibilities of providing medical care to citizens, and necessitates building a system of communication between healthcare facilities and local communities about where and how local patients, including IDPs, can receive medical care.

To attract more patients and increase their awareness about the pathways to receiving medical services, HCFs should proactively communicate with patients, local communities, civil society, and other stakeholders about options for care. Many healthcare facilities understand the importance of communication and take certain steps in establishing and developing communication channels, but they often lack the necessary skills in building systematic communications for their institutions.

Recognizing this problem, HRS developed Communications Guidelines for various types of healthcare establishments and piloted their implementation in ten HCFs. The written Communications Guidelines are available on the MOH website (<https://moz.gov.ua/komunikacii>). The pilot project helped identify common issues HCFs have in communications and their capacity building needs. These findings were incorporated in the scope of work for this grant. The next planned step is scaling up the implementation of these guidelines to a large number of primary and specialized HCFs.

Within this initiative, the grantee will support approximately 100 healthcare establishments by providing training and advisory services on various aspects of communications, including strategic communications, media relations, digital marketing, social media marketing (SMM), etc. The grantee will also support HCFs in identify development and brand promotion. This will help the participating HCFs build strategic communications systems and proactively raise awareness around health-related news and reform for their patients.

As a result of improved HCFs communications, patients will have greater awareness about their health rights and how to access healthcare during the war. This will contribute to improved transparency in healthcare and decrease informal payments.

## 3.2. Grant Objective

This grant will contribute to the achievement of HRS Objective I – Strengthen the health system governance. The Grant “Scaling up the introduction of communications standards in the work of HCFs” will support activity I.1 Patient Awareness and Empowerment.

Upon consultations with HRS and other stakeholders, the grantee will design and implement the Program to introduce the Communications Guidelines at 100 primary and specialized HCFs.

The Grantee/Program must meet the following criteria:

- 1) The program must be focused in, but not limited to, 8 HRS priority regions: Kharkiv, Dnipropetrovsk, Kherson, Kyiv, Chernihiv, Zaporizhzhia, Sumy, and Mykolayiv. Other regions of Ukraine with a high density of IDPs may also be included.
- 2) Establish partnerships with at least 100 primary and specialized healthcare facilities. List of 25 primary HCFs will be provided by HRS, 75 HCFs should be selected through an open call.
- 3) Establish an extensive capacity-building component, including training, individual advising to the participating HCFs on various communications issues, and mentoring.
- 4) In partnership with the participating HCFs, creation of communications deliverables, such as brand books, press-walls, roll-ups, photo, and video services, SMM promotions, etc.
- 5) Provide targeted offline and/or online training for HCFs’ managers and communications staff.
  - Training for HCFs’ managers should cover, but not be limited to, such topics as strategic communications, internal communications, functioning of the communications unit, crisis communications, etc.
  - Training for communications staff of HCFs should be focused on developing skills in multiple areas of communications work such as brand management, Internet marketing, SMM, copywriting, media relations, planning of communications campaigns, etc.
- 6) Create a training program based on the participating HCFs assessed needs.
- 7) Provide consultations to the participating HCFs’ in strategic communications and other related topics.
- 8) Promote ethics and gender awareness in HCFs’ external and internal communications.
- 9) Assessed program outcomes based on specific indicators, created by the grantee and approved by HRS.
- 10) Provide the participating HCFs’ message boxes for different audiences as well as a set of templates related to various aspects of communications (communications unit structure and job descriptions, code of conduct, SOWs for various services such as designer, copywriter, etc.
- 11) Throughout the programs’ implementation, and at its conclusion, communicate human stories, success cases, and final results with the public and donor.

## 3.3. Indicators

Output indicator:

- 1) 200 health professionals from 100 HCFs trained and/ or supported with post-training capacity building activities to improve communication function at HCFs in Kharkiv, Dnipropetrovsk, Kherson, Kyiv, Chernihiv, Zaporizhzhia, Sumy, and Mykolayiv Oblasts.

Engagement of healthcare facilities from other regions with a high density of IDP is also possible, per HRS prior consent.

Outcome indicators:

- 1) At least 60 HCFs improved usage of communication tools due to the grant support.

Improvement of communication tools may include at least one of the following changes (but not limited to): introduced new communications channels in social media and/or messengers, improved identity and/or branding, enhanced media relations, new public outreach activities, established system for collecting patients' feedback, and improved internal communications (for example, internal chats, meetings, etc).

