



# HEALTH REFORM SUPPORT

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**REQUEST FOR GRANT APPLICATIONS (RFA): DEVELOP THE  
FINANCING MECHANISM FOR AN INTEGRATED PRIMARY  
HEALTHCARE PACKAGE AND CONDUCT FOLLOW-UP  
INFORMAL PAYMENT STUDY**

**RFA # 206**

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**A USAID/UKRAINE FUNDED PROJECT**

**April 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 includes:

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 RFA invites submissions from eligible USAID Health Reform Support Project partners to work in two sections: Section A, Develop financial mechanisms for an integrated Primary Health Care (PHC) package under the Program of Medical Guarantees (PMG); and Section B, Conduct a follow-up of the informal payment study for PHC level during the war<sup>1</sup>.

Applications should be technically solid and clearly delineate the corresponding activities that will be undertaken to achieve the goals described in the detailed scope of work (SOW) specified in Section 3 of this RFA.

**Period of Performance:** The performance period for the Grant is approximately **7 months**, from May 15, 2024, to December 15, 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 the technical approach used, 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 this RFA. A Technical Evaluation Committee will review all eligible and complete applications against the review criteria described in Section 6 below (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:** USAID Health Reform Support intends to award **one (1) grant up** US\$ 230,000 (the equivalent of 8,700,000 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 May 12, 2024. Questions should be received by close of business (COB) Ukraine local time on April 19, 2024, and responses to questions will be provided by April 23, 2024.

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

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<sup>1</sup> Baseline Informal Payments Study at PHC level in Ukraine study was conducted by the USAID HIV Reform in Action Project (2018).

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# 206.
- 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 April 19, 2024, to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By April 21, 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 **April 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](mailto:grant@hrs.net.ua) by **11:00 Ukraine local time, April 18, 2024.**

## 2.4. Applications Due Date and Time

Closing Date: May 12, 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 Award in response to RFA# 206 with a ceiling amount of **up to US\$ 230,000** (the equivalent of 8,700,000 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 # 206.
- **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 the 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);
- Should not appear on the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs";

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

Additional eligibility criteria:

- The organization must 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.

## 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;
- 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 of Grant

Healthcare financing reform and the introduction of the National Health Service of Ukraine (NHSU) are crucial elements of the 'Concept of Health Financing System Reform' adopted on November 30, 2016, and of the Law 'On Public Financial Guarantees of Health Care Services to the Population,' passed on October 19, 2017.

To fund the provision of primary health care (PHC) services, the Government of Ukraine established a capitation rate in 2018 (implemented on July 1, 2018). Also since 2018, the legislative base was developed for the PHC area, including the MOH [Order #504](#) on PHC service provision, the MOH [Order #503](#) on Order of choosing PHC doctor, etc. These reforms allocated a portion of the country's annual health budget to cover PHC services for the entire population of Ukraine. Subsequent reviews have led to increased capitation rates, growing from 370 UAH in 2018 to 786.65 UAH in 2024.

Amidst healthcare reform, in 2022 Russia invaded Ukraine. The ongoing full-scale war brings many new challenges to the health system, and the role of PHC should be strengthened to ensure that proper health coverage and high-quality services are provided.

#### **BACKGROUND TO SECTION A: DEVELOP FINANCIAL MECHANISMS FOR AN INTEGRATED PHC PACKAGE UNDER THE PMG**

The PHC service provision in Ukraine is currently divided among several PMG packages, including tuberculosis treatment, HIV treatment, substitution maintenance therapy, mobile palliative care, treatment of mental disorders, etc. Each package has a different funding mechanism: capitation rate, payment per service provided, or different adjusting coefficients. The capitation payment mechanism for the basic PHC package does not include all PHC-related services mentioned. Moreover, only the basic PHC package currently works with performance-based funding incentives for healthcare providers (in 2024, such indicators are for vaccination and screening services).

Contracting for 'additional services' packages is possible but voluntary for healthcare providers. As a result, the provision and use of some services may be neglected in certain PHCs because PHC providers are not sufficiently incentivized to provide them voluntarily.

Revisiting financial mechanisms, contracting requirements for providers, and terms of procurement for all PHC-related packages is an appropriate first step to improving the financing system's efficiency. The Grantee will be expected to consider international best practices and guidelines, with a focus on effective resource spending and better population coverage during the ongoing war.

The developed recommendations will help the national stakeholders (MOH and NHSU) enhance PHC providers' ability to deliver high-quality services, widen the scope of PHC services, and increase their utilization while remaining mindful of PHC's role as gatekeepers to specialized care overutilization by patients and improve management efficiency.

