
OPEN TENDER

**PROVISION OF MEDICAL INSURANCE
COVER FOR NUTRITION INTERNATIONAL-KENYA OFFICE STAFF
(COUNTRY & REGIONAL OFFICE).**

**(REGISTERED INSURANCE AGENTS (NOT BROKERS) IN KENYA
ONLY).**

NUMBER: NI-HR/01/2020-2021

CLOSING DATE:

Thursday 13, February at 3.30PM

Late submissions will not be accepted

© January 2020

-Read Carefully-

IMPORTANT SPECIFIC INTRUCTIONS

1. Bidders are requested to read through this document carefully
2. Vendor Responses are valid only when signed and stamped by the Bidder's authorized person.
3. Bidders are strictly required to submit their bids using this format. Any additional documentation supporting this TENDER shall be submitted as annex/attachment.
4. The following Attachments form Part of this Tender Document.
 - a) **Attachment A: Terms of Reference**
 - b) **Attachment B: Evaluation Criteria**
 - c) **Attachment C: Price Schedule**
 - d) **Attachment D: Tender Security Form (KES 150,000). Tender security must be from reputable Banking Institutions only.**
5. Interested Firms should immediately submit firm name and email to bidsAfrica@NUTRITIONINTL.ORG by to enable release of addendum should any arise.
6. The tenderer shall prepare two copies of the tender, clearly marking each "**ORIGINAL TENDER**" and "**COPY OF TENDER**", "as appropriate. In the event of any discrepancy between them, the original shall govern.

1. Summary

Nutrition International (NI), invites **INSURANCE AGENTS REGISTERED AND OPERATING IN KENYA** to submit sealed bid for the provision of medical insurance as described herein.

1. TENDER No. **NI-HR/01/2020-2021**
2. Physical Address for Submission of Quotes **Nutrition International, Avenue 5 Building 1st Floor, Rose Avenue**
3. Deadline for Submission of Bids Bids must be received by NI no later than Thursday **13, February 2020 at 3.30PM EAT.**
4. Point of Contact **Vendors seeking clarifications should send STRICTLY to bidsAfrica@NUTRITIONINTL.ORG. by Thursday February 6,2019 latest 4.00PM.**
5. Anticipated Award Type. **The award to lowest evaluated bidder will be in the form of AN AGREED POLICY DOCUMENT FROM THE INSURER .** Issuance of this tender in no way obligates NI to award a contract or purchase order and Bidders will not be reimbursed for any costs associated with the preparation of their quote.
6. Basis for Award An award will be made to the responsible bidder whose bid is responsive to the terms of the tender document and is most economically advantageous to NI, considering price or/and other factors included in the tender document.
7. Eligibility. This tender document is open to all firms eligible as described herein. NI's employees, board members and their relatives, are not eligible to participate in this tender document. In exceptional circumstances where relatives of NI staff participate in a procurement, such staff will be required to declare conflict of interest as per the Delegation of Authority.
8. Cost of tender Preparation and submission The Bidder shall bear all costs associated with the preparation and submission of its tender and NI, will in no way be responsible or liable for those costs, regardless of the conduct or outcome of the tendering process.

2. Instruction to Bidders.

1. General Instructions to Bidders
 - a) Deadline for submission of quotes is **Thursday 13, February, 2020 at 3.30pm.**
 - b) Late offers will be rejected except under extraordinary circumstances at NI's discretion.
 - c) Bidders shall sign and date their tender responses.

- d) Bidders shall complete Attachment A: Price Schedule template. Value Added Tax (VAT) shall be included on a separate line. The TENDER validity period shall be as indicated in attachment A herein.
- e) The tenderer shall prepare two copies of the tender, clearly marking each “**ORIGINAL TENDER**” and “**COPY OF TENDER,**” as appropriate. In the event of any discrepancy between them, the original shall govern.

