



# HEALTH REFORM SUPPORT

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**REQUEST FOR GRANT APPLICATIONS (RFA):  
“CONDUCT HOSPITAL EMERGENCY DEPARTMENT SERVICES  
COSTING UNDER WAR-RELATED CIRCUMSTANCES”**

**RFA # 203**

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**A USAID/UKRAINE FUNDED PROJECT**

**January 2024**

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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.

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

**Scope of Work:** This solicitation requests an application from eligible USAID Health Reform Support partners with the relevant experience and expertise to collect HCFs` data, other organizations` data, and normative data for the costing of services on the level of hospital emergency departments. Applicants must be able to demonstrate “additionality” of the proposed program. Additionality is defined as a rapid scale-up or expansion of an existing program that will require minimal overhead and operational costs.

**Period of Performance:** The period of performance for the Grant is approximately five (5) months, from March 12, 2024 to July 31, 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. Applicants not selected for the award will be notified by the project in writing.

**Funding Range:** Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to 5 200 000 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 19, 2024. Questions should be received by close of business (COB) Ukraine local time on February 8, 2024, and responses to questions will be provided by February 9, 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# 203.
- 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 February 8, 2024 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By February 9, 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 30, 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](mailto:grant@hrs.net.ua) by **11:00 Ukraine local time, January 30, 2024.**

## 2.4. Applications Due Date and Time

Closing Date: February 19, 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 anticipates the award of up to one (1) Fixed Amount Awards in response to RFA# 203 with a ceiling amount of **up to 5 200 000 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 # 203.
- **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, potential applicants:

- 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";

- Shouldn't be individual, political party, any governmental entity (organization) or official whether at national or municipal level;
- Shouldn't be affiliated with HRS or any of its directors, officers or employees;
- Organizations whose objectives are not consistent with the broad objectives of the HRS Project are also ineligible.
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website.

#### Additional eligibility criteria

- The organization must have demonstrated experience in technical areas relevant to the scope of work or grant focus.
- The organization must have been in existence for more than three years.
- The organization must currently be implementing activities in the geographic area or technical area for which it is submitting an application.
- The organization has minimum absorptive capacity and demonstrates the potential to acquire sufficient capacity to manage programs in a sustainable manner.
- The organization has a functional financial system.
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in the implementation of the grant activities.

## 2.9. Application Conditions Precedent

All applications must be submitted in the specified format (see Section 4 Technical Application Contents). Any application submitted in any other format will not be considered. The applicant must also include all other supporting documentation (board resolution, articles of incorporation, etc.) as may be necessary to clearly demonstrate that it meets the following conditions precedent to application selection:

- That the applicant organization is an eligible organization legally constituted under Ukrainian law at least three (3) years;
- That the applicant organization has the managerial commitment, as evidenced by written board of directors, resolutions, strategic plans (overall long-range plan for applicant's organization) or other documentation, indicating that it is, or will be, implementing the objectives referred above;
- That the applicant organization has no advances from USAID or a USAID contractor which have been outstanding and unliquidated for longer than 90 days, and that the applicant organization has no grant completion report required under a grant from USAID or a USAID contractor which is more than 30 days past due;
- That at the time of application there exists no condition within the applicant organization or with respect to the applicant organization's management which renders the organization ineligible for a grant directly or indirectly funded by USAID.



## 2.10. Late Applications

Applicants are wholly responsible for ensuring that their applications are received in accordance with the instructions stated herein. A late application will not be eligible for consideration and will be rejected without selection, even if it was late as a result of circumstances beyond the applicant's control. A late application will be considered only if the sole cause of its becoming late was attributable to USAID Health Reform Support, Deloitte, its employees or agents.

## 2.11. Modification/Withdrawal of Applications

Any applicant has the right to withdraw, modify or correct its offer after such time as it has been delivered to USAID Health Reform Support provided that the request is made before the offer closing date.

## 2.12. Disposition of Applications

Applications submitted in response to this RFA will not be returned.

