



HEALTH REFORM SUPPORT

**REQUEST FOR GRANT APPLICATIONS (RFA):
STRENGTHENING THE CAPACITY OF CHERNIHIV,
DNIPROPETROVSK, AND SUMY OBLAST PHC FACILITIES TO
DELIVER PALLIATIVE CARE**

RFA # 501

A USAID/U.S.A. FUNDED PROJECT

January 2023

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Authors

This request for applications was prepared by: Olha Khryshchuk, Liudmyla Khomych, Sarah Walker, Caroline Grimm

USAID Health Reform Support
52A, B. Khmelnytskogo Str., 5th floor, 01030 Kyiv, Ukraine

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I SUMMARY

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: As part of this RFA, USAID Health Care Reform Support plans to provide technical assistance and grant funding to a non-governmental organization to strengthen the capacity of primary health care facilities to provide palliative care.

Period of Performance: The period of performance for the Grant is approximately nine (9) months, from February 15, 2024, to November 15, 2024. The application work plan and budget should reflect the 9 month period of performance.

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

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

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award **one (1) grant up to 17,248,664 UAH** (or the equivalent of USD \$465,000.00). 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 5, 2024. Questions should be received by close of business (COB) Ukraine local time on January 23, 2024, and responses to questions will be provided by January 25, 2024.

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

Attachment I: Technical Proposal

- Annex A. Grant Activity Implementation Plan
- Annex B. Grant Activity Monitoring and Evaluation Plan

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

2. INSTRUCTIONS FOR APPLICANTS

2.1. General

- Entities invited to submit an application are under no obligation to do so.
- Applicants will not be reimbursed by USAID Health Reform Support Project for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under RFA# 501.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support Project reserves the right to conduct discussions once a successful application is identified, or to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- USAID Health Reform Support Project reserves the right not to make any award.
- These instructions to applicants will not form part of the offer or grant award. They are intended solely to aid applicants in the preparation of their applications.

2.2. RFA Contact Information

USAID Health Reform Support Project Office

Attention: Olena Korduban

Email: grant@hrs.net.ua

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

2.3. Questions and Clarifications

- **Method:** Only written questions and requests for clarification will receive a response. Send questions about this RFA by email to the RFA Contact noted above.
- **Date for receipt:** All questions and requests for clarification must be received by close of business (COB) on January 23, 2024, to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By January 25, 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 18, 2024, at 16:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 Ukraine local time, January 18, 2024.**

2.4. Applications Due Date and Time

Closing Date: February 5, 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) Standard Grant Award in response to RFA# 501 with a ceiling amount of **up to 17,248,664 UAH**.

2.7. Submission Requirements

- **Language:** The application and all associated correspondence must be in English. However, applications submitted in Ukrainian will also be considered and reviewed. Any award document resulting from this request will be in English.
- **Currency:** The cost must be presented in UAH.
- **Method:** Electronic copy.
- **Marking:** USAID Health Reform Support Project, RFA# 501.
- **Authorized Signer:** Application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.
- **Authorized Personnel.** Provide name, title, email, and telephone number of the person or persons in the entity who are authorized to discuss and accept a grant, if awarded.

2.8. Eligibility

To be eligible to apply a potential Applicant:

- Should be Non-U.S. non-governmental organizations, for profit or nonprofit, registered in Ukraine (e.g. NGOs, Professional Associations, Research/ Educational Institutions, Commercial Organizations) for no less than 3 years;
- Shouldn't appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";
- Shouldn't be individual, political party, any governmental entity(organization) or official whether at national or municipal level;
- Shouldn't be affiliated with HRS or any of its directors, officers or employees;

- Organizations whose objectives are not consistent with the broad objectives of the HRS Project are also ineligible.
- In accordance with 2 CFR 25, recipients of grant awards, foreign or domestic, of \$25,000 or more are required to obtain a Unique Entity Identifier Number and register themselves through the SAM.gov website.

Additional eligibility criteria

- The organization must have demonstrated experience in technical areas relevant to the scope of work or grant focus.
- The organization must currently be implementing activities in the geographic area or technical area for which it is submitting an application.
- The organization has minimum absorptive capacity and demonstrates the potential to acquire sufficient capacity to manage programs in a sustainable manner.
- The organization has a functional financial system.
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest that could prevent full impartiality in implementation of the grant activities.
- 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.
- US Nongovernmental organizations are eligible only for funding up to \$250,000.