- 2. Questions Regarding the TENDER
Each Bidder is responsible for reading very carefully and understanding fully the terms and conditions of this tender document. All communications regarding this solicitation are to be made **solely through the Issuing Office and must be submitted to bidsAfrica@NUTRITIONINTL.ORG** by Thursday February 6,2019 latest 4.00PM All questions received will be compiled and answered in writing and distributed to all interested Bidders.
- 3. NI's Right to Accept or Reject Any or All
NI reserves the right to accept or reject any offer, and to annul the bidding process and reject all tenders at any time prior to contract award, without thereby incurring any liability to the affected bids or bidders or any obligation to inform the affected bidder or bidders of the grounds for the NI's action.
- 4. Technical Specifications and requirements for Technical Acceptability
Detailed product or service specification and final delivery date is as described in attached A.
- 5. Determination of Suitability
NI will not enter into any type of agreement with a Bidders prior to ensuring the Bidder's suitability. When assessing a Bidder's responsibility, NI will consider the validity of items requested in attachment B :
- 6. Evaluations and comparison of tenders
The Procuring entity will evaluate and compare the tenders which have been determined to be substantially responsive, in accordance with attachment B. A tenderer who gives false information in the tender document about its qualification shall be disqualified.
- 7. Procurement Ethics
By submitting TENDER, Bidders certify that they have not/will not attempt to bribe or make any payments to NI employees in return for preference. Any such practice constitutes an unethical, illegal, and corrupt practice and either the Bidders or the NI staff may report violations to the Regional Director, Africa.

NI will reject a TENDER for award if it determines that the tenderer recommended for award has engaged in corrupt or fraudulent practices in competing for the contract in question.

A bidder who is found to have indulged in corrupt or fraudulent practices risks being debarred from participating in future NI procurement.

Information with respect to any actual or suspicious corrupt or fraudulent practice in relation to this Agreement can be forwarded at confidential@nutritionintl.org

8. NI's Right to Vary quantities
The NI reserves the right at the time of contract award to increase or decrease the quantity originally specified in the Schedule of requirements without any change in unit price or other terms and conditions. However, should the quantities decrease or increase by 30% of the original quantities, NI will consult the vendor proceeding with the purchase.

9. Language of Tender
The TENDER prepared by the bidder, as well as all correspondence and documents relating to the bids/tender, shall be written in English.

10. Technical specifications
The specifications describe the quality of required goods and/or services. Bidders must indicate whether the goods or services offered comply with each specified requirement.

All the dimensions and capacities of the services to be supplied shall not be less than those required in these specifications. Deviations from the basic requirements, shall be rejected.

The Bidders are requested to provide submit the mandatory documentation submitted as described in attachment B

**ATTACHMENT A
TERMS OF REFERENCE**

A. MEDICAL INSURANCE COVER

SCHEME DETAILS (ENTITLEMENTS PER PERSON PER YEAR).

CATEGORY	AMOUNT LIMIT (IN KES)
Inpatient & Outpatient	2,500,000 per member
Outpatient	350,000 per member
Maternity	250,000 per member
Dental	45,000 per member
Optical	45,000 per member

Note: Pre-existing/chronic /congenital/ and prematurity conditions to be covered to the full benefits as above and within the inpatient cover. The exact benefits and exclusions if any should be provided.

B. MINIMUM SPECIFICATION.

Cover	Minimum Requirement
Outpatient medical services	<p>The minimum requirement for outpatient medical services should include: Outpatient consultation for any acute illnesses, Surgery, Dressing, Maternity, Dental, Optical, Physiotherapy, Laboratory test, Prescribed ARVS, follow up for pre-existing conditions such as HIV/AIDS and cancer related conditions, Congenital conditions, HIV/Counseling ,testing and provision of ant-retroviral drugs, Attendance to other opportunistic and terminal diseases such as TB, cancer etc. and Any other out-patient services agreed with the PSC and not mentioned herein above,</p> <p>Other Out-Patient Benefits</p> <ol style="list-style-type: none"> a) Diagnostic consultation with a general practitioner registered with the Ethiopia Medical Practitioners b) Diagnostic consultation with a specialist upon referral by a general practitioner c) Laboratory investigations and x-rays, electrocardiograms, encephalograms, audiograms, radiotherapy or chemotherapy. d) Prescription medicines; e) Outpatient procedures e.g. dressing