#### **BACKGROUND TO SECTION B: FOLLOW-UP INFORMAL PAYMENT STUDY FOR PHC LEVEL DURING THE WAR**

This part of the Grant builds upon the findings of two previous studies (2018 and 2021) conducted by HRS, which assessed the amounts, prevalence, and causes of informal payments at the PHC level. They included data from both before the implementation of the capitation rate and after the PHC healthcare financing reform. The studies observed a positive trend in reducing the frequency of informal payments. The percentage

of patients who reported making at least one such payment for PHC services decreased significantly, dropping from 61.9% in 2018 to 21.4% in 2021. However, informal payments still persist within the PHC system.

During the ongoing war and health reform, the national stakeholders (MOH and NHSU) require technical assistance to evaluate the current prevalence, size, and practices of informal payments. The Grantee will reassess informal payments within a selection of the same healthcare facilities (HCFs) surveyed in 2018 and 2021 studies. If informal payments persist or have again increased in frequency, it is crucial to understand the underlying reasons and define potential solutions. Additionally, we will investigate how the ongoing war affects informal payments in PHC settings. The developed recommendations will help the national stakeholders (MOH and NHSU) enhance and implement evidence-based decisions to fight corruption and remove barriers to patients receiving high-quality services during the war.

### 3.2. Grant General Objectives

The Grant has the following main objectives:

- Provide strategic recommendations on how the key health system stakeholders (MOH and NHSU) can best refine the integrated PMG PHC packages' financing mechanisms
- Equip key health system stakeholders (MOH and NHSU) with recommendations on evidence-based policy reforms to increase transparency and strengthen health system integrity to reduce informal payments at the PHC level.

### 3.3. Indicators

#### Output indicators:

- 1 analytical report summarizing the analysis and recommendations for introducing the integrated PMG PHC packages' financing mechanisms developed and shared with stakeholders.
- 1 analytical report summarizing the follow-up informal payment study results and recommendations for eliminating informal payments and increasing patients' access to PHC services developed and shared with stakeholders.

#### Short-term indicators:

- At least two stakeholders (NHSU and MOH) use recommendations on integrated PMG PHC packages and the follow-up informal payment study.

#### Long-term indicators:

- At least one PHC-related package updated by the NHSU in future PMG iterations (2025/2026).
- Decrease of the proportion of patients making informal payments for primary healthcare services funded by the PMG from 21.4% in 2021 to 10% in 2027.
- Increase in the percentage of people with declarations who visit PHC facilities from 41% in 2023 to 52% in 2027.

### 3.4. Specific Statement of Work

Under this Scope of Work, the Grantee shall perform, but will not be limited to, the specified tasks and produce the outlined deliverables. The tasks and deliverables are divided into two sections described below.

## **Specific Tasks under this Scope of Work (Grant):**

### **SECTION A: DEVELOP FINANCIAL MECHANISMS FOR AN INTEGRATED PHC PACKAGE UNDER THE PMG**

Within Section A, the Grantee must collect and analyze data on PHC service provision with all PHC-related packages under the PMG. The analysis will include identifying gaps, barriers, current [good and bad] PHC service financing and provision practices, etc. A separate analysis will be done for other services not currently included in the PMG which are essential for the population. Additionally, the Grantee must collect and analyze data of the selected PHC providers (financial and program), including data from medical information systems (MISs), ICPC-2-E, and other available sources to assess the volume and quality of the selected PHC services. At the data collection and analysis stages, a high level of involvement of PHC clinical experts is needed. For the next stage, the Grantee will conduct analyses of collected data and, jointly with HRS, will design an integrated PHC package. As a result, the Grantee, jointly with HRS, will develop recommendations for a phased introduction of an integrated PHC package for PMG's future iterations.

Within Section A, the Grantee will complete six (6) components.

#### **Component 1A. Analyze international financial systems and approaches to fund PHC services in the selected countries.**

- Review, provide technical inputs, and finalize, based on the national context, the analyses of international financial systems and approaches to fund PHC services in the selected countries conducted by the HRS team.
- Prepare the additional data analyses of the national context, including the results of consultations with clinical and non-clinical PHC experts, national and regional stakeholders, donors, etc. The results might be incorporated into other components under Section A.

#### **Component 2A. Develop a Concept Note for data collection and analyses of PHC financing and service delivery.**

- Develop concept note with a description of national context, goals and objectives, list of data (quantitative and qualitative), data collection approaches, schedules, research tools, approaches and techniques for analysis, list of data sets to be collected, expected results, etc.
- The data must include but not be limited to the PMG funding and service provision within PMG packages, including basic PHC, tuberculosis treatment, HIV treatment, substitution maintenance therapy, mobile palliative care, treatment of mental disorders, etc.
  - The analysis must cover communally owned and private PHC providers.
  - Community-based organizations must also be included in the scope of data collection.
- Develop a detailed list of resources for data collection, including but not limited to data from MISs, eHealth, statistical reporting, financial reporting, etc.
- Develop and agree on a sample of PHC facilities and other settings for data collection.