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

2.10. Late Applications

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

2.11. Modification/Withdrawal of Applications

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

2.12. Disposition of Applications

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

3. STATEMENT OF WORK

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

Primary health care (hereinafter referred to as "PHC") has long been the least developed area of Ukraine's health care system. Initiated in 2018, PHC reform has given rise to fundamental changes, both strategic and operational. However, the PHC facilities still cannot afford covering the recommended 80% of the population's health care needs and are often used to refer patients to specialized health care facilities. PHC specialists lack knowledge and skills for providing various services, especially those pertaining to mental health care, palliative care, and diagnostics. Russia's war on Ukraine has made the situation even worse, as many health care facilities have been damaged and need rebuilding.

In 2018, Ukrainian Center for Social Data estimates need of palliative care is more than 320,000. In 2022, according to rough estimates based on death rate data, the number of Ukrainians in need of palliative care ranges between 325,000 and 406,000. The Primary Health Care Provision Procedure was adopted in 2018 (MOH Order No. 504 dated March 19, 2018) to determine how certain palliative care services should be provided to patients of all age groups at the PHC level under capitation rate. In addition, in 2020, the Palliative Care Procedure was adopted (MOH Order No. 1308 dated June 4, 2020) to establish auxiliary tools for identifying and managing patients in need of palliative care – the Palliative Care Patient Identification Criteria and the Palliative Care Patient Follow-up Plan. PHC facilities can also be contracted by the NHSU for the provision of the Mobile Adult and Child Palliative Care at home under the corresponding PMG Package.

The previous activities of USAID Health Reform Support revealed that PHC specialists have significant gaps in knowledge about palliative care, the relevant policy framework, and skills in providing palliative care at the primary care level; they further lack proper equipment and/or materials. It is also worth highlighting the widespread problem of drug phobia – doctors' irrational fear to prescribe potent painkillers (which can be equated to torturing a patient), despite the relevant state policy changing more than 10 years ago (CMU Resolution No. 333 dated May 13, 2013).

Considering this evidence, USAID Health Reform Support announces an RFA among non-governmental organizations to address the above-described gaps and challenges. The activities of the grant program will aim to expand and improve the quality of palliative care services provided by PHC facilities by raising the professional level of health care workers, procuring the necessary equipment and materials, and strengthening the coordination function of PHC facilities at community level. This will involve organizing several training activities to develop the competencies of PHC teams, identifying the needs of facilities, procuring and delivering the necessary equipment and supplies, holding coordination meetings at the regional / local level, and developing an interdisciplinary coordination mechanism.

3.2. Grant Objective

This grant program is part of USAID Health Reform Support Activity Objective 5: Improving the Service Delivery System at All Levels. It is aimed at expanding and improving the range of palliative care services provided at the PHC level.

The grantee shall meet the following **key objectives**:

- Holding coordination meetings at the local/regional/national levels and developing an interdisciplinary coordination mechanism

- Creating the recommendations for palliative care development at the PHC level
- Strengthening capacity of PHC facilities to provide palliative care through training activities for PHC doctors and nurses, and equipping facilities with essential palliative care equipment and materials
- Refinement of the recommendations for palliative care development at the PHC level, based on the analysis of existing practice and experience of cooperation with PHC facilities at the local level
- Presentation of the recommendations for palliative care development at the PHC level for national stakeholders.

Below, these key objectives are described in more detail by components and activities.

3.3. Activities & Expected Results

Upon consultations and in collaboration with HRS, the grantees should:

Component 1: Establish cooperation with 40 PHC facilities in the three focal regions and collect baseline palliative care indicators.

Activity 1.1. Conduct coordination activities with representatives of PHC facilities and oblast health departments in the focal regions (Chernihiv, Dnipropetrovsk, and Sumy oblasts) jointly with USAID Health Reform Support (HRS) representatives in February 2024 to:

- Conduct coordination meetings with PHC facility program participants
- Discuss palliative care challenges and the needs of the PHC facilities in the focal regions
- Present and discuss the program work plan and expected outcomes

Expected Results 1.1.

