



Islamic Relief Kenya

TENDER DOCUMENT

FOR

PROVISION OF COMPREHENSIVE MEDICAL INSURANCE COVER FOR ISLAMIC RELIEF KENYA STAFF

REF NO: IRK/MED-INS/INS/2025

ISSUED ON: WEDNESDAY 4th Dec 2024

CLOSING DATE: MONDAY 16th Dec 2024 11.00 AM

NAME AND CONTACT OF PROCURING ENTITY:

Islamic Relief Kenya
Kirichwa Road, off Ngong Road
P.O.BOX 417 – 00202 KNH, Nairobi
Email: procurement.Irk@islamic-relief.or.ke

Terms of Reference (TOR): Provision of Staff Medical Health Insurance for the Year 2024

Background

Established in 1984 in the UK, Islamic Relief (IR) is an International NGO is a humanitarian and developmental organization inspired by the Islamic Faith that envisages a caring world where communities are empowered, social obligations are fulfilled, and people respond as one to the suffering of others. IR is pursuing to promote sustainable economic and social development by working with local communities through relief and development activities. IR aims to assist the needy regardless of race, religion, or gender. Islamic Relief started its operations in Kenya in 1993 with an orphan sponsorship programme. Over the years Islamic Relief has implemented various development and humanitarian activities in the counties of Garissa, Kajiado, Kilifi, Lamu, Mandera, Marsabit, Nairobi, Tana River and Wajir.

IR has ensured that its programmes target those who are most vulnerable in the most disadvantaged areas. The programmes are aligned to respond to and comply with government developmental policies such as vision 2030 as well as the sustainable development goals. The current programmes include food security, sustainable livelihoods, inclusive protection, education, child development, humanitarian response & community resilience, climate change, conflict & peacebuilding and advocacy and awareness creation on other diverse issues affecting communities.

IRK would like to engage with a qualified healthcare provider to provide medical health insurance for IRK Staff for a period of one-year starting from **1st January 2025 – 31st December 2025**.

SCOPE OF WORK

The provision of medical services will include but not be limited to the following:

1. Hospitalization

- a) Member's maintenance in any hospital, Nursing Home, or Sanatorium, including hospitalization in an Intensive Care Unit (ICU).
- b) Members maintenance in overseas hospitalization, subject to a second opinion by the company's appointed medical consultant, where the mode of treatment required is not available in Kenya.
- c) The attendance of a qualified Nurse at the residence of the Member, where he/she is confined to a bed by doctor's directive.
- d) Use of an ambulance, cost of other transport or airfares in cases of an emergency in an attempt to save a life.
- e) Theatre use, surgeon and anesthetist and the charges for using an operating theatre.
- f) Caesarean Section.
- g) Parent accommodation for children under 18yrs who are admitted in a hospital approved by the healthcare provider.

2. Out-Patient Treatment

- a) Primary consultations and treatment including medical practitioner's fees prescribed medication, drugs, and dressing.
- b) Surgeons, Physicians and Anesthetists fees and the charge for using an operating theatre.
- c) Diagnostics consultations fees for specialists, pathologists, and physiotherapists.
- d) Registered private doctor's fees and the cost of prescribed drugs and dressing.
- e) X-rays, CT scans, magnetic Resonance Imaging (MRI's) electrocardiograms, encephalograms, audiograms, radiotherapy or chemotherapy

- f) Surgical appliances prescribed by a Registered Medical Practitioner
- g) Dental Expenses (unlimited within the prescribed limits)
- h) Optical Expenses (unlimited within the prescribed limits)
- i) Charges arising from the use of an ambulance, cost of other transport or air fares for journeys within Kenya, incurred in cases of emergency in attempt to save human life.

3. Emergency Treatment / Evacuation

- a) Expenses incurred in respect of emergency treatment immediately necessary to stabilize a medical condition without which a major deterioration would develop in the member's state of health and result in a significant reduction in life expectancy- for treatment that is not available in Kenya.

