



HEALTH REFORM SUPPORT

**REQUEST FOR GRANT APPLICATIONS (RFA):
“ASSESSMENT OF PHC PROVIDERS BEHAVIORS IN RESPONSE TO
CAPITATION”
RFA #: 7**

A USAID /Ukraine FUNDED PROJECT

September 2019

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USAID Health Reform Support

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I SUMMARY

I.1 USAID Health Reform Support

The purpose of USAID's Health Reform Support Program (HRS) is to support a transparent, accountable, and effective health care 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 health care 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 Request for Applications (RFA) Summary

Scope of Work: This solicitation requests applications from eligible USAID Health Reform Support partners to conduct an activity named "Assessment of PHC providers behaviors in response to capitation."

This grant will provide technical assistance for the Ministry of Health of Ukraine (MoH) and National Health Service (NHC) to assess PHC provider behaviors in response to the implementation of capitation in order to ascertain the need for corrections or adjustment to the payment method.

Applications should include a technical approach, with corresponding activities that will be undertaken to achieve the goals of the activities described in the detailed scope of work (SOW) specified in Section 3 of the RFA.

Period of Performance: The period of performance for the grants is approximately four (4) months, from October 2019 to February 2020. 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. All eligible and complete applications will be reviewed by a Technical Evaluation Committee against the review criteria described in Section 6 Selection.

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

Funding Range: Subject to the availability of funds, USAID Health Reform Support intends to award one (1) grant up to 1 625 000 UAH. Funding for this grant will be subject to donor approval and availability of funds. Funding will be disbursed to the grantee in Ukrainian local currency (UAH).

Submission Deadlines: All applications must be submitted no later than 23:59 Ukraine local time (UTC + 02:00) on September 23, 2019. Questions should be received by close of business (COB) Ukraine local time on September 12, 2019, and responses to questions will be provided by September 17, 2019.

The RFA has three Attachments that are relevant to the application development:

Attachment 1: Grant Application Form and Guidelines with attachments

Attachment 2: Budget Template

Attachment 3: Grant Applicants Handbook (including Grant Award template)

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 for any costs incurred in connection with the preparation and submission of their applications.
- Applicants may submit only one application under this RFA# 7.
- For the purposes of interpretation of these instructions to applicants, the periods named herein shall be consecutive calendar days.
- USAID Health Reform Support 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 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 Office

Attention: Olena Korduban

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

Tel: +380 44 281 23 76

Email: grant@hrs.net.ua

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 September 12, 2019 to the email address noted above. Only questions received by this date will receive a response.
- **Responses:** By September 17, 2019, we anticipate providing responses to the requests for clarifications. All responses will be emailed to all applicants and published via Grants Portal (<https://usaid-hrs.fluxx.io>).
- An informational workshop (webinar) will be held on **September 11, 2019 at 15:00 local time** to clarify grant procedures and grant objectives. Registration can be requested via e-mail at grant@hrs.net.ua by **11:00 local time, September 11, 2019**.

2.4 Applications Due Date and Time

Closing Date: September 23, 2019

Closing Time: 23:59 Ukraine local time (UTC + 02:00)

2.5 Application Delivery Address

Proposal packages should be submitted through the Grants Portal (<https://usaid-hrs.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 received will not be returned.

2.6 Type of Award

The USAID Health Reform Support anticipates the award of one (1) Fixed Amount Award in response to this RFA# 7 with the ceiling amount of up to 1 625 000 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 HRS RFA # 7.
- **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 for and receive funding under the USAID Health Reform Support, potential applicants must meet the following criteria:

- Local non-government organizations, regional or national independent, for-profit or not-for-profit organizations, legally established in the country, professional organizations, research institutions are eligible to apply.
- Have a DUNS number for grants over \$25,000. (Applicants are encouraged to apply on <http://fedgov.dnb.com/webform>).
- Have a SAM registration for grants over \$25,000. (applicants are encouraged to apply on <https://www.sam.gov/>).

Additional eligibility criteria:

- The organization must demonstrate past performance in technical areas relevant to the scope of work and grant focus;
- The organization must demonstrate experience in working with health sector counterparts at the regional level etc.;
- The organization must demonstrate that there is a high probability of success in a combination of past results, low risk and professional performance;
- The organization's professional and technical qualifications, experience and communication skills that will be brought to this grant;
- The organization's other relationships, associations, activities, and interests do not create a conflict of interest in implementation of the grant activities. Organization should not be a service provider in the area of grant focus or have depending relationships with such service providers;

- Experience in implementation of activities in the geographic area or technical area(s) for which it is applying is a plus;
- Skills and experience collecting and analyzing quantitative and qualitative data;
- Knowledge of Ukraine's ongoing healthcare reform, including primary healthcare financing;
- Proposed personnel with relevant experience (please, provide CV for project team).