#### **Component 3A. Develop and test data collection tools.**

- Develop data collection tools for each type of data set (primary focus is financing and service provision) agreed under Component 2A:
  - Data from at least 100 communally owned PHC facilities must be collected using the developed form. The facilities must equally represent all Ukraine's available regions

- (considering the security situation). PHC facilities must be from both city and rural areas and must represent three types of facilities (small – from 5 to 20 thousand declarations, medium – from 20 to 50 thousand declarations, and large with more than 50 thousand declarations).
- Develop an interview guide for PHC chiefs/heads:
    - At least 1 chief/head from each covered PHC facility must be interviewed. It could be the deputy chief/deputy head in case the chief/head is not available.
  - Develop an interview guide for PHC staff:
    - At least 1 nurse and 1 doctor from each PHC facility must be interviewed. There is a priority for specialists who are also involved in providing non-default PHC packages.
  - Develop an interview guide for the PHC experts (clinical and non-clinical) in-depth interviews:
    - At least 30 interviews must be conducted with different experts, including representatives of patient organizations, NGOs, former PHC chiefs/heads, NHSU and/or MOH staff, international projects staff, etc.
  - Develop a guideline for the PHC experts' (clinical and non-clinical) focus-group discussion:
    - At least 2 focus groups with no less than 7 people, comprising clinical and non-clinical experts, must be conducted.
  - Develop an interview guide for PHC patients:
    - At least 250 patients must be interviewed, with no less than 5 patients per region from rural and urban areas (equivalent to real distribution).
  - Develop an interview guide for chiefs/heads of private PHC facilities which has a contract with NHSU:
    - At least 10 chiefs/heads must be interviewed in facilities with no less than 10 thousand declarations. The deputy chief/deputy head could be interviewed instead of chief/head.
  - Pilot of data collection tools on a local group:
    - Pilot data collection tools on at least 2 PHC facilities.
    - Pilot questionnaire for the PHC chiefs with at least 2 participants
    - Pilot questionnaire for the PHC staff of at least 2 nurses and 2 doctors
    - Pilot questionnaire for the PHC experts (clinical and non-clinical) in-depth interviews on at least 2 participants.
    - Pilot questionnaire for the PHC patients at least 5 patients
    - Pilot questionnaire for the private PHC chiefs at least 1 participant
    - Pilot all other tools and instruments on at least one unit of measurement.
  - Develop a report on conducted piloting with suggested amendments to the data collection tools.
  - Prepare the draft of the program and materials for one full-day offline workshop (preferably in Kyiv city) for 15 teams of communally owned PHC facilities. Each team must include up to 3 people (clinical representative, economic representative, and chief/deputy chief). The workshop must include two parts:
    - The Grantee must present possible methods of PHC financing and other aspects of PHC financing (economic, legal, packages, financial, etc.).
    - The Grantee must facilitate a session where participants have to develop and present a model that, in their opinion, will be best for PHC financing.
  - Finalize data collection tools based on the results of piloting.
  - Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board, other documents, if needed);
  - Conduct training for regional interviewers with the involvement of HRS team representatives.
  - Develop a detailed schedule for data collection.

#### **Component 4A. Conduct data collection, workshop and develop databases.**

- Prepare weekly reports about the data collection process.
- Conduct data collection under the agreed data sets for 2022-2024 (where applicable).
- Conduct the mentioned interviews and focus groups (Component 3A).
- Conduct the mentioned workshop (Component 3A).
- Clean and verify data in the databases.
- Prepare databases with collected data in MS Excel and SPSS as per agreed specifications.

#### **Component 5A. Analyze data suitable for an integrated PHC package.**

- Identify the data suitable for an integrated PHC package under PMG.
- Analyze the integrated PHC package under PMG according to the agreed specifications.
- Analyze existing PMG contracting requirements to define the most suitable for integrated PHC package.
- Prepare a list of services and the best financial approach for PHC facilities.

#### **Component 6A. Develop an Analytical Report.**

- Prepare a technical report including methodology, procedures, randomization techniques, data collection instruments, etc.
- Prepare the Analytical Report on introducing the integrated PHC package, including recommendations on a phased approach, key findings from the analysis, considerations from international practices, recommendations on PMG contracting requirements, etc.
- Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team.
- Prepare presentation materials based on the analytical report.
- Conduct meeting(-s) with stakeholders and partners to present and discuss the recommendations.
- Prepare reporting documents based on the events that were conducted.