- The package of material of the conducted coordination meeting, including agenda, slide deck, meeting minutes, list of participants, other materials as requested by HRS
- Memoranda of coordination exhibiting an agreement has been made with 40 PHC facilities

Activity 1.2. Collect baseline data (indicators) on palliative care and relevant needs in the 40 PHC facilities of the Chernihiv, Dnipropetrovsk, and Sumy oblasts prior to participation in the program

Expected Results 1.2.

- Indicators on palliative care in the PHC facilities and data collection tool(s) have been developed jointly with the HRS team
- Dataset with baseline data prepared
- Short analytical note on identified training needs and priorities for PHC facilities in palliative care developed
- 40 (forty) forms specifying the baseline indicators have been collected.

Component 2: Organize and conduct training activities for health care professionals (doctors and nurses) of the 40 PHC facilities in the focal regions

Activity 2.1. Conducting PHC-level palliative care training for trainers (TOT) in February-April 2024. Successful participants will become trainers to train doctors and nurses of the selected PHC facilities. This activity will involve the following:

- **Developing the TOT program in consultation with the HRS team.** A tentative list of training topics is as follows:
 - Identification criteria for palliative care patients
 - Patient General Health Assessment. Scales and Tools
 - Adult and Child Palliative Care Peculiarities
 - Cooperation with the NHSU under the Mobile Adult and Child Palliative Care Package
 - Chronic Pain Syndrome Treatment Principles
 - Electronic and Paper Prescriptions for Opioid Analgesics
 - Critically Ill Patient Positioning and Care Principles

- Practical Work with Training Models and Specialized Equipment
- Training of Relatives / Caretakers (and specifically to reduce the burden on PHC facilities)
- Selecting TOT participants (potential trainers):
 - Developing a questionnaire for potential trainers (identifying the level of knowledge and motivation)
 - Distributing the questionnaire, collecting the results, and selecting the participants
- Developing, adjusting, and approving the training schedule, and organizing logistics (inviting the participants, organizing accommodation and meals for the participants and trainers, compiling participant lists)
- Registering the training as a CPD (continuous professional development) activity
- Conducting at least one training for trainers (TOT) (about 16-to-20 participants)
 - In person, four days
- Assessing the knowledge and skills acquired, certifying the potential trainers
- Selecting the most successful trainees as trainers to deliver training to PHC workers

Expected Results 2.1.

- Approved TOT training materials
- A 4-day training workshop (TOT) has been conducted. Evidence: the training program, pre- and post-training knowledge assessment questionnaires, presentations, a description of practical exercises, participant lists for each day, a report on the conducted training compiled according to the proposed form
- Report based on the conducted TOT with supplemental materials (list of participants, analysis of the results of gained knowledge and skills, etc).
- A minimum of 16 (sixteen) trainers prepared at the ToT.
- As a result of the ToT based on the pre-and post-knowledge assessment, a minimum of 30% of trainee knowledge improvement
- A minimum of 70% of trainees report the TOT to be relevant practical, and useful in their feedback questionnaires.
- A minimum of 70% of trainees report that they enhanced their level of knowledge of the suggested topics and feel prepared to conduct training in palliative care for PHC professionals in their feedback questionnaires.

Activity 2.2. Organizing and conducting in-person training activities for doctors and nurses of the 40 PHC facilities to enhance their palliative care competencies, tentatively in April-July 2024:

- Developing a training program for two-day training workshops jointly with an HRS consultant. A tentative list of training topics is as follows:
 - Identification criteria for palliative care patients
 - Patient General Health Assessment. Scales and Tools
 - Adult and Child Palliative Care Peculiarities
 - Cooperation with the NHSU under the Mobile Adult and Child Palliative Care Package
 - Chronic Pain Syndrome Treatment Principles
 - Electronic and Paper Prescriptions for Opioid Analgesics
 - Critically Ill Patient Positioning and Care Principles
 - Practical Work with Training Models and Specialized Equipment
 - Training of Relatives / Caretakers (and specifically to reduce the burden on PHC facilities)
- Preparing, designing, and printing awareness-raising materials on palliative care for doctors and nurses of the selected PHC facilities
- Registering the training as a CPD activity

- Selecting the participants (200 participants from the 40 facilities, approximately two doctors and three nurses per facility)
- Developing a questionnaire to assess prior knowledge / attitudes / motivation
- Developing the training schedule, and organizing the process of inviting participants to the training activities
- Conducting at least eight in-person training workshops (based on the participation of 25 persons per training workshop)
- Pre- and Post-testing (conducting an exam for) the training participants, using the questionnaires, approved by HRS.
- Compiling separate reports on the training workshops conducted utilizing tools provided by HRS post-award
- Developing a questionnaire for deferred evaluation of the training (to be conducted six months after the training)

Expected Results 2.2.