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## 3 STATEMENT OF WORK

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

Ongoing healthcare reform in Ukraine transformed health financing approaches—most notably, the transition from medical subvention to payments via Program of Medical Guarantees (PMG) contracts signed with the National Health Service of Ukraine (NHSU). Resource allocation in the healthcare network changed from a calculated subvention based on the number of beds for specialized healthcare providers to a pay-per-performance model. Health reform did not stop with the start of a full-scale war in February 2023; instead, it was transformed due to war-related demands and circumstances.

Reforming processes for emergency medicine at the hospital level underwent a few significant steps:

- In 2020, the Cabinet of Ministers of Ukraine (CMU) approved [Resolution #612](#), which stipulated that former admission rooms in over 200 intensive care hospitals will be transformed into emergency departments (EDs)
- In 2020, MOH approved [Order #2179](#) on ED's functions and roles and [Order #1167](#) on the minimum material provision of EDs.
- In 2021, All-Ukrainian Resuscitation Council partnered with MOH and the World Bank and launched a project, “Transforming Emergency Medical Care on Hospital Level” within the [MOH/WB Serving People, Improving Health Project](#). During the project, the staff of selected EDs were trained with the necessary clinical and non-clinical skills for working in and managing EDs.
- In 2022, MOH approved [Order #368](#) regulating mass casualty medical triage on a hospital level.
- In 2023, NHSU, under PMG implementation, added a [contracting requirement](#) to keep an essential bucket of medicines for hospitals to get contracted for readiness to provide care in emergencies.

The next phase of the hospital-level reform was completed in 2023 with the CMU passing [Resolution #174](#) — each oblast had to define a capable health network and gain MOH approval capable network plans. Essentially, three levels of hospitals form a network where GOU guarantees medical care for the population of a certain quality and within a certain limit of geographical proximity.

While EDs around the world are formally considered an essential part of the hospital, where documents like patients' routes and mass casualty plans must be in place, EDs in Ukraine they are categorized as supplementary clinical units that do not close cases and hence do not receive or “make money” from the NHSU per treated case.

Due to the heritage of the Semashko system with the Franco-German model of pre-hospital emergency medical services where EDs did not function and providers had limited financial incentives to develop EDs, present-day EDs in Ukraine are mostly incapable of delivering high-quality services needed for the population during the war.

Within this study, a Grantee, under the support of the HRS team and external experts, will 1) conduct the costing of ED services (both actual and suggested by international best practices and local context) in war-related settings, 2) prepare the costing model and budget needs projections, and 3) present the results during the capacity building events for the stakeholders.

## 3.2. Grant Objective

This Grant aims to help key stakeholders (NHSU, MOH, HCFs) better estimate hospital EDs service costs when designing hospital emergency-related PMG packages, more effectively and efficiently restoring people's access to emergency care in locations/conditions where EDs are essential due to specific war-related circumstances.

## 3.3. Indicators

### Output indicators:

- 1 technical report summarizing emergency service costing on the level of hospital EDs in selected HCFs based on the methodology developed and presented to NHSU and MOH.
- 1 model for estimating selected hospital ED services costing in selected HCFs, developed and shared with the stakeholders.

### Short-term indicators:

- At least one stakeholder (NHSU) uses hospital ED level costing recommendations to improve package(s) of medical guarantee (PMG).

### Long-term indicators:

- Services provided on the level of hospital EDs are appropriately provided and financed.
- Financial resources spent on ED's are optimized to increase efficiency and accountability in the health system.
- Patients have timely access to life-saving care in emergency departments, particularly for war-related trauma and mass casualties.

## 3.4. Specific Statement of Work

Under this Scope of Work, the Grantee shall perform, but will not be limited to, the tasks specified below. The Grant will consist of nine (9) tasks.

**Task 1.** Develop a detailed work plan, to be approved by HRS.

The Grantee will draft a detailed work plan with a description of grant milestones, responsible team members, deliverables, and deadlines for the completion of each milestone. The HRS technical team will approve the detailed work plan.

**Task 2.** Work with the HRS team to finalize the study design and sampling.

1. Develop the Concept Note with the description of the context, objectives and approaches of the activity and its impact, expected results, etc.
2. Develop the Study Methodology, including suggestions for the out-of-pocket expenditures estimations approach.
3. Develop a study implementation plan with clear timelines and role distribution, including a data collection plan.
4. Design criteria for HCFs selection for the sample.