### **SECTION B: FOLLOW-UP INFORMAL PAYMENT STUDY FOR PHC LEVEL DURING THE WAR**

This part of the Grant will focus on conducting a follow-up informal payment study for the PHC based on the research instruments and tools, technical approaches, and methodologies used in previous studies conducted by HRS (2018 and 2021). The study must include a survey of patients, health staff, focus groups, and HCF data collection. The Grantee must execute informal payment calculations afterward within the general component report involving everyday payment calculations. All stages require the development of appropriate schedules for surveying by region. Before starting this study, the Grantee must conduct a workshop with experts regarding the methodology and technical approaches to come up with possible study improvements. The baseline study report and all materials will be shared with the Grantee. The main approach and methodology of the study must be applicable for results compared with baseline studies.

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

1. Participants should be selected on the exit of the healthcare facility and must represent all regions of Ukraine (excluding temporarily occupied territories) with appropriate gender, age, and regional distribution to be a representative sample.

2. Participants should be randomly selected as an exit poll method.
3. Participants should have had at least one visit to PHC HCF from February 1, 2023 – January 31, 2024 (the dates can be adjusted based on the data collection date).
4. Data must be collected from 4 160 participants from PHC facilities + 50 random participants from private HCFs. The patient must be age, gender, and region representative on the Ukrainian level with age distribution regarding NHSU age coefficients for PHC (0-5; 6-17; 18-39; 40-64; 65+).
5. Data must be collected from participants visiting one of 250 HCFs (except private HCFs' patients). The HCFs must be the same as in the baseline study, except for security-related and exception cases.
6. Survey results must be provided for each HCF (data should be impersonal or de-identified).
7. Survey for patients should be administered anonymously through the questionnaire.

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

1. 5 focus groups – 1 in each NHSU macro-regions (8 participants in each, gender-weighted).
2. Focus groups should be conducted according to the developed Guides.

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

1. Participants should be selected based on the chosen 250 HCFs that have a contract with NHSU and provide PHC services under PMG.
2. Participants should be randomly selected.
3. Participants should work at the HCF for at least one year by the day of the survey.
4. 3-5 participants in each HCF: three doctors (family doctor, therapist, pediatrician), nurse, and administrative personnel.
5. Data must be collected from 1 000 random participants.
6. A survey for health staff should be administered anonymously through a questionnaire.
7. Survey results must be provided for each HCF (data should be impersonal or de-identified).

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

1. 5 focus groups – 1 in each of the NHSU macro-regions (8 participants in each, gender-weighted, including at least 3 doctors and 3 nurses/technical staff).
2. Focus groups should be conducted according to the developed Guides.

HCF data collection will be administered per the following criteria:

1. 250 HCFs that have a contract with NHSU and provide PHC services for the patients under PMG. The facilities must be the same as in the baseline study, except for security-related cases.
2. Data must be collected using the developed data collection tool at the HCF for the period 2021-2023 quarterly (both financial and program data) (the dates can be adjusted based on the data collection date).
3. Data must be provided for each HCF (data should be impersonal or de-identified).
4. Financial and program data from the HCF should be collected through requests to the facilities, ongoing facility visits, NHSU requests, or other available methods.

Within this section, the Grantee has to perform the following components:

### **Component 1B: Develop methodology and research tools for follow-up study.**

- Conduct a workshop for internal and external experts and the HRS team regarding the approach and methodology of the study. The workshop results must be incorporated into the methodology, and possible expert suggestions may also be included in the methodology.
- Develop a methodological approach for the study.
- Develop a questionnaire for patients based on previous studies study.
- Develop a questionnaire for health staff, including doctors, nurses, and administrative personnel. The data can also be used in other stages based on previous studies.
- Develop the data collection tool for HCFs (both financial and program data) based on baseline study. The data can also be used in other stages .
- Develop a guide for conducting focus groups with former workers of communal PHC HCFs based on baseline study.
- Develop a guide for conducting focus groups with patients based on baseline study.
- Based on previous studies, develop a guide for conducting focus groups with patients who received PHC treatment in communal PHC HCFs during the study period.
- Collaborate with the HRS team on approval of the package of documents and research tools (Questionnaire for patients, Questionnaire for health staff, data collection tool, Guides for focus groups, etc.) for further conducting testing on local groups.