- Approved training materials for the workshops, including the training program, pre- and post-training knowledge assessment questionnaires, presentations, a description of practical exercises, participant lists for each day, a report on the conducted training compiled according to the proposed form
- 8 (eight) 2-day training workshops have been conducted
- 200 (two hundred) PHC professionals – doctors and nurses of the selected PHC facilities are trained.
- A minimum of 70% of trainees reported the training workshops to be relevant practical, and useful in their feedback questionnaires. A minimum of 70% of trainees report that they enhanced their level of knowledge of the suggested topics and feel prepared to conduct training in palliative care for PHC professionals in their feedback questionnaires.

Activity 2.3. Organizing and conducting online training activities for workers of the 40 PHC facilities to enhance their palliative care competencies in April-July 2024:

- Developing the training program jointly with an HRS consultant. A tentative list of training topics is as follows:
 - Identification criteria for palliative care patients
 - Patient General Health Assessment. Scales and Tools
 - Adult and Child Palliative Care Peculiarities
 - Cooperation with the NHSU under the Mobile Adult and Child Palliative Care Package
 - Chronic Pain Syndrome Treatment Principles
 - Electronic and Paper Prescriptions for Opioid Analgesics
 - Critically Ill Patient Positioning and Care Principles
 - Training of Relatives / Caretakers (and specifically to reduce the burden on PHC facilities)
- Registering the training as a CPD activity
- Selecting the participants (500 participants representing the selected 40 facilities in the focal regions)
- Developing a questionnaire to assess prior knowledge / attitudes / motivation
- Developing the training schedule, and organizing the process of inviting participants to the training activities
- Conducting at least three in-person training workshops (based on the participation of 150-to-170 persons per training workshop)
- Pre- and Post-testing (conducting an exam for) the training participants, using the questionnaires, approved by HRS.

- Compiling separate reports on the training workshops conducted
- Developing a questionnaire for deferred evaluation of the training (to be conducted six months after the training)

Expected Results 2.3.

- Training materials for the training workshops, including pre- and post-training knowledge assessment questionnaires, presentations, a description of practical exercises, participant lists for each day, a video recording of the training, a report on the conducted training compiled according to the proposed form
- 3 (three) online training workshops conducted.
- 500 (five hundred) representatives of PHC facilities in the focal regions participated in the training workshops.
- A minimum of 70% of trainees reported the online training workshops to be relevant, practical and useful
- A minimum of 70% of trainees that reported that they enhanced their level of knowledge of the suggested topics and feel prepared to provide improved palliative care at PHC level in their feedback questionnaires.

Component 3: Procurement of necessary equipment and materials for the delivery of palliative care at the PHC level

Activity 3.1. Identifying the tangible assets needs of the 40 PHC facilities and procuring and delivering the necessary equipment. As part of this activity, between February - July 2024, the grantee shall do the following:

- Analyze the tangible assets needs required for the facilities to provide palliative care (jointly with the HRS team). For this to be done, indicators, data sources, and the criteria for identifying the needs of the facilities should be initially developed (Activity 1.2)
- Compiling a list of the tangible assets to be procured for each facility (jointly with the HRS team). These may include, but are not limited to:
 - CPAP masks
 - Anti-decubitus mattresses
 - Anti-decubitus pillows (basic set)
 - Slide sheet
 - Toilet chair
 - Automated volumetric infusion pump systems
- Procuring the tangible assets as listed
- Delivering the tangible assets to the relevant PHC facilities with due registration and accounting
- Developing a questionnaire to assess the use of the equipment provided
- Distributing the questionnaire among PHC facilities, collecting and analyzing results of the responses

Expected Results 3.1.

- Lists of the tangible assets procured and delivered to the relevant PHC facilities in the focal regions.
- Signed acts of acceptance of the tangible assets
- 40 (forty) PHC facilities in the focal regions, have received the equipment identified.
- A minimum of 34 (thirty-four) PHC facilities in the focal regions, have reported via questionnaire that they increased the number of palliative care services by 30% and above owing to the logistical resources received.

