



Near East Foundation
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REQUEST FOR PROPOSAL (RFP)

Sudan Country Programs

Local Benefits for Staff and Dependents

RFP Schedule	Date
RFP Issue Date:	August 31, 2021
Intent to Propose (due by 5PM EST)	September 2, 2021
Written Questions (due by 5PM EST)	September 7, 2021
RFP Closing Date: (due by 5PM EST)	September 9, 2021
Interview Finalists	September 13 – 15, 2021
Selection of Finalist	September 20, 2021
Notification sent to Selected Provider and All Bidders	September 27, 2021

The purpose of this RFP

The Near East Foundation (NEF) invites qualified vendors to submit bids for the requested services outlined in this RFP. NEF is soliciting bids from established vendors who can assist the Near East Foundation in meeting financial objectives and provide high quality medical, prescription, optical, dental, and ancillary benefits and services (e.g. cancer benefits, international medical services). The winning Bidder(s) will enter into a contractual agreement for one (1) year. Bidder shall furnish a copy of their operating license in the country of incorporation.

The Near East Foundation is soliciting bids from vendors able to provide local national plans for NEF Sudan Country Programs in the following locations:

- Central Darfur State
- Khartoum State
- North Kordofan State
- South Kordofan State

Potential vendors are encouraged to read this RFP in its entirety and to submit a response even if only able to provide services in some of the States listed above. Issuance of a solicitation does not obligate NEF to award a contract or pay for any cost incurred in the preparation and submission of a bid.

Background

NEF is a non-profit international development organization that has supported livelihoods recovery and community-based economic development in the Middle East, Africa, and Caucasus since 1915. NEF draws on local teams, experience, and partnerships in these regions to create community-led solutions to reduce poverty, create economic opportunity, and empower conflict and crisis-affected groups to improve their future outlook and wellbeing.



Communications

All questions, inquiries, and requests for clarifications must be submitted in writing to the designated contacts listed below no later than September 7, 2021.

Points of Contact	
Name	Lezlie Blaski
Title	HR Director
Email	nefprocurement@neareast.org
Name	Rashad Zakaria
Title	Procurement Officer
Email	nefprocurement@neareast.org

NEF may, at its sole discretion, contact vendors to solicit responses, verbal briefing or discussions if beneficial to the success of the RFP.

Issuance of this RFP in no way constitutes a commitment by NEF to award a contract. NEF reserves the right to reject any or all bids or portions of bids received in response to this RFP, to request modification or clarification of any part of a proposal, or to cancel this RFP if it is in the best interest of NEF to do so. NEF may reject any bid if it is considered incomplete or conditional, contains irregularities, or does not meet qualifications, requirements, or specifications. Failure to furnish all information may disqualify the proposal.

Bid Preparation Instructions

Interested vendors must send bids in electronic copy via e-mail, on or prior to September 9, 2021 to nefprocurement@neareast.org (subject line: Sudan (Local National) Health Benefits).

The bid should provide a straightforward, concise description of the vendor's ability to meet the requirement of this RFP. Bids should not exceed **20 pages** including annexes and should not contain duplicative information. The Bid and all related correspondence and documents exchanged between the Bidders and the Purchaser shall be written in English. Any printed literature furnished by the Bidder and written in another language shall be accompanied by an English translation of its pertinent passages, in which case, for purposes of interpretation of the bid, the English version shall prevail.

Bid Prices

The Bidder shall clearly indicate the unit price of the services it proposes to supply. All unit prices shall be clearly indicated in the space provided in the price schedule, and all unit prices quoted in the RFP response shall be agreed to be in effect for a minimum of twelve (12) months beginning on the date when the contract is executed, with the exception of products or services which are subject to significant and unavoidable market forces which prevent this, in which case the Bidder shall describe and justify the driver(s) of potential price fluctuation during the first twelve (12) months of the



agreement. The Bidder shall sign the price schedule, and shall stamp the price schedule with the Bidding Company's seal where feasible.

Bid Currencies

All financial rates and amounts entered in the Bid Form and Price Schedule and used in documents, correspondence, or operations pertaining to this tender shall be expressed in local currency or USD for which services are being provided.