### **Component 2B. Pilot and finalize the research tools.**

- Pilot the questionnaire for patients in the local group (20 or more).
- Pilot the questionnaire for health staff in the local group (5 or more).
- Pilot the data collection tool for HCF (2 or more), at least one oblast, and one rayon PHC healthcare facility.
- Pilot the guide for conducting focus groups for patients.
- Pilot the guide for conducting focus groups for health workers.
- Assess responses from local pilot groups and suggest changes to all piloted research tools.
- Finalize the questionnaires, guides, and data collection tool and obtain approval from the HRS team.
- Approve the package of documents and research tools in line with the law (obtain the approval of the Ethics Board).
- Prepare the documents on the technical approach and methodology for conducting the study and obtain approval from the HRS team.
- Conduct training for regional interviewers with the involvement of HRS team representatives.

### **Component 3B. Conduct data collection and develop databases.**

- Develop detailed schedules for data collection for study components.
- Prepare weekly reports about the data collection process.
- Conduct data collection.
- Clean and verify data in the database.
- Prepare finalized databases with survey data in Excel and SPSS as to agreed specifications with the results of surveys and data collection (sub-regional, regional, overall, age groups, etc.).

### **Component 4B. Develop an Analytical Report with study results and recommendations.**

- Prepare a technical report on the study (including methodology, procedures, randomization techniques, research instruments, etc.).



- Prepare gender, vulnerable groups, and war-related specific analyses with appropriate estimations and conclusions.
- Prepare the Analytical Report on the informal payment study at the PHC level during the war and obtain approval from the HRS team.
- Provide other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team.
- Prepare and conduct a presentation(-s) of the study report to stakeholders.

**Component 5B. Develop an Analytical Report with study results and recommendations.**

- Develop and approve with HRS team Grant final report (section A and Section B).

### 3.5. Deliverables and Activities

**SECTION A: DEVELOP FINANCIAL MECHANISMS FOR AN INTEGRATED PHC PACKAGE UNDER THE PMG**

**Component 1A. Contribute to the analyses of international financial systems and approaches to fund PHC services in the selected countries.**

- Document with the review results and technical inputs based on the national context to the analyses of international financial systems and approaches to fund PHC services in the selected countries conducted by HRS team. (MS Word).
- Additional data analyses of national context, including organizing consultations with clinical and non-clinical PHC experts, national and regional stakeholders, donors, etc. The results might be incorporated into other components under Section A. (MS Word/MS Excel/MS PowerPoint).

**Component 2A. Develop a Concept Note for data collection and analyses of PHC financing and service delivery.**

- Concept note. (MS Word).
- Detailed list of resources for data collection including but not be limited to data of MISs, eHealth, statistical reporting, financial reporting, etc. (MS Word/MS Excel).
- Agreed sample of PHC facilities and other settings for data collection. (MS Word/MS Excel).

**Component 3A. Develop and test data collection tools.**

- Drafted data collection tools for each type of data set (primary focus is financing and service provision) agreed under Component 2A. (MS Word/MS Excel).
- Questionnaire for PHC chiefs/heads. (MS Word).
- Questionnaire for the PHC staff (MS Word).
- Questionnaires for the PHC experts (clinical and non-clinical), including in-depth interviews and focus-group discussions. (MS Word).
- Questionnaire for the private PHC chiefs/heads, including in-depth interviews and focus-group discussions. (MS Word).
- Questionnaire for PHC patients (MS Word).
- Report on conducted piloting with suggested amendments to the data collection tools. (MS Word).
- Finalized other data collection tools based on the results of piloting. (MS Word/MS Excel).

- Approved the package of documents and research tools in line with the law (obtained the approval of the Ethics Board and other documents, if needed). (MS Word/MS Excel).
- Conducted trainings for regional interviewers with the involvement of HRS team representatives. (MS Word/MS Excel/MS PowerPoint).
- Draft of workshop program and materials (MS Word, MS Excel, MS PowerPoint).
- Detailed schedule for data collection. (MS Word/MS Excel).

#### **Component 4A. Conduct data collection, workshop and develop databases.**

- Weekly reports about the data collection process. (MS Word/MS Excel).
- Databases with survey data in Excel and SPSS as to agreed specification. (SPSS/MS Excel/other formats).
- Report on workshop and materials (MS Word, MS Excel, MS PowerPoint)

#### **Component 5A. Analyze data suitable for an integrated PHC package.**

- List of data suitable for an integrated PHC package under PMG. (MS Word/MS Excel).
- Analysis of integrated PHC package under PMG due to agreed specifications. (MS Word).
- Analysis of existing PMG contracting requirements to define the most suitable for integrated PHC package. (MS Word).
- List of services and best financial approach for PHC facilities (MS Word, MS Excel).