Component 4: Strengthening the coordination role of PHC facilities in delivering palliative care

Activity 4.1. Strengthening the coordination role of PHC facilities in delivering palliative care in the focal regions. As part of this activity, the grantee shall do the following over the period of February-October 2024:

- Organize coordination meetings (primary and specialized health care facilities, health care departments, social services, other institutions pertaining to the delivery of palliative care in the focal regions (tentatively March 2024)
- Conduct coordination meetings, which shall cover the following topics:
 - Strengthening interaction between various service providers and stakeholders
 - Sources of supplies and additional resources for expanding services (charity foundations, international organizations, the NHSU, communities, social services, NGOs, etc.)
 - Dispelling myths and stereotypes about palliative care among care providers and recipients
 - Informing citizens about the possibility of receiving palliative care
 - Ensuring proper pain relief for patients who need it across all levels of pain relief
 - Improving the functionality of medical information systems for palliative care delivery
- Develop an interdisciplinary local coordination mechanism (a document) for palliative care delivery (May-September 2024) and submit it to the PHC facilities in the focal regions for implementation
- Develop a questionnaire to assess the use of the interdisciplinary local coordination mechanism. Conduct the survey using this questionnaire, collect and analyze data. Provide the report based on the survey.

Expected Results 4.1.

- The interdisciplinary local coordination mechanism (separate documents for each region or areas, that lists the key stakeholders in palliative care, key contact persons, and algorithm for referrals, coordination of care, etc.)
- 3 (three) coordination meetings have been conducted to strengthen the coordination role of PHC facilities.
- 40 (forty) PHC facilities in the focal regions, have received interdisciplinary local coordination mechanisms (documents with list of key stakeholders, contacts and algorithm of referrals and coordination of care) improve palliative care delivery via palliative care patient pathways adopted by facility order
- 34 (thirty-four) PHC facilities in the focal regions, that have reported through the questionnaire they are enabled to provide better-quality palliative care because of the interdisciplinary local coordination mechanism.

Component 5: Creating recommendations for palliative care development at the PHC level

Activity 5.1. To develop recommendations for palliative care development at the PHC level in coordination with stakeholders:

- Coordination with stakeholders (March, June, and September 2024)
- The practical challenges that exist at the PHC level and prevent the delivery of palliative care from being of high quality should be recorded in the process of preparing and conducting the training activities (Deliverable 2), procuring the tangible assets (Deliverable 3), and improving the coordination role of PHC facilities (Deliverable 4), while contacting with doctors, nurses, and other parties.
- Existing practices should be thoroughly analyzed (in the selected 40 PHC facilities and in the focal regions in general) throughout the whole activities and described in the progress reports.
- Based on the practices analysis and in cooperation with the HRS team, the recommendations for palliative care development at the PHC level should be developed and presented for national stakeholders (October 2024)

Expected Results 5.1.

- The recommendations for palliative care development at the PHC level prepared
- 1 (one) working meeting conducted to present the recommendations for palliative care development at the PHC for key national stakeholders.

Activity 5.2. Technical assistance to the 40 PHC facilities in the focal regions in establishing the palliative care delivery process.

- In cooperation with the 40 PHC facilities:
 - Utilize the palliative care needs assessment provided by the HRS team, to identify the most common conditions for palliative care services at the PHC level and develop standard operating procedures (SOPs) for them (may be part of the training program - Activities 2.2. and 2.3.)
 - Organize proper care training for relatives of patients, including individual and / or group training (e.g. patient schools)
 - Ensure palliative care services provided are appropriately documented (including appropriate coding in ICPC-2), include the discussion and tracking of these issues in other activities, e.g. Activity 2.3. (online training workshops) and Activity 4.1. (coordination meetings)
 - Inform community members about the availability of palliative care services, the types of services, and the categories of patients who should seek such services.
 - Establish appropriate information for community members about the possibility of receiving palliative care services, types of such services and categories of patients who should apply for such services (develop a communication plan for a year; develop a pool of information materials for online and offline communication with community members about the possibility of receiving services from palliative care, which will be used during the implementation of this communication plan).

Expected Results 5.2.