Preparation of Bids

The format should be as follows and should include the information noted in the points below:

- 1. Basic Information:** legal name, registered address, contact details and designations of proposed contract managers (including telephone number and email address), general information about the agency and the services offered, hours of operation (including any after hour assistance services); number of years in service. Please make sure to note what is your client mix and what you believe are the three key differentiators between your company and other competitors providing health and ancillary insurance services. Please make sure to highlight how you can support NEF's needs as outlined in Paragraph 1.
- 2. Qualifications and Capabilities:** please describe the company's experience servicing non-profits and humanitarian entities with a global presence. Describe in detail the company's services including the ability to assist its customers globally.
- 3. Policy Management:** please define the covered period, provide policy schedules, provide definitions and application for proposed policies.
- 4. Customer Service:** please list the primary individual/s who will be responsible for managing NEF's local account (in each location, as appropriate). Include a brief expertise of the expertise of each individual; describe the company customer service philosophy and how the company will compile and maintain profiles for NEF's employees. Include how member's personal information will be protected including compliance with applicable data privacy laws. Please describe the process to resolve customer service issues to include resolution timeline and access to dashboards/NEF plan member data, if any. Please note any toll-free numbers or email available to members seeking assistance.
- 5. Member Application Process:** Please attach membership joining form, attach checklist of documentation required to facilitate cover, attach special requirements checklist as applicable, indicate requirements for processing medical cards and turnaround time, indicate any provisions on members age limit, describe any additional benefits to members e.g. medical camps, health awareness sessions etc., rules for inclusions, exclusions, approvals and referral.
- 6. Claim Reimbursements:** Please describe in detail the process for out of network claims and include the timeline of claim settlement.
- 7. Providers Network list:** Please provide the Network providers list, provide details on the process for inclusion of new providers, indicate how claims from providers not on the approved provider list are treated.
- 8. Premium payment:** Are member premiums prorated and if so when is this applied? Explain



the rules for additions or deletions.

9. **Past Performance and Experience:** how do you measure customer satisfaction? Please provide three references, with contact information. References must work globally.
10. **Benefit and Price Schedule:** the vendor will complete a benefit and price schedule (**Annex A**).

The scope of services may include but is not limited to the following:

#	BENEFIT TYPE
1	Inpatient or in-hospital care (private/ward)
2	Outpatient
3	Chronic/pre-existing conditions
4	Coronavirus
5	Maternity cover
6	Optical /optometry services
7	Dental
8	Wellness check
9	Intensive Care Unit/HDU
10	Prescribed laboratory Tests
11	HIV/AIDS Inpatient Cover
12	Congenital conditions
13	Emergency medical rescue and evacuation
14	Cancer (chemotherapy and lab tests)
16	Psychiatry
17	Surgical services (general surgery, gynecology, orthopedic, urology, ENT)
18	Physiotherapy
19	Last expenses/Funeral expenses (with proof of death)
20	Radiology services (ultra sound, x-ray, ECG, C.T Scan, MRI)
21	Ambulance



22	Immunization/vaccination
23	Antenatal and postnatal services
24	Day care surgical services
25	Family planning
26	Prescribed drugs and dressings and other treatments
27	Health Education/counselling
28	Trauma Services
29	Pediatrics
30	Group Life
31	Workman's Compensation

DETAILED TERMS OF REFERENCE

The health insurance benefits to be provided shall apply to employees and their eligible dependent(s). Please see below (Annex A) for current number of covered individuals.

Each bid should provide for a medical cover for each registered member (i.e. each employee and each of their bona fide dependents) using the guidelines below:

- a. The vendor will provide comprehensive Inpatient and Outpatient coverage for employees, spouses of employees, employees and their children, and family coverage to include parents up to the age allowed by local laws in the country of coverage based on employee selection / designation.
- b. The vendor will provide a breakdown of deductibles per individually insured by calendar year, per beneficiary by calendar year, per hospital admission, to include the use of networks, if available, per emergency room visit, and all other pre-existing condition requirements and costs.
- c. The vendor will provide a clear statement of what procedures will not be covered and what procedures will be covered INCLUDING CEILINGS and their resulting deductibles. Additionally, any other deductibles or special clauses, constraints or requirements will be clearly



stated in advance of selection of the vendor and will remain in effect for the duration of the contract, unless terminated earlier and unless changes are required by law.

- d. The vendor will provide responsive customer service directly or through a broker in answering questions about coverage, assisting with securing coverage, and completion of paperwork required by the NEF Human Resource Director, the employees insured and their insured dependents. In addition, the vendor will provide responsive customer service for its covered individuals in the language required by the country of coverage.
- e. The vendor will provide for laboratory and radiological services.
- f. The vendor will provide a pharmacy prescription program that maximizes the use of discounts for both generic and brand named drugs.
- g. The vendor will provide for Maternity care coverage.
- h. The vendor will provide insurance that limits the amount of claims made by the employee and where claims are applicable will provide a responsive refund process.

BENEFIT & PRICE SCHEDULE

NEF would like the vendor to propose two (2) coverage, if available, in accordance to Annex A “Benefit and Price Schedule” below. Should two (2) options not be available, bidders should make a notation in their response.