#### **Component 6A. Develop an Analytical Report**

- Technical report including methodology, procedures, randomization techniques, data collection instruments, etc. (MS Word).
- Analytical report on the introduction of integrated PHC package, including recommendations on a phased approach, key findings from the analysis, as well as considerations from international practices, recommendation on PMG contracting requirements, etc. (MS Word).
- Other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team. (MS Word/MS Excel/SPSS/MS PowerPoint).
- Presentation materials based on the analytical report. (MS PowerPoint).
- Reporting documents based on the conducted events. (MS Word/MS Excel/MS PowerPoint).

### **SECTION B: FOLLOW-UP INFORMAL PAYMENT STUDY FOR PHC LEVEL DURING THE WAR**

#### **Component 1B: Develop methodology and research tools for follow-up study.**

- Reporting package on conducted workshop for internal and external experts and the HRS team. (MS Word/MS Excel/MS PowerPoint).
- Methodological approach for the study. (MS Word).
- Questionnaire for patients. (MS Word/MS Excel).
- Questionnaire for health staff, including doctors, nurses, and administrative personnel. (MS Word/MS Excel).
- Data collection tool for HCFs (both financial and program data).(MS Word/MS Excel).
- Guide for conducting focus groups with former workers of communal PHC HCFs. (MS Word).
- Guide for conducting focus groups with patients who received PHC treatment in communal PHC HCFs during the study period. (MS Word).

- Approved package of documents and research tools. (MS Word/MS Excel).

**Component 2B. Pilot and finalize the research tools.**

- Report on conducted local pilot groups and suggested changes to all piloted research tools. (MS Word/MS Excel).
- Finalized the questionnaires, guides, and data collection tool and obtained approval from the HRS team. (MS Word/MS Excel).
- Approved the package of documents and research tools in line with the law and agreed with HRS. (MS Word/MS Excel).
- Approval of the Ethics Board. (MS Word/PDF).
- Reporting documents on trainings for regional interviewers with the involvement of HRS team representatives. (MS Word/MS Excel/MS PowerPoint).

**Component 3B. Conduct data collection and develop databases.**

- Detailed schedules for data collection for study components. (MS Word/MS Excel).
- Weekly reports about the data collection process. (MS Word/MS Excel).
- Finalized databases with survey data in Excel and SPSS as to agreed specifications with the results of surveys and data collection (sub-regional, regional, overall, age groups, etc.).

**Component 4B. Develop an Analytical Report with study results and recommendations.**

- Technical report on the study (including methodology, procedures, randomization techniques, research instruments, etc.). (MS Word/MS Excel).
- Gender, vulnerable groups, and war-related specific analyses with appropriate estimations and conclusions. (MS Word/MS Excel).
- Analytical report on the informal payment study at the PHC level during the war and obtain approval from the HRS team. (MS Word).
- Other analytical materials/technical documents/tables/analyses, etc., as requested by the HRS team. (MS Word/MS Excel/SPSS).
- Reporting documents on conducted presentation(-s) of the report and study and presenting materials. (MS Word/MS Excel/MS PowerPoint).

**Component 5B. Develop an Analytical Report with study results and recommendations.**

- Approved with HRS team Grant final report (section A and Section B). (MS Word).

**3.6. General Milestones and Associated Timelines**

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

**SECTION A. DEVELOP FINANCIAL MECHANISMS FOR AN INTEGRATED PHC PACKAGE UNDER THE PMG**

#	Milestone	Milestone verification	Expected date of completion
1A.	Contribute to the analyses of international financial systems and approaches to fund PHC services in the selected countries.	<ul style="list-style-type: none"> <li>• Document with the review results and technical inputs.</li> <li>• Additional data analyses of national context.</li> </ul>	May 25, 2024
2A.	Develop a Concept Note for data collection and analyses of PHC financing and service delivery.	<ul style="list-style-type: none"> <li>• Concept note.</li> <li>• Detailed list of resources for data collection.</li> <li>• Agreed sample of PHC facilities and other settings for data collection.</li> </ul>	May 31, 2024 (TBD)
3A.	Develop and test data collection tools.	<ul style="list-style-type: none"> <li>• Drafted data collection tools for each type of data set.</li> <li>• Questionnaire for PHC chiefs/heads.</li> <li>• Questionnaire for the PHC staff.</li> <li>• Questionnaires (in-depth interviews and focus-group discussions) for the PHC experts (clinical and non-clinical).</li> <li>• Questionnaires (in-depth interviews and focus-group discussions) for the private PHC chiefs/heads.</li> <li>• Questionnaire for the PHC patients.</li> <li>• Report on conducted piloting with suggested amendments to the data collection tools.</li> <li>• Finalized other data collection tools based on the results of piloting.</li> <li>• Approved package of documents and research tools.</li> <li>• Conducted trainings for regional interviewers.</li> <li>• Draft of workshop program and materials.</li> <li>• The detailed schedule for data collection.</li> </ul>	June 17, 2024
4A.	Conduct data collection and develop databases.	<ul style="list-style-type: none"> <li>• Weekly reports about the data collection process.</li> <li>• Databases with collected data.</li> <li>• Report on workshop and materials.</li> </ul>	August 30, 2024
5A.	Analyze data suitable for an integrated PHC package.	<ul style="list-style-type: none"> <li>• List of data suitable for an integrated PHC package under PMG.</li> <li>• Analysis of integrated PHC package under PMG.</li> <li>• Analysis of existing PMG contracting requirements.</li> <li>• List of services and best financial approach for PHC facilities.</li> </ul>	September 30, 2024
6A.	Develop an Analytical Report	<ul style="list-style-type: none"> <li>• Technical report.</li> <li>• Analytical report on the introduction of integrated PHC package.</li> <li>• Other analytical materials/technical documents/tables/analyses, etc.</li> <li>• Presentation materials.</li> <li>• Reporting documents based on the conducted events.</li> </ul>	November 22, 2024