Ineligible are:

- Individuals, political organizations, foreign owned organization and government institutions and religious groups

2.9 Application Conditions Precedent

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

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

2.10 Late Applications

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

2.11 Modification/Withdrawal of Applications

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

2.12 Disposition of Applications

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

3 STATEMENT OF WORK

3.1 Background

Healthcare financing reform and the introduction of a national strategic purchaser are pivotal components in the Concept for Health Financing System Reform (adopted on 30th November 2016) and the Law “On Public Financial Guarantees of Health Care Services to the Population” (adopted on 19th October 2017).

The Government of Ukraine implemented a capitation rate on July 1, 2018 to cover primary health care (PHC) services by allocating part of the annual budget for these services to the entire covered population of Ukraine. Overall, this financing model is known to be more efficient, and if monitored and managed well, can lead to better outcomes. However, it can deliver even better value if some aspects of how the payment model affects provider behavior is managed. Capitation as a fixed payment per beneficiary set in advance may serve as an incentive for the provider to limit service provision vs. fee-for-service and possibly vs. input-based financing. This behavior may involve underproviding services compared to the normal standard of care, over-referring to a specialized facility, or even, in extreme situations, denying care or charging unallowable out-of-pocket fees for services.

As requested by the National Health Service of Ukraine (NHSU), USAID Health Reform Support Project (HRS) will support the NHSU in assessing PHC provider behaviors in response to implementation of capitation in order to ascertain the need for corrections or adjustment to the payment method.

Support is required to conduct an “Assessment of PHC providers behaviors in response to capitation” study which includes collecting necessary facility-level data to assess performance, referral behavior, and quality of service in 25 oblasts in Ukraine

Following consultation with NHSU, additional information will be collected to assess readiness of PHC to provide tuberculosis (TB) treatment and how best to finance the service.

The main objectives of study are:

- Measure utilization of PHC services in terms of number of visits and time per visit;
- Quantify number of referrals and identify doctor’s decision-making and rationale behind the referral process;
- Evaluate quality of care by assessing processes and treatments for three selected tracer diagnoses (hypertension, asthma and diabetes);
- Explore doctor’s experience with the introduction of capitation, describe positive and negative incentives and understand provider’s behavior, perceived improvements and unintended consequences;
- Explore user’s experience during the interaction with primary health services in terms of responsiveness, accessibility, timeliness and perceived quality of the service;
- Analyze PHC capacity for the provision of health services in terms of structure, process and budget by collecting information structure (HRH, equipment, infrastructure, access for patients with

disabilities), organization (administrative procedures, quality plans, non-working hours) and financial information (budget and capitation).

This is a baseline study implementing a cross sectional survey of a random sample of PHC centers, the plan is to conduct a longitudinal study, if resources allows it, and follow the same PHC centers at one year intervals to detect changes over time in the main variables of interest. This first study serves to understand baseline utilization of PHC services, volume of referrals, etc. and a follow-up study will be conducted to understand whether changes have occurred between baseline and endline.

This grant will be awarded under the USAID HRS Project, Objective 2 activity, "Support the Transformation of the Healthcare Financing Model".

3.2 Specific Statement of Work

Specific tasks under this Scope of Work (grant):

Task 1. Work with HRS team to finalize the study design and sampling:

- Develop draft of the document on technical approach;
- Finalize the Questionnaire for patients;
- Finalize the instrument for data collecting from PHC facilities;
- Finalize the instrument for personal observation (include time motion) of PHC facilities;
- Finalize the Questionnaire for medical staff;
- Finalize the sample for PHC facilities, chiefs and physicians, patients' level;
- Finalize the package of documents and instruments for pilot testing.

Task 2. Pilot testing of Survey Instruments:

- Pilot test the Questionnaire for patients (30 patients);
- Pilot test the Questionnaire for medical staff (3 physicians and 3 chiefs of PHC facility);
- Pilot test the research instrument for PHC facility's data collecting (including personal observation and time motion);
- Assess the responses from pilot tests and suggest changes to the research instruments;
- Finalize the research instruments and approve it with HRS team;
- Finalize the package of documents and research tools in line with the law (obtain Ethics Board approval, other documents, if needed);
- Conduct trainings for enumerators and interviewers;
- Finalize the document on technical approach and data collection design for approval by HRS team.