- Implemented SOPs
- Training of patient relatives launched
- Communication plans on palliative care launched
- 30 (thirty) PHC facilities involved in the program have implemented SOPs.
- 30 (thirty) PHC facilities have organized proper care training for relatives of patients.
- 30 (thirty) PHC facilities have conducted awareness-raising activities to keep community members informed about the possibility of receiving palliative care services (developed communication plans, information materials, and started its' dissemination).

Component 6: Performance evaluation and preparation of the final report

Activity 6.1. Evaluation of the project performance, preparation of the final report, and articulation of recommendations for the development of palliative care at the local level (at the PHC level). For this to be done, the grantee shall do the following in August-October 2024:

- Develop and conduct a survey of patients and / or their relatives and staff of health care facilities in the focal regions.
 - Develop a questionnaire
 - Develop and adjust and approve a methodology for conducting the survey / collecting baseline data. For impact assessment, it is also advisable to interview representatives of the "control group" – representatives of facilities and patients from the focal regions that were not covered by the program
 - Collect and analyze data
 - Articulate conclusions on the performance evaluation of the grant activities

- Articulate recommendations for the improvement of palliative care delivery, based upon the analysis of practices (including law enforcement practices) – Activity 5.1., the coordination meetings (Activity 4.1.), and the analysis of other data (including pre- and post-training surveys)
- Prepare the final report describing all the implemented activities
- Prepare and submit the reports set forth under the grant

Expected Results 6.1.

- A survey has been conducted among patients and / or their relatives and staff of health care facilities in the focal regions to see if the program has proved useful
- Completed final grant program report, including recommendations, implemented activities, and data analysis from the period of performance.

The first stage of grant implementation (February – March 2024) will require building the grant implementation team and finalization of the grant implementation work plan (February 2024). The implementation plan will be reviewed and agreed upon with HRS and will be the basis for the reporting and reimbursements throughout the lifetime of the grant.

3.4. Outcome Indicators

Short-term Outcomes:

- About 700 health care workers of the PHC facilities in the Chernihiv, Dnipropetrovsk, and Sumy oblasts have improved their knowledge and skills (by at least 30% according to pre- and post- training questionnaires) in providing palliative care and started applying them in their daily work.
- Recommendations for palliative care development at the PHC level developed and endorsed by the MOH for further usage at PHC facilities.

Long-term Outcomes:

- 20% (40) of PHC facilities in the Chernihiv, Dnipropetrovsk, and Sumy oblasts have enhanced their capacity to provide palliative care (in terms of staff skills and logistics).
Data source: Survey. The reported data on the covered facilities should be provided by the name of facility, entity code “ЄДРПОУ”, and region.
- The number of patients receiving palliative care in 40 PHC facilities in Chernihiv, Dnipropetrovsk, and Sumy oblast has grown by at least 30% (comparison of data from MISs for Jul-Sep 2023 and Jul-Sep 2024).
- More than 70% of the surveyed patients and / or their relatives are satisfied with the palliative care they receive by the end of the grant program.
The reported data should include baseline (February-March 2024) and follow-up data (August-September 2024) from HCFs.

3.5. Key Personnel

The grant implementation team shall consist of at least 5-7 people. It shall include a grant coordinator, a financial specialist, a logistics specialist, a procurement specialist, etc. External consultants may be involved in the implementation of some of the grant activities, if necessary.

4 TECHNICAL APPLICATION CONTENTS

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

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

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

A. Cover Page

Include all of the following information:

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

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

C. Technical Proposal (12 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:

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

- Provide a detailed presentation and analysis of the problems and their interrelation at all levels.
- Provide a detailed description of the target groups and final beneficiaries, and their estimated number.
- Clearly identify the specific problems to be addressed by the grant activity, as well as the perceived needs and constraints of the target group(s).
- Demonstrate the relevance of the grant activity to the needs and constraints of the target areas in general and to the target groups/final beneficiaries in particular, and how the grant activity will provide the desired solutions, in particular for the target beneficiaries. Use evidence and data to support your justification.
- Demonstrate the relevance of the grant activity to the objectives and priorities of the USAID Health Reform Support.

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

- Describe the overall objective(s) to which the proposed grant activity aims to contribute.
- Describe the specific objective(s) that the proposed grant activity aims to achieve. Specific objectives should be “SMART” (specific, measurable, achievable, realistic and time-bound).