5. Complete desk research on 1) international best practices for services included in the scope of hospital EDs, and 2) services included in the scope of EDs in Ukraine.

**Task 3. Develop Research Instruments.**

1. Create selection criteria for the sample of the HCFs agreed with HRS.
2. Select HCFs for the sample agreed with HRS (at least 18 HCFs, 2 HCFs per oblast in 8 targeted oblasts (Kyiv, Chernihiv, Dnipropetrovsk, Kharkiv, Kherson, Zaporizhzhia, Sumska, and Mykolayiv), and 2-3 from other oblasts who demonstrate good examples of ED's operations, to be confirmed with HRS).
3. Develop/adapt questionnaire for medical staff.
4. Develop/adapt questionnaire for HCFs management.
5. Develop/adapt a guide for medical staff focus groups.
6. Develop/adapt tool(-s) for HCF data collection. The data collection will cover 2023 and the month when the study will be conducted.
7. Develop/adapt a guide for HCF data collection. The data collection will cover 2023 and the month when the study will be conducted.
8. Develop/adapt other research instruments, including tools for out-of-pocket expenditures, upon need and agreement with or request from HRS.

**Task 4. Pilot Research Instruments.**

1. Select HCFs for a pilot sample (at least 2 HCFs from the general sample, to be confirmed with HRS).
2. Proactively contact HCFs from the sample to arrange offline (or online when offline is not possible) meetings and field visits for piloting research instruments.
3. Complete piloting of the instruments.
4. Develop a report on piloting with suggested changes to the instruments.
5. Adjust research instruments after the piloting stage.
6. Finalize research instruments, with approval from HRS.

**Task 5. Conduct Data Collection for the Study.**

1. Send finalized research instruments for HCF self-completion .
2. Collect feedback, proactively assist with completion, manage adherence to deadlines, and obtain completed instruments from the HCFs.
3. Plan and complete field visits to the HCFs to collect data requiring onsite participation.

**Task 6. Complete Databases with Collected Data.**

1. Provide databases in Excel, SPSS, and other agreed formats with the agreed-upon specifications (covering the period of 2023 and part of 2024), including the generation of additional variables:

- Actual ED expenditures;
  - Other actual expenditures from other units that, based on international best practices, are meant to be provided by EDs;
  - Indirectly calculated expenditures for services not actually provided but required according to the international best practices;
  - Out-of-pocket payments, if applicable; and
  - Expenditures for services provided (covering the period of 2023 and part of 2024), jointly with other organizations (e.g., prehospital ambulances, NGOs).
2. Provide tables of completed costing for each part of the services and the functioning of EDs *of each type (different type of EDs depending on hospital level) in general.*
  3. Provide a model with different scenarios for 2025 budget year of budget allocations, prioritization in covering certain services, epidemiology etc.
  4. Provide a table(-s) with budget calculations and financial needs projections for years 2025-2027.
  5. Prepare quality check report.
  6. Provide PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation (both English and Ukrainian).

**Task 7. Develop a Draft of the Costing Model.**

1. Collect data on demography, epidemiology, prognosis in demography, and epidemiology for the 3-year period.
2. Conduct modeling with different scenarios and different approaches for the inclusion and exclusion of certain services within the EDs financing mechanism.
3. Present the collected data on demography, epidemiology, etc., and share the model with HRS (and other stakeholders upon HRS's approval) to collect feedback on the feasibility of inclusion of certain scenarios and approaches into the model.

**Task 8. Develop a Finalized Costing Model.**

1. Collect additional data on demography, epidemiology, etc., and/or adjust utilization of existing one according to obtained feedback.
2. Finalize the Costing Model, including budget calculations and financial needs projection, according to obtained feedback.