Task 3. Conduct data collection for the study "Assessment of PHC providers behaviors in response to capitation":

According to the above-mentioned objectives, the research will focus on three components and sources of information:

1. Primary health centers' (PHC) level;
2. Physicians and chiefs' level;
3. Patients' level.

The grantee will collect information from different sources to ensure triangulation. This approach was selected due to significant problems with data quality have been reported and data from e-Health is currently limited.

COMPONENT I. PRIMARY HEALTH CENTERS (PHC) LEVEL

Current status of e-Health system does not provide us enough data to give answers to all research questions. That is why we should use other approaches to collect necessary information. According to our methodology, the main unit in our research is the PHC facility, and we use the following criteria to find our general population. Inclusion criteria include:

- Facility needs to have a contract with NHS;
- Type of ownership is public.

Exclusion criteria: we excluded private and private entrepreneurship PHC facilities, because of the small number of private providers and it will be difficult to collect all necessary information from those facilities. At the same time private and private entrepreneurship PHC facilities cover only 315,8 thousand patients from 28,1 million, which account for only 1,12% of patients.

According to those criteria, we generate our sample frame, within 1026 PHC facilities, which include:

- 453 rural;
- 278 urban;
- 295 mixed.

Sampling Approach: We will apply random sampling to select a sample of facilities from all primary health care facilities in all 25 regions* in order to detect changes in the key outcome of interest (“percentage of patients who visited facility to total enrolment per facility”). We will survey the same facilities at baseline and endline study since sampling error on estimates of change is lower when we use the same sample of facilities on each occasion compared to the use of new, different samples each time.¹ Assuming that 15% of the facilities will improve on the outcome of interest by the endline, 5% will decline and the rest will not experience changes in the outcome, we will need 155 health facility pairs for this study (alpha=0.05, two-sided, power=0.80; source – SAS Proc Power sample size calculation for comparing two paired proportions). To account for potential non-response, we will increase this number by 5% and sample 163 primary health care facilities total for this study. Our sampling frame for the study will include only public facilities with contract with NHS and those that serve more than 2,000 people. McNemar test will be used in the analysis.

We use the same facilities as the foundation for all components of our research. All data will be collected from PHC facilities through two approaches. The first one is **direct observation**. All things with detalization which must be checked will be included in the instrument for collecting data. The instrument will be piloting for three facilities in Kyiv or Kyiv region, which are not in the sample. The interviewer must work at least one full day in the facility.

The second approach is **data request** from PHC facility. The grantee must request data from the same PHC facilities.

The data can be collected through official request to local authority (owner of the PHC facility), local department of healthcare, directly to the clinic, medical statistic department or using different kind of open source database such as, but not only, NHSU website.

The medical records will be depersonalized and include only age and sex. Records will be recoded according to special research instrument. It will be collected to understand proportion of patient for whom prescribed medicines are evidence based. The research will include approximately 1467 recoded medical records.

¹ MEASURE Evaluation Sampling Manual for Facility Surveys, 2001.

COMPONENT 2. PHYSICIANS AND CHIEFS' LEVEL

We will interview physicians and chiefs of the centers, excluding nurses because they have less contact with patient and their behavior has less influence on implementation of the contract with NHS and pediatricians, therapeutics because they have other requirements on patients' enrolments.

The heads of the facilities and physicians will respond to a questionnaire regarding their perspectives on current service provision, reasons for referrals and perception of referral volume under the capitation payment mechanism. This component also includes two sub-parts: both will be semi-structured interviews.

Our general population of physicians for the survey is around 3400² doctors who are working in PHC facilities. It corresponds to our eligibility criteria which we have mentioned for PHC facilities above. Final respondents will be determined by the local data collection firm in coordination with the facilities, as it is usually not possible to determine the availability of administrative or medical staff before the day of data collection. In each sampled PHC facility, we will interview one chief and one physician, randomly selected from those who are working at this day (163 chiefs and 163 providers total). We expect that it will be around 40 minutes per interview. In the interviews with **physicians** we will explore their work and interaction with patients.

For **chiefs** (main doctors) of clinics our sample is 163 with general population of 1026³ heads of the PHC facilities. In interviews with chiefs we will focus our attention on their management functions. We expect that it will be around 40 minutes per interview. The head of the facility will respond to a questionnaire to identify possible changes in PHC facility functioning, which occurred after introduction of capitation payment mechanism.