4. Maternity

- a) Cover for all adults above 18 years.
- b) Premature and Neonatal care
- c) Pre-natal and post-natal care

5. Preventive treatment

- a) Vaccinations/ Immunization

Deliverables

The Medical Service Provider will be expected to deliver, the following outputs:

1. Provide services on a 24hours basis, 7 days a week.
2. Provide members with smart cards for identification purposes.
3. Provide polite, responsive, and efficient service at all times to fulfil IRK requirements.
4. Response time to questions from members should be done immediately if an emergency and with 24-48 hours if issue is being escalated to higher authorities.
5. Assign a senior representative experienced in providing corporate medical insurance services to oversee the management services provided to IRK and to ensure full compliance with all requirements of the Contract and Service Level Agreement with IRK.
6. Provide a comprehensive chronic disease wellness management plan for the IRK staff.
7. Provide a strategic plan and solutions for members who deplete their benefits before the end of the cover.
8. Provide detailed utilization statements for the IRK Members every quarter.

Proposal Submission

Interested and qualified providers are invited to submit their proposal(s) comprising of the following:

- An understanding of the requirements
- Methodology and work- plan for performing the assignment.
- Project delivery plan
- Team composition and tasks assignment
- Detailed reference list indicating the scope and magnitude of similar assignments.
- Relevant services undertaken in the past three (3) years.
- Registration and other relevant statutory documents (Valid Tax compliance, Pin certificate, Certificate of incorporation)

Evaluation Factors and sub factors

The proposal for this contract will be evaluated according to the following criteria:

- Accredited/ Certified Medical Services or Insurance provider.
- A good track record in serving international organizations and multinational corporations for a minimum of at least 7 years, and a list of corporate clients for similar services should be provided.
- Has in its employment competent and experienced consultants, especially in medical service provision, as evidenced by the track record in their Curriculum Vitae.

- Financially stable- annual report or audited financial statement for the last 3 years to be provided.
- Ability to provide quarterly financial statements and listing of staff on insurance cover.
- If providing services from own Network, maintains reputable medical facilities that are tested and tried. The Network Providers should be spread throughout the country even though members are generally concentrated within Nairobi, Wajir, Mandera, Moyale, Malindi, Kilifi and Garissa County, Tana River and Kajiado County.
- Ability to provide a customized package as per IRK's own needs and requirements, which includes preventive medical care.
- Willing and able to guarantee the delivery of products and services in accordance with the performance standards required by this TOR.
- The ability of its designated staff to think on their feet, be flexible and provide immediate reasonable solutions to medical needs and emergencies as they arise.

Technical and Financial proposals will need to be submitted as **Separate documents (Two closed envelopes)** and clearly marked as such. Financial proposals will not be opened until the conclusion of the technical evaluation and only for those that are deemed qualified and responsive to the TORs.

Disclaimer

IRK reserves the right to determine the structure of the process, number of short-listed participants, the right to withdraw from the proposal process, the right to change this timetable at any time without notice and reserves the right to withdraw this tender at any time, without prior notice and without liability to compensate and / or reimburse any party.

Bid Submission Requirements

Interested bidders are advised to read the submission instructions carefully to ensure compliance

Submission Email: To be submitted via email: tenders@islamic-relief.or.ke

Single PDF Document: Each bid must be submitted as a single, consolidated PDF document (**Max 25mb**). Multiple or fragmented submissions will not be accepted.

Bidder Email: Interested bidders may submit their bids **ONLY** from the official email address of the bidder or company.

Direct PDF Attachment Only: Bid documents must be attached directly as PDF files in the submission email. Links to external file-sharing platforms, such as Google Drive or Dropbox, are not permitted and will not be reviewed.

Subject Line Specification: Bidders must include the tender name and reference number in the email subject line to ensure proper filtering and identification of submissions.

Disqualification Notice: Failure to adhere to these submission requirements will result in the disqualification of the bid.