**Data source:** The detailed survey, auditing the situation with the communications within HCFs (baseline and follow-up survey). The HCFs will be required to provide data supporting their answers of the surveys.

- 2) At least 60 HCFs with new or improved institutionalized outreach communication functions due to the grant support.

Improved systematic communication function may include at least one of the following organizational changes (but not limited to): opening new staff positions/ improved SoW of the current position(s) in communications, set up of communications units or outsourcing professional services of external graphic designer, photographer or SMM manager, etc, increased allocated budget for communications activities, developed communications strategies/ work plans.

**Data source:** The detailed survey, auditing the situation with the communications within HCFs (baseline and follow-up survey). The HCFs will be required to provide data supporting their answers of the surveys.

Additionally, the following information will be collected:

- 1) # of people visiting the HCFs during 6 months (baseline: July – December 2023, follow -up: July – December 2024).
- 2) Target audience reached by HCFs during grant implementation (# of subscribers, views, likes, forwards, TV/ radio listeners, etc).

### 3.4. Specific Tasks Under this Statement of Work

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

**Specific task 1. Planning.** The grantee should develop the Action Plan of the Program of scaling up the establishing of HCFs communications standards and establishing partnerships with at least 100 healthcare facilities interested in participating in the program.

**Specific task 2. Preparation.** The grantee should assess needs of the selected HCFs, develop a detailed plan of training, consultations, and procurement of goods and services based on the HCFs' needs; measure the baseline indicators; prepare the training materials, message boxes, and templates related to various aspects of communications.

**Specific task 3. Implementation.** The grantee should Implement the agreed action plan on scaling up the implementation of HCFs communications standards in three discrete stages. HRS expects the grantee to develop and justify rationale for three implementation stages. Examples might be, but are not limited: regional incremental implementation, or segmentation by types of communication methods / channels, or segmentation by levels of care, or a combination of any of the above and any other factors. Segmentation into stages is needed primarily for reporting and payment purposes. For the purposes of this RFA the

stages are notionally named 'Inception', 'Advancement', and 'Finalization', and the grantees should offer specific names based on the segmentation factor(s) selected.

**Specific task 4. Assessments and reporting.** The grantee should conduct the final assessment of indicators and measure the progress achieved by the participating HCFs during the implementation of the project. Also, the grantee should prepare the final report and a set of success stories outlining its major achievements.

### 3.5. Deliverables and Activities

The Grantee shall use their existing network of experts and partners, their experience, knowledge of national and international best practices, and additional understanding gleaned from the background and objectives specified above to complete and submit the below-listed deliverables by the end of this grant. The deliverables should be submitted by the Grantee in Ukrainian:

**Activity 1.** Develop the Action Plan of scaling up the establishing of HCFs communications standards and establishing partnerships with the healthcare facilities to participate in the program.

**Sub activity 1.1** Together with HRS experts, develop and finalize the Action Plan on scaling up the implementation of communications standards and identify the grantee's key performance indicators.

#### **Deliverables 1.1:**

- Description of actions, including separation of three distinct implementation stages
- List of key performance indicators

**Sub activity 1.2** Establish partnerships with at least 100 healthcare facilities to participate in the program (list of 25 HCFs will be provided by HRS, 75 HCFs should be selected through an open call):

#### **Deliverables 1.2:**

- Implementation of widely advertised open recruitment campaign
- Selecting at least 100 primary and specialized care HCFs to participate in the program.

**Activity 2.** Assessment of needs of selected HCFs, developing a detailed plan of training, consultancies, and procurement of communication tools and services based on the HCFs' needs; measuring the baseline indicators; preparing the training materials, message boxes, and templates related to various aspects of communications.

**Sub activity 2.1.** Assessment of needs of participating HCFs in training, consultations, and new communications tools

#### **Deliverables 2.1:**

- The needs assessment report

**Sub activity 2.2** Based on the results of the needs assessment, in consultation with HRS developing a detailed plan of training, consultations, and procurement of communications tools

#### **Deliverables 2.2:**

- The detailed plan of training, consultations, and procurement

**Sub activity 2.3** Conducting measurements of baseline indicators to be used for the final assessment of outcomes of the program

**Deliverables 2.3**

- Report on baseline indicators

**Sub activity 2.4** Preparing message boxes for various audiences as well as templates related to various aspects of communications such as communications unit structure and job descriptions, code of conduct, and SOWs for various services such as designer, copywriter, etc.