ANNEX A: BENEFIT & PRICE SCHEDULE

Bidders must submit their financial offers in accordance with the price schedule provided under Annex A of the RFP document. **Do not use your own format.**

INSURED COUNTRY: Sudan				
GROUP MEDICAL				
Benefit	Recommended Benefits			
	Option 1 - Standard Coverage		Option 2 - Premium Coverage	
	Benefit Description and limits	Premium Amount (currency)	Benefit Description and limits	Premium Amount (currency)
Outpatient Benefit to cover Consultations (GP and Specialist) Procedures (Pathology, Radiology and other diagnostic tests)				



<p>Chronic Medicines</p> <p>Outpatient Maternity</p> <p>Dentistry</p> <p>Auxiliary Services</p> <p>Optical</p> <p>Well being benefit</p> <p>Laboratory, X-Ray, Pharmacy, Diagnostic Services, Physiotherapy, and Prescribed Medical aid.</p> <p>Diagnostics consultation.</p> <p>Specialist consultation.</p> <p>Physiotherapy treatment</p> <p>Psychiatric treatment</p> <p>Registered Chronic Conditions</p> <p>Coronavirus</p>				
<p>Inpatient Benefit to cover</p> <p>In hospital accommodation, specialist(s), operating room (OR) costs and ancillary OR services (please list costs of semi-private and private rooms)</p> <p>Emergency Ambulance</p> <p>Inpatient Maternity (childbirth)</p> <p>Inpatient Maternity complications (post - delivery)</p> <p>Neonatal care</p> <p>High care and intensive care</p> <p>Psychiatric hospitalization</p> <p>Prosthesis</p>				



<p>External medical appliances</p> <p>Specialized Radiology(in and outpatient)</p> <p>Hospitalization related to chronic conditions</p> <p>Prescribed Optical Surgery</p> <p>Prescribed Dental Surgery</p> <p>Major Disease Benefit (Cancer treatment, Kidney dialysis etc.)</p> <p>In hospital surgery, including ICU, Day Surgery.</p> <p>Laboratory investigative, X rays, ultrasound, ECG, MRI Scans</p> <p>Prescribed drugs, dressings, surgical appliances, and nursing procedures</p> <p>Doctors, surgeon & Specialist fee</p> <p>Coronavirus</p>				
<p>Emergency Treatment outside Area of Coverage, including internationally</p> <p>Description and threshold for emergency treatment while travelling outside area of coverage</p>				
<p>Emergency Response</p> <ul style="list-style-type: none"> • Emergency Ambulance Services. • Emergency Treatment outside area of cover. 				
<p>Adult Health check-ups</p> <ul style="list-style-type: none"> • Physical examination • Diagnostic Testing (please list) • Vaccines 				



Pediatric Health Check-ups <ul style="list-style-type: none"> Physical examination Diagnostic Testing (please list) Vaccines 				
Other auxiliary benefits For example, Physiotherapy Treatment, etc.				
Lodger fees (if applicable) Private Room accommodation for accompanying parent for child below 12 years				
TOTAL APPLICABLE PREMIUM				
GROUP LIFE				
Benefit	Recommended Benefits			
	Option 1 - Standard Coverage		Option 2 - Premium Coverage	
	Benefit Description and limits	Premium Amount (currency)	Benefit Description and limits	Premium Amount (currency)
Group Life Death, any cause Accidental Death Permanent Partial Disability Permanent Total Disability Personal Accident Premiums (please specify age brackets and thresholds)				
TOTAL APPLICABLE PREMIUM				



Please indicate whether coverage is national or global				
WORKMAN'S COMPENSATION				
Benefit	Recommended Benefits			
	Option 1 - Standard Coverage		Option 2 - Premium Coverage	
	Benefit Description and limits	Premium Amount (currency)	Benefit Description and limits	Premium Amount (currency)
Life				
Death, any cause				
Permanent Partial Disability				
Permanent Total Disability				
Personal Accident Premiums (please specify age brackets and thresholds)				
TOTAL APPLICABLE PREMIUM				
Please indicate whether coverage is national or global.				



ANNEX B: NEF POPULATION BY COUNTRY AT THE TIME OF ISSUANCE OF THIS RFP:

SUDAN			
Family Size	Number of Families	Number of Dependents	Total Population
M	0	0	0
M+1	7	7	14
M + 2	10	20	30
M + 3	6	18	24
M + 4	6	24	30
M + 5	10	50	60
M + 6	2	12	14
M + 7	2	14	16
M + 8	1	8	9
M + 9	1	9	10
M + 10	0	0	0
M + 11	1	11	12
TOTAL	46	173	219

Important Notes

- i. Current Population size: 219 For purpose of arriving at the premiums, apply an average family size of 5 (M+4)
- ii. Kindly itemize the premium breakdown as per the list.
- iii. Prices should be clearly written.



- iv. Price quoted should be valid for 90 days with a clear currency noted.
- v. Bids may include any other health benefits within the prescribed limits.