**Task 9. Develop Reports with Recommendations and Present Materials to Stakeholders.**

1. Prepare a technical report (including methodology, procedures, randomization techniques, instruments, etc.) on the study.
2. Prepare an analytical report on the study with relevant graphic materials (maps, graphs, infographics, etc.) and annotation (annotation must be both English and Ukrainian).
3. Provide a PowerPoint presentation and brief with results for the specified research questions with relevant disaggregation (both English and Ukrainian)
4. Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

### 3.5. Deliverables and Activities

#### **Task 1 (Two weeks after the contract signed):**

1. Approved by HRS detailed work plan for the grant completion.  
Quantity: 1.  
Due date: two weeks after signing the contract.  
Format: MS Word/MS Excel.

#### **Task 2 (Due date: March 4, 2024):**

1. Finalized Concept note.  
Quantity: 1.  
Format: MS Word.
2. Finalized study methodology.  
Quantity: 1.  
Format: MS Word.
3. Study implementation plan with clear timelines and role distribution that can be updated as needed.  
Quantity: 1.  
Format: MS Word/MS Excel.
4. Formal criteria for HCFs selection for the study sample.  
Quantity: 1.  
Format: MS Word/MS Excel.
5. Completed desk research on international best practices for services included in the scope of hospital emergency departments and services included in the scope of emergency departments in Ukraine.  
Quantity: 1.  
Format: MS Word, MS Excel/MS PowerPoint/other format if applicable.

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

#### **Task 3 (Due date: April 8, 2024):**

1. Selection criteria for the sample of the HCFs agreed with HRS.  
Quantity: 1 set of criteria (at least 5)  
Format: MS Word/MS Excel.
2. Sample of the HCFs agreed with HRS.  
Quantity: 1 sample (at least 18 HCFs, 2 HCFs per oblast in 8 targeted oblasts (Kyiv, Chernihiv, Dnipropetrovsk, Kharkiv, Kherson, Zaporizhzhia, Sumska, and Mykolayiv), and 2-3 from other oblasts who demonstrate good examples of ED's operations, to be confirmed with HRS).  
Format: MS Word/MS Excel.
3. Questionnaire for medical staff.  
Quantity: at least 1.  
Format: MS Word/MS Excel.
4. Questionary for HCFs management.  
Quantity: at least 1.  
Format: MS Word/MS Excel.
5. Guide for focus groups for medical staff.

Quantity: at least 1.  
Format: MS Word.

6. Tool(-s) for data collection from the HCFs.  
Quantity: at least 1.  
Format: MS Excel/other format if applicable.
7. Guide for data collection from the HCFs.  
Quantity: at least 1.  
Format: MS Word.
8. Other research instruments upon need and agreement with or request from HRS.

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

**Task 4 (Due date: April 22, 2024):**

1. Pilot sample of HCFs (at least 2 HCFs from the general sample, to be confirmed with HRS).  
Quantity: at least 2 HCFs.
2. Report on piloting with suggested changes to the instruments (MS Word/other format if applicable).  
Quantity: at least 1.  
Format: MS Word.
3. Research instruments changed after the piloting stage / whenever needed (format as per deliverables of Activity 2 section).  
Quantity: at least 1.  
Format: MS Word/MS Excel/other format if applicable.

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

**Task 5 (Due date: May 20, 2024):**

1. Report note on data collection.  
Quantity: at least 1.  
Format: MS Word.

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

**Task 6 (Due date: June 3, 2024):**

1. Databases and with the agreed specification, which include the generation of additional variables:
  - Actual expenditures on the level of EDs;
  - Actual expenditures on the level of other units are meant to be provided on the level of EDs according to the international best practices;
  - Indirectly calculated expenditures on services not actually provided but required according to the international best practices;
  - Out-of-pocket payments if applicable.
  - Expenditures on services provided jointly with other organizations (e.g., prehospital ambulances).

Quantity: at least 5.  
Format: MS Excel, SPSS, etc.

2. Tables of completed costing for each part of the services and for the functioning of EDs of each type in general.  
Quantity: at least 1.  
Format: MS Excel, SPSS, etc.

