**BIDDER RESPONSE**

**FWA/MED/ESARONRB-2019/001– Medical Insurance Services**

**Please provide information against each requirement.**

Additional rows can be inserted for all questions as necessary.

**ESSENTIAL CRITERIA**

In order to qualify as a bidder you must be able to answer ‘Yes’ against all of the Essential Criteria. After passing the essential criteria you will be scored against Capability and Commercial criteria.

1. Do you have a legitimate business/official address OR are you registered for trading or tax purposes with the authorities (attach Certificate of registration /incorporation, Tax compliance, VAT, Business Permit) : Yes/ No
2. Do you agree to comply with our standard policies and procedures as stated in RFQ or Invitation to Tender (ITT) document : Yes/No
3. Do you confirm that you are not any prohibited parties or on Government blacklists : Yes/ No
4. Please confirm you have provided certified true copies of letters of appointment or Certificate of registration from the Insurance regulatory authority; : Yes/No
5. Please confirm you have given quotes for both individual and family pool cover as per categories provided: Yes/No
6. Do you pay for medical costs net off the Kenya National Hospital Insurance Fund contributions: Yes/No
7. Please state your rating on Claims paying ability from Global Credit Rating *(attach relevant documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Section 1 - Bidder’s general business details**

1. General information

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation Name: | | | |
| Contact Name: | | | |
| Phone: | | Fax: | |
| Email: | | Parent company (if applicable): | |
| Principle Address: | Registered Address: | | Payment Address: |
| Registration number: | | Tax number: | |
| Year of registration: | | Annual Turnover:  *Please attach 2015, 2016 & 2017 financial audited accounts & the last 6 months bank certified account statement* | |

1. Please provide details of the type of your organisation (manufacturer, distributor, etc):
2. Please provide details of the primary products/services of your organisation:
3. Please list your employees who would be involved with Save the Children. One employee should be the key point of contact for Save the Children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job title** | **Role for Save the Children account** | **Direct telephone number** | **Email address** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Please provide details ofat least3client references whichSave the Children may contact (preferably NGOs):

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| --- | --- | --- | --- | --- |
| **Client Organisation** | **Contact** | **Phone no.** | **E-mail address** | **Details of contract** |
|  |  |  |  |  |
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1. Does your company have affiliations with other companies within Somalia /Somaliland? Please name the companies with which you are affiliated, if applicable?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organisation** | **Contact** | **Phone no.** | **E-mail address** | **Details of contract** |
|  |  |  |  |  |
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**Section 2: Bidder capacity**

1. Provide your adherence to capability criteria for bidding;

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| --- | --- | --- |
| **Criteria** | **Yes / No** | **Reference to Relevant Document included in the bidding** |
| Provide a list & relevant documentation of all major medical service providers, doctors & hospitals within Kenya that staff can access medical services on credit basis. |  |  |
| Provide documentation to prove previous experience of the bidder in required supplies and services. For evidence Supplier has to provide copy of the Purchase Order/ Contract for the each of their experience |  |  |
| Since the SCI employees are also spread in field locations across Kenya (Wajir, Dadaab, Bungoma, Turkana, Mandela and Garissa), Please provide a list of contracted medical service providers in these areas |  |  |
| Provide documentation is to prove Financial sustainability of Bidder. (*2015, 2016 & 2017 financial audited accounts & the last 6 months bank certified account statement*) |  |  |
| Provide documentation to prove Bidder can offer access to healthcare in East Africa and around the world for treatment not available locally |  |  |
| Provide proof of experience in delivering similar medical cover solutions |  |  |

1. Please provide location and number of staff in your 24 hr emergency call centre in Kenya.
2. What is your standard issue resolution process? (please attach escalation matrix)
3. List the areas in Kenya & East Africa where your company has a physical presence and the respective number of staff in these locations.

|  |  |  |
| --- | --- | --- |
| **Location** | **Contact Person/Telephone** | **No. of Staff** |
|  |  |  |
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1. What quality standards does your organisation adhere to e.g. ISO?
2. What warranties and guarantees can you offer as part of this contract?
3. How quickly can you guarantee a response time to additional members’ requests?
4. Detail any benefits or additional services your organisation can offer Save the Children as part of the contract:
5. What assurance can you guarantee to deliver quality services? Do you have any standard Key Performance Indicators (KPIs) that your company typically employs or guarantees customers? *(please provide documentation)*
6. Please describe typical Service Level Agreements (SLAs) that your company establishes with customers. *(please provide documentation)*

**Section 3: Pricing proposal**

1. Please indicate the fee you are offering to Save the Children as part of this contract, including the currency, based on the following information; – Please use a separate sheet if necessary.

**Cover Limit per person**

**Option A:**

1. In patient – Kshs.1,500,000 per person
2. Outpatient – Kshs.100,000 per person
3. Outpatient Dental Kshs. 30,000 per person
4. Outpatient Optical Kshs. 30,000 per person

**Option B:**

1. In patient – Kshs.1,500,000 per person
2. Outpatient – Kshs.200,000 per person
3. Outpatient Dental Kshs. 30,000 per person
4. Outpatient Optical Kshs. 30,000 per person

**Cover Limit per family (Shared limit cover):**

**Option C:**

1. In patient – Kshs.3,000,000 per family
2. Outpatient – Kshs.300,000 per family
3. Outpatient Dental Kshs.100,000 per family
4. Outpatient Optical Kshs.100,000 per family

**Cover for estimated all National Staff.**

* 1. **Overall cover for the option A**

|  |  |
| --- | --- |
| **Family Size** | **Rate KSHS.** |
| M+0 |  |
| M+1 |  |
| M+2 |  |
| M+3 |  |
| M+4 |  |