- State where the grant activity will be implemented (identify geographic areas, location/s, municipalities/cities). Organization must demonstrate its ability to effectively implement services in that target area (e.g. is already working in that area or has strong relationships and can quickly expand services in that area). Applicant must be able to demonstrate “additionality” of the proposed grant activity, which is defined as a rapid scale-up or expansion of an existing program that will require minimal overhead and operational costs.

3. IMPLEMENTATION PLAN/ACTIVITIES *[maximum 1 pages]*

- Attach a detailed work plan for the implementation of the grant (use the template in Annex A – PROJECT IMPLEMENTATION PLAN). Please note that the activities specified in the work plan shall be in line with the terms of reference of this request for applications, but not necessarily limited thereto.
- How will the cooperation with PHC facilities and other stakeholders in the focal regions be organized to make sure that the grant objectives are met?
- The work plan must deliver the milestones and ensure the requirements of its expected time of completion.

4. MONITORING AND EVALUATION *[maximum 2 page]*

- Provide a narrative description of how the Organization will use monitoring data to guide programming decisions and interventions.
- Provide the detailed information about activities’ performance monitoring in Annex B, using the provided format and guidelines.

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

- Describe roles and involvement of various actors and stakeholders in grant activity, including local authorities, target groups and partners, and explain why these roles have been assigned to them.
- Indicate how the grant activity will be coordinated with other relevant projects in the target area.
- Describe how the grant activity will be integrated into other projects/services your Organization already offers.

6. MANAGEMENT PLAN *[maximum 1 page]*

- Describe how the project will be managed. Describe systems that exist or will be put in place to enable Organization to effectively manage the grant activity.
- Describe the composition and organizational structure of the proposed project team, and titles, roles and responsibilities of key personnel. Provide the CVs of up to three key personnel in annex, including the Project Manager. CVs should not exceed one page each.
- Include information on technical and managerial experience of the proposed project manager as well as any other technical personnel. Experienced, qualified personnel in relevant disciplines and areas should be provided for project management and staff.
- Indicate who will liaise with USAID Health Reform Support.

7. ORGANIZATIONAL CAPACITY *[maximum 1 page]*

- Briefly describe your grant implementation team, its capabilities and capacity to implement the project. What is your management approach? Specify what experience the members of the grant implementation team have in conducting similar coordination and training activities.
- Submit a completed project organization chart (use the template in Annex A – GRANT IMPLEMENTATION TEAM). The grant implementation team shall consist of at least five-to-seven people. It shall include a grant coordinator, a manager(s) for working with PHC facilities, a financial

specialist, a logistics specialist, a procurement specialist, etc. External consultants may be involved in the implementation of some of the grant activities, if necessary.

- 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. Grant Activity Monitoring and Evaluation Plan

Annex C. Information of Previous Assistance Awards/Contracts

Annex D. Supporting Data for Cost Estimates

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)

5 BUDGET CONTENTS

5.1. BUDGET AND PAYMENT TERMS

The approximate budget amount shall not exceed 17,248,664 UAH. The budget should be produced as line items with rates and units, and payment will be remitted as reimbursement for actual costs upon the receipt and successful acceptance of invoice packages. The budget items, associated payment terms, and dates according to the proposed detailed cost estimate will be officially defined based on the applicant's proposal and fixed in the grant award document.

5.2. COST SHARE

Cost sharing is not a requirement for RFA #501.

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 line item following the format of the template provided (see Attachment 2: Budget and Budget Notes). Supporting documentation to support cost data will be required prior to award of grants. However, these documents will not be required at the time of application submission.
- **Grant award funds can't be used for:**
 - Construction works
 - Major/small repairs
 - Other items not related to the grant implementation

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

5.4. TAXES

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

6 SELECTION

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

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

Application Selection Criteria	Points
1. Statement of Need	10
2. Project Goal, Objectives, and Geographic Focus	10
3. Implementation Plan / Project Activities	30
4. Coordination and Collaboration	10
5. Organizational Capacity	20
6. Budget, Budget Notes and Cost Reasonableness	20
Total points	100