<p>Inpatient Medical Services</p>	<p>Should include:</p> <ul style="list-style-type: none"> a) General in-patient service. b) Medical services for chronic, pre-existing conditions, HIV/AIDS and cancer related conditions up to the maximum coverage of the inpatient benefit; c) Congenital and prematurity conditions covered to the full inpatient benefit d) General Health checkup e) Medical services for HIV/AIDs including counseling, treatment, providing anti-retroviral and other related drugs; f) Medical services for other terminal diseases and cancerous related illness covered to the full inpatient benefit; g) Illness related in-patient dental cover up to the full inpatient benefit; h) Illness related in-patient optical cover up to the full inpatient benefit; i) Emergency caesarian sections should be covered up to the full inpatient limit. j) Accident related in-patient dental cover up to the full inpatient benefit; k) Accident related in-patient optical cover up to the full inpatient benefit; l) Provision of drugs to members and their dependents as prescribed by a medical practitioner. m) Ensuite standard ; n) Laser eye treatment/surgery within the full inpatient benefit o) Other in-patient benefits p) Accommodation for parent/guardian accompanying a child below 12 years; q) Doctor's, Surgeons, and specialist fees; r) Laboratory investigations, x-rays, ultrasound, ECG, MRI scans; s) Prescribed drugs, dressings, surgical appliances, and nursing procedures; t) Theatre including surgeon's fees and anesthetists' fees u) Intensive care (ICU)/High Dependency Unit(HDU); v) Radiotherapy, chemotherapy, physiotherapy; Rehabilitation w) Medical Health service both locally and outside the country upon referral x) Gynecological treatment; y) Day Care surgery z) Inpatient physiotherapy aa) Home nursing care; bb) Post hospitalization visits/follow-ups after discharge; cc) Local road and air evacuation in case of transfers within the full inpatient benefit; dd) Psychiatric and Psychological illnesses covered up to the full In-patient limits.
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Cover	Minimum Requirement
	ee) Prescribed Medical appliances and supplies e.g. colostomy bags, gluco sticks, needles, Wheelchairs, Crutches, Knee and Wrist braces, Lumbar corset etc. ff) Any other inpatient services agreed with the NI and not mentioned herein above
Details of Dental Benefits	The Dental cover should provide for a) Cost of fillings b) Root canal c) X-rays d) Tooth extractions including surgical extraction together with anesthetics' fees; e) Decay f) Dentures & Braces g) Bridges & implants
Details of Optical	a) The Optical cover should provide for b) Expenses related to eye treatment; c) Eye testing; d) Treatment arising from injury to the eyes caused solely and directly by accident external and visible means or arising from a disease affecting the eye or optic nerve. e) Correction of sight defects f) The supply and fitting of eyeglasses and frames; g) Inpatient non accidental Optical cover up to the full inpatient benefit; h) Cataract procedure.
Details of Maternity	Maternity cover should cater for a) Delivery expenses(normal delivery) b) Pre-natal care; c) Post-natal care and ultrasounds within the maternity limit. d) Caesarean section covered within the full inpatient benefit
Last Expense	The provider to indicate amount per person per year but not less than KES 150,000

NB: List all exclusions if any

1. COUNTRY WIDE NETWORK

The Medical Insurance Service Provider is expected to have a country wide Network that can enable Members and their dependents to access medical services as and when the need arises. Where such facilities registered by the Medical Insurance Provider cannot be accessed, the Provider should be able to:

- a) Meet/reimburse in full the cost of treatment of Members and their dependents and/or
- b) Liaise with the local medical institutions and private doctors to offer the needed service.

Such a scenario may be in cases of emergency and being in a region where the Medical Insurance Service Provider does not have a network. This will ensure that the Members are at all times able to access medical attention in the course of their duties anywhere in the country.