**Deliverables 2.4**

- The message boxes and the set of templates, according to the Action plan

**Activity 3.** Implement the Inception Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.

**Sub activity 3.1** In consultations with HRS to organize and run the capacity-building actions and events of the first stage according to the Action Plan, ensuring achievement of the KPIs set by the Plan.

**Deliverables 3.1**

- The first stage delivery report
- Reports on training conducted according to HRS requirements

**Activity 4.** Implement the Advancement Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.

**Sub activity 4.1** In consultations with HRS to organize and run the capacity-building actions and events of the Second stage according to the Action Plan, ensuring achievement of the KPIs set by the Plan.

**Deliverables 4.1**

- The second stage delivery report
- Reports on training conducted according to HRS requirements

**Activity 5.** Implement the Finalization Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.

**Sub activity 5.1** In consultations with HRS to organize and run the capacity-building actions and events of the third stage according to the Action Plan, ensuring achievement of the KPIs set by the Plan.

**Deliverables 5.1**

- The third stage delivery report
- Reports on training conducted according to HRS requirements.

**Sub activity 5.2** Measuring final indicators and conducting a final assessment of the outcomes of the program

**Deliverables 5.2**

- Final indicators' assessment report and presentation with main data and findings

**Activity 6.** Prepare the Program report outlining its major achievements.

**Sub activity 6.1** Summarize the results of the Program and prepare a report outlining the achievements of key performance indicators and the impact on the awareness of patients about their health rights.

**Deliverables 6.1**

- The Grant Final report

**Sub activity 6.2** Based on the results of the Program prepare human stories and success cases regarding the implementation of the communications standards and its impact on patients’ awareness.

**Deliverables 6.2**

- The human stories and success cases

All deliverables under Grant components should be developed by the Grantee and approved by the HRS team.

**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	Recommended Duration	Expected Date of Completion
1	Develop the Action Plan of the Program of scaling up the introduction of communications standards in the work of HCFs and recruiting healthcare facilities to participate in the program.	<ul style="list-style-type: none"> <li>- The Action Plan and KPI reviewed and approved by HRS</li> <li>- The list of selected HCFs reviewed and approved by HRS</li> </ul>	6 weeks	Due within six weeks after awarding
2	Assessment of needs of recruited HCFs, developing a detailed plan of training, consultations, and procurement of goods and services based on the HCFs' needs; measuring the baseline indicators; preparing the training materials, message boxes and templates related to various aspects of communications.	<ul style="list-style-type: none"> <li>- The needs assessment report approved by HRS</li> <li>- The detailed plan of training, consultations, and procurement approved by HRS</li> <li>- Report on baseline indicators approved by HRS</li> <li>- The set of templates approved by HRS</li> </ul>	8 weeks	TBD
3	Implement the Inception Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.	<ul style="list-style-type: none"> <li>- The first stage implementation report; reports on training conducted according to HRS requirements</li> </ul>	8 weeks	TBD

#	Milestone	Milestone Verification	Recommended Duration	Expected Date of Completion
4	Implement the Advancement Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.	- The second stage implementation report; reports on training conducted according to HRS requirements	8 weeks	TBD
5	Implement the Finalization Stage of the Program of scaling up the introduction of communications standards in the work of HCFs.	- The third stage implementation report; reports on training conducted according to HRS requirements - Final assessment report and presentation with main data	8 weeks	TBD
6	Prepare the Program report outlining its major achievements	- The Grant Final report approved by HRS - The human stories and success cases approved by HRS	8 weeks	TBD but not later than Dec 31 2024

### 3.7. Key Personnel

Key personnel must have relevant education and experience (reflected in CVs). The Grantee must demonstrate various expertise to cover different activities under the Grant – staff and/or consultants ready to be contracted with proficiency in:

- External/internal communications of HCFs
- Media relations and crises communications
- Digital marketing and SMM
- Branding and copywriting

### 3.8. Grant Program Expected Results

#### Outputs:

- 1) 100 HCFs recruited and participated in the program.
- 2) Needs assessment of the participating HCFs is conducted and an extensive capacity-building program is developed.
- 3) The agreed capacity-building program is implemented including training sessions, advising, and mentoring on various communication issues.
- 4) Achieved at least 35% average increase in participants' knowledge after participation in capacity-building events (according to pre- and post-training evaluations)
- 5) The limited amounts of goods and services needed to improve HCFs communications (such as brand books, press-walls, roll-ups, photo, and video services, SMM promotions, etc.) are provided.