Tender Name: Provision of Comprehensive Medical Insurance Cover for Islamic Relief Kenya Staff

Tender Ref No: REF NO: IRK/MED-INS/INS/2025

Submission Deadline: Monday, 16th December 2024 at 11:00 am

Details of Preferred Cover

Details	Preferred Cover
Geographical Region	Africa & Worldwide
Overall Annual Limit	KES 3,500,000 Per Family
Accident & Hospitalization	
Illness Hospitalization	
Last Expenses	KES 100,000 Per Family
In patient & Day care:	
Hospital	Covered 100%
Oversea referral treatment not available locally	Covered up to limit
Bed Limit	Standard private room
Maternity: For all adults above 18 years	KES 250,000
1 st Emergency Caesarean section	KES 250,000
Waiting period during first year- Maternity benefit	0 days
Neonatal care	
Congenital conditions/ defects	KES 150,000
Psychiatric treatment	KES 100,000
Ectopic Pregnancy	100%
Physiotherapy	100%
Chronic conditions & HIV/ AIDS	100%
Parents accommodation insures parents with an insured child under 12 years of age in hospital	Covered
Declared pre-existing conditions	
Cancer	
Optometry: In patient	KES 200,000 Per Family
Dental Treatment: Inpatient	KES 200,000 Per Family
Emergency Rescue & Evacuation (international & Local)	Covered
Minimum age when joining	0 days
Maximum age when joining	60 years
Outpatient Cover:	
Overall annual limit	KES 300,000 Per family
Primary consultations and treatment including medical practitioner's fees, prescribed medication drugs and dressing	100%
Physiotherapy	100%
MRI & CT scans	100%
Pre-natal & post-natal care	100%
Vaccinations/ Immunizations	100%
Dental	KES 40,000 Per Family
Optical	KES 40,000 Per Family
Underwriting period	10 days

Population

	Male	Female	Total
M	12	9	21
M+1	2	2	4
M+2	9	4	13
M+3	15	5	20
M+4	22	8	30
SUB-TOTAL	60	28	88

BID EVALUATION RATING SCALE

a) MANDATORY REQUIREMENTS

Sno.	Mandatory Requirement	Must Meet
MR1	Provide Copy of Certificate of Incorporation / Registration	Must Meet
MR2	Provide Copy of Valid Tax Compliance Certificate	Must Meet
MR3	Provide Copy of CR12 Form issued within the last 3 months, attach copies Directors/Shareholders Identification Cards (ID)	Must Meet
MR4	Provide copy of Valid Business Permit	Must Meet
MR5	Tender validity period of 156 days from the date of tendersubmission-Must be clearly indicated in the Form of Tender	Must Meet
MR6	Duly filled, signed and stamped Form of Tender in the format provided, must be in the Firm's letterhead, clearly indicating each year's Tender sum. -Must be signed by the authorized signatory.	Must Meet
MR7	Dully filled, signed and stamped Confidential Business Questionnaire Form -Must be signed by authorized signatory	Must Meet
MR8	Dully filled and stamped Self Declaration That the Person/Tenderer Will Not Engage in Any Corrupt or Fraudulent	Must Meet
MR9	Dully filled and stamped Declaration and Commitment to The Code of Ethics	Must Meet
MR10	Duly filled, dated, signed and stamped Price Schedule -Must be signed by authorized signatory	Must Meet
MR11	Must be registered to provide Medical Insurance Cover with the Insurance Regulatory Authority (IRA). (Provide proof of registration)	Must Meet
MR12	Must submit one bid electronically in pdf format	Must Meet
MR13	Must submit copies of Audited accounts for the last 3 financial years(2020,2021 and 2022). signed by auditor(s) who are Licensed by ICPAK (Attach the auditor's practicing License)	Must Meet
MR14	Must submit power of attorney from the firm, giving the name of the person authorized to sign the bid and execute the tender	Must meet