C. GROUP PERSONAL INSURANCE COVER MINIMUM SPECIFICATION

Insured Persons: 40

Cover: Payment of benefits as a result of accidental death or bodily injury to the insured including riots, strikes, Terrorism actions and malicious damage.

Current Annual Salary: Staff Monthly Gross Salary to be provided.

Benefits Payable:

- a) Death-8 years earnings
- b) Permanent Total Disability-5 years earnings
- c) Temporary total Disability-3 year Actual weekly earnings up to 104 weeks
- d) Medical expenses–Up-to Limit of in patient

Minimum Expected Special Clauses:

- a) Duty or pleasure.
- b) Worldwide cover while on travel
- c) Exposure Clause.
- d) Air travel as passenger in any standard licensed aircraft.
- e) Disappearance Clause
- f) Double Benefit clause
- g) Trustees Clause.
- h) Motor Cycling.
- i) Payment on account Clause.
- j) Riot, strike, civil commotion and including mountaineering, rugby, basketball and football etc
- k) Acts of terrorism.
- l) Any social activity organized by employer.
- m) Up to 65 years.
- n) Cancellation notice.
- o) Addition and deletion
- p) Passive war.
- q) Any other(include)

NB: List all exclusions if any

**ATTACHMENT B:
REQUIREMENT SCHEDULE**

1. Mandatory Documents

Bidders are requested to submit the documents required under this section. Failure to submit the mandatory documents will lead to disqualification.

S/No	Mandatory Requirement	Mark (Yes/NO)
	Duly filled submission letter as provided in attachment C in the company letter head.	
	Submission of a detailed company profile showing directorship, qualifications and years of experience of key staff.	
1)	Tender security/ Bid bond of KES 150,000 of the tender sum, valid for an additional thirty (90) days after the expiry of the tender validity period. MUST BE FROM BANKS ONLY	
2)	Must be registered with the Insurance Regulatory Authority(IRA)-Kenya for the current year and a copy of the current VALID license be submitted.	
3)	Must have a Professional Indemnity Insurance Cover of at least KES 50Million and a copy be submitted	
4)	Must submit copies of the following documents; (a) PIN Certificate (b) Tax Compliance Certificate (c) Certificate of Registration/Incorporation	
5)	Presentation of 2 well bound (original and Copy) and properly paginated tender documents including the attachments.	

2. Technical Evaluation

Only firms who score 75point and above will have their financial subjected to further evaluation.

NO.	General Requirement	Maximum Score
1.	Must attach a list of 10 reputable clients (indicating the type of cover, duration, and premiums for the medical scheme cover provided for each client) and whose total premium must be more than KES 100 Million for the year 2019. Attach certified copies of the contracts from the (10) clients. (2 marks for each firm listed with supporting document)	20
2.	Evidence of the Broker's UNDERWRITER medical service provider's branch network countrywide (clustered in the 47 counties of Kenya) (3 marks)	15
3.	Additional Benefit: Demonstrate additional/enhanced benefits the firm may extend to members other than the minimum cover benefits	

NO.	General Requirement	Maximum Score
4.	<p>Attach proof of prompt claims settlement ability from at least four (5) of the following medical service providers;</p> <ul style="list-style-type: none"> a) Nairobi Hospital, b) Agha Khan Hospital c) Mater Hospital, d) Kenyatta Hospital, e) Nairobi Women Hospital, f) Nairobi West Hospital, g) Karen Hospital h) MP Shah Hospital i) Metropolitan Hospital <p>(Attach Current recommendation letter issued/signed by the authorized officer from any for picked) (3 marks for each)</p>	15
5.	<p>Submit a detailed description of the methods you intend to employ in executing the medical insurance if awarded the tender. This should include but not limited to:</p> <ul style="list-style-type: none"> a) Outline the execution of the service @3marks. b) Handling of quarterly statements for staff and hospitals @3marks. c) Handling of Staff sensitization and health talks @3mark 	15
6.	<p>Indicate the benefits and exclusions/exemption clauses if any that the Policy will not cover.(if the cover does not cover any of the expected benefit as specified by Nutrition International under the schedule of requirements, NI will disqualify the firm without further reference to their bid)</p> <ul style="list-style-type: none"> a) Benefits Below NI specs: Score Zero b) Benefits within the NI specs: 7.5 c) Above score: Full Marks 	15
7.	<p>Must have done annual gross premiums in the Year 2018 of KES 100 Million. Attach certified copies of AUTHENTIC financial Audited statements for 2017 and 2018</p> <p>Below 100 Million =0 Above 100 full Marks</p>	20