COMPONENT 3. PATIENTS' LEVEL

On the patients' level we will use **exit poll interview** to ask the patient questions about his or her last visit when his or her memory is still fresh. Patient exit poll interview will assess the patient's experience using PHC-level care under the capitation payment mechanism.

Our general population is 27,77⁴ million of patients. Since a different coefficient is applied on the base rate for different age groups capitation payments, we will administer facility exit surveys to randomly selected patients. We will survey approximately 2100 patients in total. This proportion is very important for us, because capitation payment depends on an age coefficient for each group.

In case of children an interviewer must ask parents (or other representatives), but at the beginning interviewer must inform a respondent that questions will concern the latest child's visit to a physician.

There will also be one sensitive, optional question about the diagnosis a patient received. The interviewer must say that this question is totally optional and will not have any influence on this person. If we receive a diagnosis which is one of the three diagnoses mentioned above, the interviewer must give a special card with a list of medicines and a list of services as some lab tests, part of consultation etc. The patient should mention what he or she has received. At the same time, we will try to stratify patients between some vulnerable groups (people with disabilities, homeless, veterans of ATO, etc.). If they mention it in the questionnaire, it will help us to find some underperformance for such a group of patients. Data for this module will also inform about the types of health conditions.

² Electronic map of PHC facilities: <https://nszu.gov.ua/gromadyanam/elektronna-karta-misc-nadannya-pmd> Data for 31.07.2019

³ Electronic map of PHC facilities: <https://nszu.gov.ua/gromadyanam/elektronna-karta-misc-nadannya-pmd> Data for 31.07.2019

⁴ Electronic map of PHC facilities: <https://nszu.gov.ua/gromadyanam/elektronna-karta-misc-nadannya-pmd> Data for 31.07.2019

| Main topics | | Primary health centers (PHC) level | | Physicians and chiefs' level | | Patients' level |
|-------------|---|------------------------------------|--------------|------------------------------|------------------|---------------------|
| | | Personal observation | Data request | Physicians interview | Chiefs interview | Exit-poll interview |
| 1 | PHC open hours | | | | | |
| 2 | Physicians availability according to their hours | | | | | |
| 3 | Possibility to book visit time by telephone, through Internet, personally and in a queue flow | | | | | |
| 4 | Infrastructure conditions, such as availability for low mobility groups, etc. | | | | | |
| 5 | Time motion of all patients' visits per day for physicians who will be surveyed | | | | | |
| 6 | Number of visits per day per facility through data from client service unit (registration unit), electronic system and form 20 | | | | | |
| 7 | List of equipment available at facility | | | | | |
| 8 | Percent of patient per facility who has electronic medical records | | | | | |
| 9 | 3 per condition per facility medical records from last three visits for patients with hypertension, asthma and diabetes including age, sex, quantity records and prescribed medicines | | | | | |
| 10 | Number of doctors, nurses and administrative personnel per facility | | | | | |
| 11 | Enrolment per facility | | | | | |
| 12 | Budget and capitation for 2018-2019 | | | | | |
| 13 | Decision-making process for referrals | | | | | |
| 14 | Practice of incentivizing or "preselecting" potential clients for signing declarations | | | | | |
| 15 | Sharing of personal contact information (telephone, e-mail) | | | | | |
| 16 | Home visits' practices | | | | | |
| 17 | Willingness to receive incentives for achieving some key performance indicators and successful clinical outcomes | | | | | |
| 18 | Readiness to make treatment of patients with tuberculosis and preferable way of payment for this service | | | | | |
| 19 | Physicians' perception about changes that occurred after capitation, including possible improvements before and after | | | | | |
| 20 | Practice of treatment for hypertension, asthma and diabetes (including KPA of clinical guidelines and prescribing medicines according to "Affordable medicines" program). | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 21 | Unintended consequences; | | | | | |
| 22 | Adoption of clinical guidelines and EBM | | | | | |
| 23 | Business relationship with other legal entities such as laboratory, etc. | | | | | |
| 24 | Investments in infrastructure/medical equipment, new vacancies/hires, changes to admin services, changes to working hours, training for staff on ICPC/international clinical guidelines etc. | | | | | |
| 25 | Infrastructure investments from 1 st of January of 2019 | | | | | |
| 26 | Equipment list according to contract with NHS | | | | | |
| 27 | Readiness to implementing a monitoring and evaluation system | | | | | |
| 28 | Availability of HRH, medical equipment, supplies | | | | | |
| 29 | Presence of quality assurance processes and client feedback systems | | | | | |
| 30 | Presence of mechanisms for staff supervision and formal HRH training | | | | | |
| 31 | Business plan | | | | | |
| 32 | Readiness to work with electronic records and referrals | | | | | |
| 33 | Continuity of care received | | | | | |
| 34 | Socio-demography data about respondent | | | | | |
| 35 | Satisfaction, clear instructions and rating of the quality of care, rating the facility, rating the doctor | | | | | |
| 36 | Provision of some special list of consultation (TBD), counseling on health lifestyle etc. | | | | | |