- 6) The message boxes for different audiences as well as templates related to various aspects of communications (communications unit structure and job descriptions, code of conduct, and SOWs for various services such as designer, copywriter, etc.) are developed and handed over to the participating HCFs
- 7) For the assessment of the overall success of the project the measurement of baseline indicators and the final assessment of the outcomes of the program is conducted and analyzed

Short-term outcomes:

- Up to 200 people (managers and technical staff responsible for communications) trained (received practical knowledge and skills) on how to build systematic communications in the HCFs
- The knowledge and communications instruments received helped 100 participating HCFs to build effective communications with the patients, local communities, and other stakeholders

Long-term outcomes:

- Patients' literacy in healthcare-seeking behaviors, health reform awareness, and trust in the health system is improved

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## 4. TECHNICAL APPLICATION CONTENTS

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All complete applications received by the deadline will be reviewed for responsiveness to the specifications outlined in the guidelines. USAID Health Reform Support may reject applications that are:

- Incomplete;
- Do not respond to the scope of work in the solicitation;
- Do not comply with the format requirements; or
- Are submitted after the deadline.

The application in response to this solicitation should be organized as follows:

### A. Cover Page

Include all of the following information:

- Name, address, phone/fax number, and email of the organization
- Title of proposed project
- Name of contact person
- Duration of project
- Date submitted

### B. Applicant Data (see Grant Application Form and Guidelines)

### C. Technical Proposal (9 pages maximum)

Sections of the Attachment I Technical Proposal of the Grant Application Form and Guidelines should use the headings italicized below, in the following Order:

#### - **BACKGROUND/STATEMENT OF NEED - 5 pts** *[maximum 1 page]*

- Provide information about existing training needs for HCFs in the area of effective communications.
- Please, define the target audience and respective problems exists.

#### - **GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY – 15 pts** *[maximum 1 page]*

- Describe final goal and objectives, and planned regional coverages

#### - **EXPECTED RESULTS AND TECHNICAL STRATEGIES – 15 pts** *[maximum 2 pages]*

- Give specific approaches to conduct the described grant components.
- Identify best practices and evidence base/rationale that have informed the project interventions.
- The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).

**- IMPLEMENTATION PLAN/ACTIVITIES – 15 pts [maximum 2 pages]**

- Provide a detailed grant implementation plan (see the template in Annex A - PROJECT IMPLEMENTATION PLAN).
- Based on a developed implementation plan, please, provide the list of grant activity milestones using the table from Section 3.5. For Fixed Amount Awards, the budget is aligned to specific milestones, and fund disbursement is made based on verification of milestone completion (see Section 5 for more details). Grant activities will be monitored and evaluated against these milestones.
- The work plan must deliver the milestones and ensure the requirements of its expected time of completion.

**- COORDINATION AND COLLABORATION – 10 pts [maximum 1 page]**

- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with communal healthcare facilities, and explain the criteria for selection of participating CHF's

**- MANAGEMENT PLAN – 10 pts [maximum 1 page]**

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

**- ORGANIZATIONAL CAPACITY – 15 pts [maximum 1 page]**

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

**Annexes (number of pages not limited)**

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – PROJECT IMPLEMENTATION TEAM (CVs)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

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## 5. BUDGET CONTENTS

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### 5.1. BUDGET AND PAYMENT TERMS

The approximate budget amount shall not exceed 8,950,000 UAH. The budget should be produced by milestones. The budget items, associated payment terms, and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

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

### 5.2. COST SHARE

Cost sharing is not a requirement for RFA #101

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

### 5.3. BUDGET CONTENT

The Applicant must:

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

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

### 5.4. TAXES

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

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## 6. SELECTION

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

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

Application Selection Criteria	Points
1. Statement of Need	5
2. Project Goal, Objectives, and Geographic Focus	15
3. Technical Strategies	15
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
<b>Total points</b>	<b>100</b>

### ***Technical Proposal***

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

### ***Budget***

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

- 1) Reasonableness.** USAID Health Reform Support Project will make a determination of reasonableness based on USAID HRS's experience for similar items or services, what is available in the marketplace, and/or other competitive offers.
- 2) Completeness.** A detailed line item budget, budget notes, assumptions, and schedules that clearly explain how the estimated amounts were derived must adequately support the applicant's budget. USAID Health Reform Support may request additional supporting information to the extent necessary to determine whether the costs are fair and reasonable.

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## 7. REFERENCES, TERMS & CONDITIONS

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

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

### 7.2. Terms and Conditions

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

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