MR15	Must give a list of 5 (five) reputable corporate clients (three (3)) must be from NGO sector to whom you have provided medical Insurance cover in the last 3 years (2021,2022 2023)	Must Meet
MR16	Provide a list of reputable networks of Hospitals, Clinics, Pharmacies and Laboratories countrywide	Must Meet
MR27	Provide proof of availability of an ICT based system for member biometric registration, identification, addition and deletion process and claim processing	Must meet

TECHNICAL EVALUATION

The responsive bids that fully conform to the mandatory requirements will be subjected to the technical evaluation. The total score for the technical evaluations will be 100% while the pass mark is 80%. Only bids attaining the set pass mark will proceed to the financial evaluation

	Evaluation CRITERIA	PARAMETERS/ RATING	SCORE	MAX SCORE
T1	Provide Recommendation letters on claim settlement for the year 2021,2022 and 2023 for Medical Insurance. The recommendation letter should indicate claims settled and outstanding claims	Excellent Good Average Poor	2mks Each	10Mks
T2	Submit reinsurance approval from IRA for year 2024	10Mk	10 Mks	10 mk
T3	Provide at least 5 Major Management staff with handling the scheme showing academic and professional qualifications and years of experience as follows. Relevant University degree ACII/AIHK Relevant years of Experience (Attach CV)	University Graduate Professional membership minimum of 5 years' work Experience	2Mk each 2 Mks each 2 Mks each	10mk 10mk 10mk
T4	Methodology/ Administration of the medical scheme Clearly state the procedures (in-patient and out- patient) to be followed by the employee(s), beneficiary (ies) and directors in the provision of medical services, stating clearly the responsibilities of the parties involved. Also include details of the claims settlement turnaround time, time taken to issue/replace medical card (The shorter and realistic the time for claim settlement and issuance/replacement of cards, the higher the Mark)	in-patient and out-patient claims settlement turnaround time taken to issue/replace medical turnaround on any preauthorization	5 mks each	10mk
T5	Inclusion of all inpatient services (scope) and limits for all categories as provided for in the document	10 mks	1 mk each (total 10 mks)	10 Mks
T6	Inclusion of all stand-alone services (scope) and limits for all categories as provided for in the document	Maternity – 0.5mks Dental – 0.5mks Optical – 0.5mks Health checkup	Max 2 mks	2 Mks

		0.5mks		
T7	Provide proof of availability of an ICT based system for biometric registration, identification, addition and deletion process and claims processing (provide Confirmation Letters from at least clients on their letterhead that the portal is operational)	6mk	6mk	6mk
T8	Evidence of Value addition services	2mks (0.5 Mk for each value addition service)	2mk	2mk
T11	Provide a list of reputable networks of Hospitals, Clinics, Pharmacies and laboratories in Nairobi County	1 – 20 -1mk 21 – 40 -2mks	2 Mks	2 Mks
T12	Emergency Road and Air Evacuations within Kenya	2mks	2mks	2Mks
T13	Provision for 24 hrs call Centre	2 Mks	2 Mks	2 mks
T14	Utilization of up to the maximum cover limits without card suspension	2mks	2mks	2 mks
T15	Provide evidence of the international network of services providers /hospitals for overseas referrals for treatment outside Kenya	2Mks	2Mks	2 mks
T16	Provide the procedure to be followed for overseas treatment	2Mks	2Mks	2 mks

Financial Evaluation will be undertaken for bidders who score 80% and above in the Technical Evaluation stage

No.	Description	Maximum
1	Within Allowable Budget	20
2	Certified Audit Reports (Last 2 years)	30
3	Certified and stamped Bank statement for the past 6 months (May to 30 th October 2024). The bank statement must have a balance to cater for the quoted amount).	30
4	Evidence of Certified and stamped letter of credit facilities from the reputable bank, cash/ bank balance.	20

Tender Schedule

Task	Date
Advertising of Tender	3 rd December 2024
Closing of Tender	16 th December 2024 11:00am
Opening of Tender	16 th December 2024
Evaluation	17 th -18 th December 2024
Award	20 th December 2024

The subject of the email must indicate the tender title, tender reference and Location quoted for as follows.