**1.2 Overall cover for the option B**

|  |  |
| --- | --- |
| **Family Size** | **Rate KSHS.** |
| M+0 |  |
| M+1 |  |
| M+2 |  |
| M+3 |  |
| M+4 |  |

**1.3 Overall cover for the option C**

|  |  |
| --- | --- |
| **Family Size** | **Rate KSHS.** |
| M+0 |  |
| M+1 |  |
| M+2 |  |
| M+3 |  |
| M+4 |  |

**COVER SPECIFICATIONS.**

**Inpatient Cover.**

The service should provide comprehensive and flexible hospitalization inpatient cover, which includes and not limited to the following services:

* Hospital Accommodation Charges
* Doctor’s (Physician, Surgeon & Anaesthetist) fees.
* ICU/HDU and Theatre charges.
* Drugs/Medicines, Dressings and Internal Surgical appliances.
* Pathology, X-ray, Ultrasound, ECG and Computerized Tomography, MRI Scans.
* Radiotherapy and Chemotherapy.
* In-patient Physiotherapy.
* Maternity (limit of Kes.250,000.00)
* Day care surgery
* Critical illnesses.
* Hospital accommodation for accompanying parent and/or guardian for hospitalized children below twelve years.
* Emergency Rescue / Evacuations subject to overall cover limit.
* Pre-existing, chronic conditions and related conditions & HIV/AIDS (including ARVs.
* Pre term (term baby of 32 weeks), congenital conditions and ailments
* Post hospitalization
* Psychological Counselling (Stress, Trauma and other)
* Funeral Expense Cover as a stand-alone benefit (i.e. not subject to the overall cover limit).

**1.4 Enhanced Benefits for Inpatient**

|  |  |  |
| --- | --- | --- |
| **Categories** | **Benefit Limits per staff (KSHS)** | **Premiums** |
|  |  |  |
| Inpatient Ophthalmology |  | Indicate if any |
| Inpatient Dental |  | Indicate if any |
|  |  |  |
| Pre-Existing, Chronic & HIV/AIDS |  | Indicate if any |
|  |  |  |
| Maternity: ● Normal birth  ● Caesarean |  | Indicate if any |
|  |  |  |

**Outpatient Medical Cover**

The service should provide comprehensive and flexible Outpatient cover, which includes and not limited to the following services:

* Routine outpatient consultation,
* Diagnostic Laboratory and Radiology services,
* Prescribed physiotherapy.
* Prescribed drugs and dressings.
* Ante-natal and Post-natal care (including congenital conditions & neo-natal illnesses).
* Chronic, Pre-existing HIV/AIDS conditions including cost of ARVs subject to sub-limits.
* Routine Antenatal check-ups (including Ultra Sounds).
* PAP smear, PSA and mammogram for principal and spouse once per year.
* Wellness check-ups for principal and spouse once per year.
* Routine Immunizations (Vaccines: KEPI , Baby Friendly and private baby vaccines (Roxaq, Flue, Yellow Fever, Chicken pox, Cholera, Typhoid , DPT, HiB – B, HiB – A, MMR, Menigocoal, HPV Vaccine)
* Ambulance Services

**1.5 Specialized Covers – Dental & Optical**

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| --- | --- | --- |
| **Benefits** | **Benefit Limits**  Per Individual (Kshs.) | **Benefit Limits**  Per Family (Kshs.) |
|  |  |  |
| Dental | Indicate Kshs. | Indicate Kshs. |
|  |  |  |
| Optical | Indicate Kshs. | Indicate Kshs. |
|  |  |  |
| Premiums | Indicate Kshs. | Indicate Kshs. |

**1.6 Other Essential Covers**

Service provider should state their covers and provide quotations;

|  |  |  |
| --- | --- | --- |
| **Benefit Categories** | **Implications** | **Limits /Premiums (Kshs/USD)** |
|  |  |  |
| Last Expenses | Indicate | Indicate if any |
|  |  |  |
| Exhaustion Of Limits | Indicate | Indicate if any |
|  |  |  |
| Overseas Referrals | Indicate | Indicate if any |
|  |  |  |
| Reimbursements | Indicate | Indicate if any |

1. Can you fix these prices for the duration of the contract?

Yes  No

If not, please provide details of how long they will remain fixed?

1. Please provide a detailed cost breakdown of the Services in question? – Please use a separate sheet / page if necessary
2. What length of contract would you be willing to negotiate with Save the Children? Please indicate in number of years?
3. Do you have any standard contract terms to account for inflation and/or changes in pricing that you typically include in contracts? If so, please describe in further detail.
4. What standard payment terms is your company willing to offer Save the Children?

**Section 4: Confirmation of Bidder’s compliance**

We, the Bidder, hereby confirm compliance with (Please tick against each, where necessary?)

* The required specification for the products
* The Conditions of Tendering
* Save the Children’s Terms and Conditions of Purchase
* Save the Children’s Child Safeguarding policy
* Save the Children’s Anti-Bribery and Corruption policy
* The IAPG Code of Conduct

**The following documents and items are included in our bid: (Please tick against each, where necessary?)**

* Section 1: General business details
* Section 2: Bidder capacity
* Section 3: Pricing proposal
* Certificate of Registration
* Tax Identification Certificate
* Two hard copies of bids submitted on headed paper
* Bids to be submitted in a sealed envelope, addressed to Medical tender committee **Save the Children East & Southern Africa Regional Office, ABC Place, Westlands, Nairobi – Kenya.** The envelope should indicate the tender reference number only. Missing reference will lead to disqualification

We confirm that Save the Children may in its consideration of our offer, and subsequently, rely on the statements made herein.

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| **Acceptance by the Bidder:**  …………………………………………………………  Signature  …………………………………………………………  Name  …………………………………………………………  Job Title  …………………………………………………………  Company  …………………………………………………………  Date |