Table 1. Main topics and questions for research with disaggregation on data collection approach

Research instrument with detailed questions will be provided by HRS team and discuss with local partner.

Task 4. Database and Reports:

- Provide databases in Excel, SPSS and STATA with the agreed specification which could include generation of additional variables (in Ukrainian and English);
- Prepare quality check report;
- Provide PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation;
- Prepare technical report (including methodology, procedures, randomization techniques, instruments etc.) on study “Assessment of PHC providers behaviors in response to capitation” (in Ukrainian and English);
- Prepare analytical report on study “Assessment of PHC providers behaviors in response to capitation” (in Ukrainian and English);
- Provide other materials as requested by the HRS team (descriptive statistics, cross-tabulations, analytical materials, technical documents, etc.).

3.3 Grant Program Expected Results and Deliverables

Task 1. Work with HRS team to finalize the study design and sampling:

- Detail implementation plan for the study;
- Detail sample for data collection;
- Package of documents and research tools (Questionnaire for patients, Questionnaires for medical staff, and research instrument for collecting data at PHC provider's level) for conducting testing on local groups.

Task 2. Pilot testing of Survey Instruments:

- Report on pilot test;
- Final all parts of research instrument;
- Final package of documents and research tools in line with the law (approval of the Ethics Board, other document (if needed));
- Schedule of trainings for enumerators and interviewers;
- Final document on technical approach and methodology for study design.

Task 3. Conduct data collection for the study “Assessment of PHC providers behaviors in response to capitation”:

- Schedule for conducting surveys (for patients and medical staff) and plan for data collection on PHC facility's data;
- Periodic updates on data collection progress (each Monday).

Task 4. Database and Reports:

- Databases in Excel, SPSS and STATA a with the agreed specification including generated variables (in Ukrainian and English);
- Quality check report;
- PowerPoint presentation and brief with preliminary results for the specified research questions with relevant disaggregation;
- Technical report (including methodology, procedures, randomization techniques, instruments etc.) on study “Assessment of PHC providers behaviors in response to capitation” (in Ukrainian and English);
- Analytical report on study “Assessment of PHC providers behaviors in response to capitation” (in Ukrainian and English);
- Other materials as requested by the HRS team (cross-tabulations tables, technical documents, etc.).

3.4 Grant Project Expected Outcomes

1. Databases in Excel, SPSS and STATA a with the agreed specification including generated variables (in Ukrainian and English).
2. PowerPoint presentation and brief with preliminary results for the specified research questions for the “Assessment of PHC providers behaviors in response to capitation” study, with relevant disaggregation.
3. Technical report (including methodology, procedures, randomization techniques, instruments etc.) for “Assessment of PHC providers behaviors in response to capitation” study (in Ukrainian and English).
4. Analytical report on study “Assessment of PHC providers behaviors in response to capitation” (in Ukrainian and English).

5. Other materials as requested by the HRS team (cross-tabulations tables, technical documents, etc.).

3.5 Additional conditions

The day-to-day activities of the grant recipient will be monitored by the USAID HRS representatives. Written communication between the selected firm and HRS is confidential.

This research doesn't involve any clinical research or human subjects and collects information without any patient identification and the research team will not have access to identifiers or keys to link coded data (not even temporarily). All the interviews will be conducted previous consent form signed.

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

C. Technical Proposal (10 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:

1. BACKGROUND/STATEMENT OF NEED *[maximum 0.5 page]*

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

2. GOALS, OBJECTIVES, AND GEOGRAPHIC FOCUS OF GRANT ACTIVITY *[maximum 0.5 page]*

- Clearly state objectives and goals of the study and clearly indicate the potential impact of the objective on the reform process (up to 10 sentences). Be sure that objectives are SMART (specific, measurable, achievable, realistic and time-bound).
- Indicate the performance targets and other results that will be reached over the life of the project. The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).
- Briefly describe the geographic focus of grant activity.