Note: IRK reserves the right to extend the tender publication period, revise the opening and evaluation period.

QUESTIONNAIRE – MANDATORY

It is mandatory that a potential bidder provides the information required in the questionnaire (i.e. section A to F) then sign and stamp.

A: Organisation and Contact Details

Full name of Organization			
Date of Registration			
Registration Certificate Number			
Street		Road	
Address		Code	
Town			
Email		Telephone No.	
PIN No.			
Pharmacy & Poisons Board Certificate Number & Date			
Type of Organization	A Public Limited Company		
	A Limited Company		
	A Limited Liability Partnership		
	Other Partnership		
	Sole Trader		
	Other (Please Specify)		

Name of Owners

No.	Name	ID/Passport No.	Nationality
1			
2			
3			

DETAILS FOR CONTACT PERSON	
Contact details for enquiries about this RFP	
Name of Staff	
Address	
Post Code	
Town	
Phone	
Mobile	
Email	

B - Grounds for Mandatory Rejection

Important Notice:

In some circumstances IRK is required by law to exclude you from participating further in a procurement. If you cannot answer 'no' to every question in this section it is very unlikely that your application will be accepted, and you should contact us for advice before completing this form.

Please state 'Yes' or 'No' to each question.

Has your organization or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?	Answer
(a) A crime	
(b) Corruption	
(c) The offence of bribery;	
(d) Fraud within the meaning of:	
i) Money laundering	
ii) Any other offence	

Has your organization fulfilled obligations related to the payment of social security contributions or the payment of taxes in accordance with the legal. Answer with a "Yes" or "No"	
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C - Grounds for Discretionary Rejection

Important Notice:

IRK is entitled to exclude you from consideration if any of the following apply but may decide to allow you to proceed further. If you cannot answer 'no' to every question it is possible that

your application might not be accepted. If any of the following do apply, please set out (in a separate Annex) full details of the relevant incident and any remedial action taken subsequently. The information provided will be considered by IRK in considering whether or not you will be able to proceed any further in respect of this procurement exercise.

Please state 'Yes' or 'No' to each question.

Is any of the following true of your organization?	
(a) <u>Is bankrupt</u> or under receivership or bankruptcy restrictions order made against the organization	
(b) <u>Is insolvent</u> ,	
(c) <u>Is the subject of an order by the court winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or had a receiver, manager, or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of similar procedures under the law of any other state?</u>	
Has your organization	
(a) been convicted of a criminal offence relating to the conduct of your business or profession;	
(b) committed an act of grave misconduct during your business or profession;	
(c) failed to fulfil obligations relating to the payment of social security contributions	
(d) failed to fulfil obligations relating to the payment of taxes under the	
(e) been guilty of serious misrepresentation in providing any information required	

D – Bid Value & Duration of Work

<i>Bid Value for the Service</i>	<i>Kshs.</i> _____
<i>Payment Terms</i>	
<i>Proposed Delivery Duration</i>	
<i>Remarks</i>	

E - Financial

1	BANK INFORMATION	
1.1	<i>Bank</i>	
	<i>Branch</i>	
	<i>Account Name</i>	
	<i>Account Number</i>	
	<i>Swift Code</i>	
	<i>Letter From Bank</i>	

F - Declaration

2.	<p>I declare that to the best of my knowledge the answers submitted in this bid document are correct. I understand that the information will be used in the process to assess my organization’s suitability to be invited to tender for Islamic Relief’s requirement and I am signing on behalf of my organization. I understand that the Contracting Authority may reject this bid if there is a failure to answer all relevant questions fully or if I provide false/misleading information. By signing the bid document, I certify that all of the above statements are accurate and factual.</p>	
	FORM COMPLETED BY	
2.1	Name:	
2.2	Position:	
2.3	Signature:	
2.4	Date:	
2.5	Stamp:	