## SECTION B. FOLLOW-UP INFORMAL PAYMENT STUDY FOR PHC LEVEL DURING THE WAR

#	Milestone	Milestone verification	Expected date of completion
1B.	Develop methodology and research tools for follow-up study.	<ul style="list-style-type: none"> <li>• Reporting package on conducted workshop.</li> <li>• Methodological approach for the study.</li> <li>• Questionnaire for patients.</li> <li>• Questionnaire for health staff.</li> <li>• Data collection tool for HCFs.</li> <li>• Guide for conducting focus groups with former workers of communal PHC facilities.</li> <li>• Guide for conducting focus groups with patients.</li> <li>• Approved package of documents and research tools.</li> </ul>	April 30, 2024
2B.	Pilot and finalize the research tools.	<ul style="list-style-type: none"> <li>• Report on conducted local pilot groups and suggested changes to all piloted research tools.</li> <li>• Finalized the questionnaires, guides, and data collection tool and obtained approval from the HRS team.</li> <li>• Approved the documents and research tools package in line with the law and agreed with HRS.</li> <li>• Approval of the Ethics Board.</li> <li>• Reporting documents on trainings for regional interviewers.</li> </ul>	May 31, 2024
3B.	Conduct data collection and develop databases.	<ul style="list-style-type: none"> <li>• Detailed schedules for data collection for study components.</li> <li>• Weekly reports about the data collection process.</li> <li>• Finalized databases of collected data.</li> </ul>	August 9, 2024
4B.	Develop an Analytical Report with study results and recommendations.	<ul style="list-style-type: none"> <li>• Technical report on the study.</li> <li>• Gender, vulnerable groups, and war-related specific analyses.</li> <li>• Analytical report on the informal payment study at the PHC level during the war.</li> <li>• Other analytical materials/technical documents/tables/analyses, etc.</li> <li>• Reporting documents on conducted a presentation(-s) and presenting materials.</li> </ul>	November 15, 2024
5B.	Develop Grant final report	<ul style="list-style-type: none"> <li>• Final report.</li> </ul>	December 15, 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,
- Finance, economics, and accounting in health care,
- Health care,
- Primary level medicine,
- Data analysis,
- Costing and budget projection,
- Health governance.

### 3.8. Grant Program Expected Results

#### **SECTION A. DEVELOP FINANCIAL MECHANISMS FOR AN INTEGRATED PHC PACKAGE UNDER THE PMG**

- Six sets of research tools were developed and piloted based on war-related context.
- Six databases with data on PHC financing and service delivery were collected and analyzed due to agreed specifications.
- One analytical report with recommendations on a phased introduction of the integrated PHC package under the PMG was developed and presented to stakeholders.

#### **SECTION B. FOLLOW-UP INFORMAL PAYMENT STUDY FOR PHC LEVEL DURING THE WAR**

- Five sets of research tools were updated and piloted based on war-related context.
- Three collected and analyzed databases with the specifications of conducted Follow-up informal payment study for PHC level during the war and relevant comparisons to baseline (2018) and follow-up (2021) studies' results.
- One analytical report on the follow-up informal payment study for the PHC level during the war was developed and presented to stakeholders.

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## 4. TECHNICAL APPLICATION CONTENTS

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

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

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

### **A. Cover Page**

Include all of the following information:

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

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

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

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

#### ***- GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY [maximum 2 page]***

- Provide information about existing challenges/barriers for patients to access PHC services. Please describe both aspects, cost and/or availability, service delivery approaches, etc.
- Please define the impact of the target audience on decision-makers and/or patients.
- Describe the approach considering the sensitivity of the topic and war-related difficulties in data collection.