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

**Task 7 (Due date: June 17, 2024):**

1. Collected data on demography, epidemiology, prognosis in demography and epidemiology  
Quantity: at least 1.  
Format: MS Excel/MS Word, other format preapproved by HRS.
2. Draft of costing model.  
Quantity: at least 1.  
Format: MS Excel, other format preapproved by HRS.
3. Presented draft of the data for the costing model.  
Quantity: at least 1.  
Format: MS Excel/MS Word/MS PowerPoint.

All deliverables under Task 7 should be developed by the Grantee and approved by the HRS team.

**Task 8 (Due date: July 1, 2024):**

1. Updated data on demography, epidemiology, prognosis in demography and epidemiology (MS Excel/MS Word, other format preapproved by HRS).  
Quantity: at least 1.  
Format: MS Excel/MS Word, other format preapproved by HRS.
2. Finalized costing model, including budget calculations and financial needs projection.  
Quantity: at least 1.  
Format: MS Excel/MS Word/MS PowerPoint.

All deliverables under Task 8 should be developed by the Grantee and approved by the HRS team.

**Task 9 (Due date: July 22, 2024):**

1. Technical report.  
Quantity: at least 1.  
Format: MS Word.
2. Draft Analytical report with study results, findings, recommendations, etc.  
Quantity: at least 1.  
Format: MS Word.



3. Finalized Analytical report due to received comments.  
Quantity: at least 1.  
Format: MS Word.
4. Presenting materials and other requested information for the series of meetings and capacity-building activities, including (but not limited to):
  - meeting(s) with regional health authorities, HCFs, hromadas, rayons, MOH, NHSU, Ministry of Finance, and other national and international stakeholders; and
  - workshop(s) for local health authorities, MOH, NHSU, Ministry of Finance, and other national and international stakeholders.

Quantity: TBD.  
Format: MS PowerPoint, MS Word, MS Excel, etc.
5. Develop reports on meeting(s) and capacity-building activity(s) with the stakeholders following HRS reporting requirements.  
Quantity: TBD.  
Format: MS PowerPoint, MS Word, MS Excel, etc.

All deliverables under Task 9 should be developed by the Grantee and approved by HRS team.

### 3.6. General Milestones and Associated Timelines

For this type of grants, fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones:

#	Milestone	Milestone verification	Expected date of completion
1.	Develop a detailed work plan	Work plan developed and agreed upon with HRS team	Two weeks after the contract signed
2.	Work with HRS team to finalize the study design and sampling	<ol style="list-style-type: none"> <li>1. Finalized Concept note.</li> <li>2. Finalized study methodology.</li> <li>3. Study implementation plan with clear timelines and role distribution that can be updated as needed.</li> <li>4. Formal criteria for HCFs selection for the study sample.</li> <li>5. Completed desk research on international best practices for services included in the scope of hospital emergency departments and services included in the scope of emergency departments in Ukraine.</li> </ol> All deliverables under Task 2 should be developed by the Grantee and approved by the HRS team.	March 4, 2024
3.	Develop Research Instruments	<ol style="list-style-type: none"> <li>1. Selection criteria for the sample of the HCFs agreed with HRS</li> </ol>	April 8, 2024

#	Milestone	Milestone verification	Expected date of completion
		2. Sample of the HCFs agreed with HRS. 3. Questionnaire for medical staff. 4. Questionary for HCFs management. 5. Guide for focus groups for medical staff. 6. Tool(-s) for data collection from the HCFs. 7. Guide for data collection from the HCFs. 8. Other research instruments upon need and agreement with or request from HRS. All deliverables under Task 3 should be developed by the Grantee and approved by the HRS team.	
4.	Pilot Research Instruments	1. Pilot sample of HCFs (at least 2 HCFs from the general sample, to be confirmed with HRS). 2. Report on piloting with suggested changes to the instruments. 3. Research instruments changed after the piloting stage / whenever needed. All deliverables under Task 4 should be developed by the Grantee and approved by the HRS team.	April 22, 2024
5.	Conduct Data Collection for the Study	1. Report note on data collection. All deliverables under Task 5 should be developed by the Grantee and approved by the HRS team.	May 20, 2024
6.	Compete Databases with Collected Data	1. Databases and with the agreed specification, which include the generation of additional variables: 2. Tables of completed costing for each part of the services and for the functioning of EDs of each type in general. All deliverables under Task 6 should be developed by the Grantee and approved by the HRS team.	June 3, 2024
7.	Develop a Draft of the Costing Model	1. Collected data on demography, epidemiology, prognosis in demography and epidemiology 2. Draft of costing model. 3. Presented draft of the data for the costing model. All deliverables under Task 7 should be developed by the Grantee and approved by the HRS team.	June 17, 2024
8.	Develop a Finalized Costing Model	1. Updated data on demography, epidemiology, prognosis in demography	July 1, 2024