Tender must be valid for at least: **120 days**

Note: In case of discrepancy between unit price and total, the unit price shall prevail.

ATTACHMENT B

PRICE SCHEDULE FORM

The annual premiums per family should indicate amount payable as follows:

	Category	Rate(KES)	Premium
1.	Member		
2.	Member + 1		
3.	Member + 2		
4.	Member + 3		
5.	Member + 4		
6.	Member + 5		
	TOTAL		

PREMIUM SUMMARY

ITEM NO.	DESCRIPTION OF INSURANCE COVER	PREMIUM (KES)
1.	Comprehensive Medical Cover	
2.	Group Personal Insurance Cover	
GRAND TOTALS(Inclusive of all Taxes)		

NB:

- a) All prices quoted must be inclusive of all taxes and applicable duties.
- b) Annual premium will be paid either once (or equal installments) at the beginning of the policy.
- c) In case of discrepancy between unit premium and total, the unit premium shall prevail.

**ATTACHMENT C
SUBMISSION LETTER**

The Regional Director, Africa
Nutrition International-Kenya
Avenue 5 Building 1st Floor,
Rose Avenue

Dear Sir/Madam,

RE: RESPONSE TO TENDER NUMBER

We, the undersigned, provide the attached quote in accordance TENDER # _____ dated _____. Our attached quote is for the total price of _____ (figure and in words).

We certify a validity period of _____ (insert) days for the prices provided in the attached Price Schedule. Our Tender shall be binding upon us subject to the modifications if requested by NI.

We understand that NI is not bound to accept any quotes it receives.

Authorized Signature: _____

Name and Title of Signatory: _____

Name of Firm: _____

Address: _____

Telephone: _____

Email: _____

Company Stamp: _____

This letter is mandatory and must appear on the letter head of the organization

**ATTACHMENT D
TENDER SECURITY FORM**

The Regional Director, Africa
Nutrition International-Kenya
Avenue 5 Building 1st Floor,
Rose Avenue

Dear Sir/Madam,

Whereas _____ [name of the tenderer] (hereinafter called "the tenderer") has submitted its tender dated _____ [date of submission of tender] for the **PROVISION OF MEDICAL COVER** (hereinafter called "the Tender") _____ KNOW ALL PEOPLE by these presents that WE _____ of _____ having our registered office at _____ (hereinafter called "the Bank"), are bound unto **NUTRITION INTERNATIONAL** (hereinafter called "the NI") in the sum of _____ for which payment well and truly to be made to the said NI, the Bank binds itself, its successors, and assigns by these presents. Sealed with the Common Seal of the said Bank this _____ day of 20_____.

THE CONDITIONS of this obligation are:-

1. If the tenderer withdraws its Tender during the period of tender validity specified by the tenderer on the attachment C; or
2. If the tenderer, having been notified of the acceptance of its Tender by the NI during the period of tender validity:
3.
 - a) fails or refuses to execute the Contract, if required; or
 - b) fails or refuses to furnish the performance security in **(incase this is requested)**;

We undertake to pay to NI up to the above amount upon receipt of its first written demand, without the NI having to substantiate its demand, provided that in its demand NI will note that the amount claimed by it is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This tender guarantee will remain in force up to and including thirty (30) days after the period of tender validity, and any demand in respect thereof should reach the Bank not later than the above date.

Signature of the bank _____

Name _____

This letter is mandatory and must appear on the letter head of the Banking institution. NI reserves the right to confirm the validity of this security.