Technical Proposal

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

Budget

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

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

7 REFERENCES, TERMS & CONDITIONS

7.1. References

- The U.S. Government regulations that govern this Grant as found at the following websites:
<http://www.usaid.gov/sites/default/files/documents/1868/303.pdf>
<https://www.acquisition.gov/far/html/FARTOCP31.html>
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- Required provisions for Simplified and Standard Grants to Non-U.S. Non-Governmental Organizations: <http://www.usaid.gov/ads/policy/300/303mab>.
- Required Standard Provisions for U.S. Non-governmental organizations: <http://www.usaid.gov/ads/policy/300/303maa>

7.2. Terms and Conditions

- Issuing this RFA is not a guarantee that a grant will be awarded.
- Deloitte reserves the right to issue a grant based on the initial selection of offers without discussion.
- Deloitte may choose to award a grant for part of the activities in the RFA.
- Deloitte may choose to award a grant to more than one recipient for specific parts of the activities in the RFA.
- Deloitte may request from short-listed grant applicants a second or third round of either oral presentations or written responses to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- Deloitte has the right to rescind an RFA, or rescind an award prior to the signing of an grant award/contract due to any unforeseen changes in the direction of Deloitte's client (the U.S. Government), be it funding or programmatic.
- Deloitte reserves the right to waive any deviations by organizations from the requirements of this solicitation that in Deloitte's opinion are considered not to be material defects requiring rejection or disqualification, or where such a waiver will promote increased competition.

Grant Agreement

A grant agreement will include the approved project description, approved budget, payment terms, reporting requirements and relevant provisions. Once executed, it is a legally binding agreement between Deloitte (on behalf of the USAID Health Reform Support) and the recipient organization. Once the grant agreement is signed, it cannot be modified without prior written approval from Deloitte (on behalf of the USAID Health Reform Support).

Grant Disbursement and Financial Management

Recipients of grant funds will need to open a separate bank account before any funds are transferred from Deloitte. The grants will be disbursed in local currency and transferred only through bank transactions.

Reporting

The grant agreement will detail the reporting requirements. Recipients must be willing to adhere to the reporting schedule and requirements for both programming activities and financial monitoring.

Monitoring

USAID Health Reform Support staff will monitor programmatic performance. Deloitte and USAID reserve the right to review finances, expenditures and any relevant documents at any time during the project period and for three years after the completion of the project and closeout. All original receipts must be kept for three years after the formal closeout has been completed.

Late Submissions, Modifications and Withdrawals of Applications

At the discretion of Deloitte, any application received after the exact date and time specified for the receipt may not be considered unless it is received before award is made and it was determined by Deloitte that the late receipt was due solely to mishandling by Deloitte after receipt at its offices.

Applications may be withdrawn by written notice via email received at any time before award. Applications may be withdrawn in person by a vendor or his authorized representative, if the representative's identity is made known and the representative signs a receipt for the application before award.

False Statements in Offer

Vendors must provide full, accurate and complete information as required by this solicitation and its attachments.

Certification of Independent Price Determination

(a) The offeror certifies that--

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror, including but not limited to subsidiaries or other entities in which offeror has any ownership or other interests, or any competitor before bid opening (in the case of a sealed bid solicitation) or grant award /contract (in the case of a negotiated or competitive solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern or individual to submit or not to submit an offer for the purpose of restricting competition or influencing the competitive environment.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory--

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or application, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the principals of the offeror in certifying that those principals have not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; (ii) As an authorized agent, does certify that the principals of the offeror have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and (iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) Offeror understands and agrees that --

(1) violation of this certification will result in immediate disqualification from this solicitation without recourse and may result in disqualification from future solicitations; and

(2) discovery of any violation after award to the offeror will result in the termination of the award for default.

Standard Provisions

Deloitte is required to respect the provisions of the United States Foreign Assistance Act and other United States laws and regulations. The USAID Health Reform Support Grant Program will be administered according to Deloitte's policies and procedures as well as USAID's regulations for Non-U.S. Governmental Recipients or USAID's regulations for U.S. Non-Governmental Recipients. These include:

1. Implementing Partner Notices (IPN) registration

Applicant acknowledges the requirement to register with the IPN portal if awarded a grant resulting from this solicitation and receive universal bilateral amendments to this award and general notices via the IPN portal. The IPN Portal is located at <https://sites.google.com/site/usaaidipnforassistance/>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