#	Milestone	Milestone verification	Expected date of completion
		and epidemiology (MS Excel/MS Word, other format preapproved by HRS). 2. Finalized costing model, including budget calculations and financial needs projection. All deliverables under Task 8 should be developed by the Grantee and approved by the HRS team.	
9.	Develop Reports with Recommendations and Present Materials to Stakeholders	1. Technical report. 2. Draft Analytical report with study results, findings, recommendations, etc. 3. Finalized Analytical report due to received comments. 4. Presenting materials and other requested information for the series of meetings and capacity-building activities, including 5. Develop reports on meeting(s) and capacity-building activity(s) with the stakeholders following HRS reporting requirements. All deliverables under Task 9 should be developed by the Grantee and approved by HRS team.	July 22, 2024

### 3.7. Key Personnel

Key personnel must have relevant education and experience (reflected in CVs) and provide the workload information. The key personnel shall not be changed throughout the project execution without justification.

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

- healthcare management,
- financial and costing calculations, finance resource estimations, budget projections,
- interaction with and engaging HCF management and local authorities.

### 3.8. Grant Expected Results

- Report on completed desk research on international best practices for services included in the scope of hospital emergency departments and services included in the scope of emergency departments in Ukraine is prepared
- Research instruments for study are developed and piloted
- Databases and with the agreed specification, which include the generation of additional variables is developed

- Data on demography, epidemiology, prognosis in demography and epidemiology is collected
- Costing model, including budget calculations and financial needs projection is developed
- Reports with Recommendations and Present Materials to Stakeholders are developed

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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 the proposed project
- Name of the contact person
- Duration of project
- Date submitted

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

### C. Technical Proposal (8 pages maximum)

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

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

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

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

- Describe your study's approach considering the sensitivity of the topic and war-related difficulties in data collection.
- 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).

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

- Give specific study methodologies; justify the choice of the study approaches.
- Describe technical strategies and instruments/tools the organization will use to perform the Grant. 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, the survey of medical and non-medical staff, and a 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).

## - IMPLEMENTATION PLAN/ACTIVITIES *[maximum 2 pages]*

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

## - COORDINATION AND COLLABORATION *[maximum 1 page]*

- Describe how you will collaborate and coordinate grant activities with other stakeholders, including cooperation with communal healthcare facilities, and explain the selection of respondents and facility data collection approach.

## - MANAGEMENT PLAN *[maximum 1 page]*

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

## - ORGANIZATIONAL CAPACITY *[maximum 1 page]*

- Describe the team that will implement the Grant, indicating their positions, roles, and contact details as Annex B. Provide CVs for core/implementation team (as an ANNEX B – IMPLEMENTATION TEAM & CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY ).
- Indicate contacts who will liaise with the HRS Project.
- Provide additional information about your organization's experience in the implementation of 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 – IMPLEMENTATION TEAM & CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY (max 3 pages)

ANNEX C - INFORMATION ON PREVIOUS ASSISTANCE AWARDS OR CONTRACTS

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## 5 BUDGET CONTENTS

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### 5.1. Budget and Payment Terms

The approximate budget amount shall not exceed 5 200 000 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 #203.

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

### 5.3. Budget Content

The Applicant must:

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

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

### 5.4. Taxes

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



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## 6 SELECTION

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

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

Application Selection Criteria	Points
1. Statement of Need	5
2. Project Goal, Objectives, and Geographic Focus	10
3. Technical Strategies	20
4. Implementation Plan / Project Activities	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 with 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.