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

- Describe technical strategies and instruments/tools the organization will use to conduct surveys (patients and medical staff). Demonstrate that strategy is in line with the project goals.
- Describe technical strategies and instruments/tools will be used for of data collection from PHC facility and general overview of datasets needed. Demonstrate that strategy is in line with the project goals.
- Demonstrate knowledge and experience of applying data quality assurance practices including but not limited to medical data.
- Identify best practices and evidence base/rationale that have informed the project interventions.
- The organization must demonstrate its ability to effectively implement grant objectives (e.g. it is already working in that area or has strong relationships and can quickly expand to that area).

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

- Provide implementation plan for grant project as Annex A - see Grant Activity Implementation Plan template.
- Based on developed implementation plan, please, provide the list of grant activity milestones using the table below. Milestones are for a verifiable product, task, deliverable or goal of the applicant to be accomplished. For Fixed Amount Awards, 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.

| Milestone Name | Milestone Verification | Expected Time of Completion |
|--|---|-----------------------------|
| I. Project implementation plan. | <i>How will the recipient document the completion of the product, task, deliverable, or goal?</i> | |
| ... | | |
| ... | | |
| X. Final report in Ukrainian and English | | |

The working plan must deliver the milestones and ensure the requirements of its expected time of completion (see template in annex A (GRANT ACTIVITY IMPLEMENTATION PLAN))
(For Fixed Amount Awards, budget is produced by milestones and fund disbursement is made based on verification of milestone completion. Grant activities will be monitored and evaluated against these milestones.)

5. COORDINATION AND COLLABORATION [maximum 1 page]

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

6. MANAGEMENT PLAN [maximum 1 page]

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

7. ORGANIZATIONAL CAPACITY [maximum 2 pages]

- Provide brief information on up to three (preferably similar) actions/projects managed by your organization for which your organization has received assistance awards or contracts over the past three years as Annex C - see INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS template.
- Describe experience and expertise based on Applicant's past performance and achievements, including collaboration with national and international stakeholders.
- Explain Applicant's experience and achievements in implementing similar projects, including cooperation with national and international stakeholders.
- Describe systems that exist or will be put in place to enable the organization to effectively manage the project. Include an organogram and a table of positions and responsibilities (as an Annex).

Annexes (number of pages not limited)

ANNEX A – GRANT ACTIVITY IMPLEMENTATION PLAN

ANNEX B – B. CVs of PROJECT MANAGER and KEY PERSONNEL AND/OR FACULTY (max 2 pages)

ANNEX C – INFORMATION ON PREVIOUS ASSISTANCE AWARDS/CONTRACTS

5 BUDGET CONTENTS

Budget and Payment Terms

The approximate budget for the grantee amounts shall not exceed 1 625 000 UAH. The budget items and 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.

Cost Share

To be eligible for a grant award, the applicants are expected to cost share the implementation of the proposed grant activity by a minimum of 10% of the total cost of the grant activity. Cost sharing is a requirement for all grants funded under the project.

Cost share contribution may be financial or in-kind and include any of the following:

- Labor to carry out grant activities;
- Payment of non-labor costs associated with grant activities;
- Leveraged funds from other sources (non-U.S. Government);
- Equipment and facilities;
- In-kind donations (including labor, volunteer labor, office space, conference space, etc.).

All costs shared by the applicant (both financial and in-kind) must meet all of the following criteria:

- Be verifiable in the Applicant records;
- Necessary and reasonable for proper and efficient accomplishment of grant activity objectives;
- Allowable under the applicable USAID regulations (see Attachment 4 Certifications and Assurances from Applicant);
- Must not be included as cost share contributions for any other U.S. Government–assisted program; and,
- Must not be paid by the U.S. Government under another grant or agreement.

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

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.

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 |
|--|------------|
| Statement of Need | 5 |
| Project Goal, Objectives, and Geographic Focus | 10 |
| Expected Results and Technical Strategies | 20 |
| Project Activities | 20 |
| Coordination and Collaboration | 10 |
| Management Plan | 5 |
| Organizational Capacity | 15 |
| Budget, Budget Notes and Cost Reasonableness | 15 |
| Total points | 100 |

Technical Proposal

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

7 REFERENCES, TERMS & CONDITIONS

7.1 References (choose from the list below as applicable)

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

7.2 Terms and Conditions

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