#### ***- EXPECTED RESULTS AND TECHNICAL STRATEGIES [maximum 3 pages]***

- Give specific study methodologies; justify the choice of the study approaches.
- 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).

- 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.

**- IMPLEMENTATION AND MANAGEMENT PLANS/ACTIVITIES [maximum 3 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.
- Indicate the number of staff you are planning to launch to the activity's implementation.
- Describe how you will coordinate and monitor the implementation plan.
- Describe how the project will be managed within the Grant.
- Indicate whether you have experience in cooperation with international organizations and charitable foundations with health care facilities.

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

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

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

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – 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 for the Grantee amounts to US\$ 230,000 (the equivalent of 8,700,000 UAH). The budget should be produced by milestones. The budget items, associated payment terms, and dates according to the proposed milestones list will be finally defined based on the applicant's proposal and fixed in the grant award document.

### 5.2. COST SHARE

Cost sharing is not a requirement for RFA #206.

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

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. Project Goal, Project Objectives, and Geographic Focus	10
2. Technical Strategies, including Coordination and Collaboration	20
3. Implementation and Management Plans	25
4. Organizational Capacity	25
5. Budget, Budget Notes and Cost Reasonableness	20
<b>Total points</b>	<b>100</b>

### ***Technical Proposal***

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

### ***Budget***

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

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

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## 7. REFERENCES, TERMS & CONDITIONS

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

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

### 7.2. Terms and Conditions

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

#### **Grant Agreement**

A grant agreement will include the approved project description, approved budget, payment terms, reporting requirements and relevant provisions. Once executed, it is a legally binding agreement between Deloitte (on behalf of the USAID Health Reform Support) and the recipient organization. Once the grant agreement is

signed, it cannot be modified without prior written approval from Deloitte (on behalf of the USAID Health Reform Support).

### ***Grant Disbursement and Financial Management***

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

### ***Reporting***

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

### ***Monitoring***

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

### ***Late Submissions, Modifications and Withdrawals of Applications***

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

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

### ***False Statements in Offer***

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

### ***Certification of Independent Price Determination***

(a) The offeror certifies that--

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

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

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

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

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

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

(c) Offeror understands and agrees that --

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

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

### **Standard Provisions**

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

#### **1. Implementing Partner Notices (IPN) registration**

Applicant acknowledges the requirement to register with the IPN portal if awarded a grant resulting from this solicitation and receive universal bilateral amendments to this award and general notices via the IPN portal. The IPN Portal is located at <https://sites.google.com/site/usaidipnforassistance/>Detailed steps are given under the article M9 of the Mandatory Standard Provisions for Fixed Amount Awards to Non-Governmental Organizations from ADS 303mat, which is annexed to this RFA.

#### **2. Indirect rates**

Indirect rates such as fringe, overhead, and general and administrative (G&A) that have not been approved by a U.S. Government agency in a NICRA (Negotiated Indirect Cost Rate Agreement) may not be charged to this award. All costs charged to the project shall be directly related to the project's implementation.

#### **3. Activities that will not be considered for funding**

In keeping with the conditions above, programs that fall within the following categories or indicate they might participate in any one of the following shall be automatically disqualified:

- Activities related to the promotion of specific political parties.
- Construction.
- Distribution of emergency/humanitarian assistance or funds.
- Religious events or activities that promote a particular faith.

- For-profit business activities that benefit a small select group, rather than providing increased opportunities to the larger community.
- Unrelated operational expenses.

#### **4. Prohibited Goods and Services**

Under no circumstances shall the Recipient procure any of the following under this award, as these items are excluded by the Foreign Assistance Act and other legislation which govern USAID funding. Programs which are found to transact in any of these shall be disqualified:

- Military equipment;
- Surveillance equipment;
- Commodities and services for support of police or other law enforcement activities;
- Abortion equipment and services;
- Luxury goods and gambling equipment; and
- Weather modification equipment.

#### **5. Restricted Goods**

The following costs are restricted by USAID and require prior approval from Deloitte and USAID:

- Agricultural commodities;
- Motor vehicles;
- Pharmaceuticals;
- Pesticides;
- Fertilizer;
- Used equipment; and
- U.S. Government-owned excess property.

#### **6. Certifications for Non-US Non-Governmental Recipients**

The following Standard Grant & Subcontractor Certifications are required by Deloitte and USAID:

- Assurance of Compliance with Laws and Regulations Governing nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. Governmental Organizations, if any part of the program will be undertaken in the U.S.);
- Certification Regarding Lobbying (22 CFR 227);
- Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
- Certification Regarding Terrorist Financing;
- Certification of Recipient;
- Compliance with Anticorruption Laws.

- A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction; and
- Certification Regarding Trafficking in Persons.