

## **Terms of Reference for the referral hospitals**

### **a. Objectives**

The aim of this Request for Proposal (RFP) is to contract Service Providers for provision of Medical Services for IOM Beneficiaries in Sana'a, Republic of Yemen on a long-term basis. For the purpose of this RFP the term “**Medical Services**” will be used as a reference to all type of services listed in the Scope of Services of this Terms of Reference.

The description and list of required Medical Services are stated in this document. However, they may vary based on program needs of IOM. The Service Provider will be required to provide other type of Medical Services not listed in this RFP but available by the Service Provider.

Medical Services will be provided throughout the term of contract signed between IOM and the selected Service Provider. The contract may be extended subject to satisfactory performance of the Service Provider. The Service Provider will abide by all applicable laws of Yemen and international standards to ensure the Services are provided in a safe and professional manner.

### **b. Scope of the Services**

IOM intends to hire the following medical services under this RFP and the Service Providers are required to quote for all the Services preferably. Conditions for applying to parts or sub-parts of the RFP are allowed but not encouraged. IOM will give a preference to Proposals which offer full or more spectrum of the Services.

Type of the Services required:

1. Out Patient Specialists' Consultation.
2. Emergency Care and hospital admission.
3. Medical, Surgical, Obstetrical and Paediatric services
4. Intensive Care Unit (ICU)
5. Lab Medical Investigations.
6. Medical Imaging.
7. Medical treatment.
8. **Mandatory availability of medical beds. IOM requests availability 4 admission beds and 2 ICU beds per month at least.**

The Service Provider will be responsible for provision of medical services, treatment and examinations to IOM Beneficiaries. All Services shall be performed upon the written request of IOM only as evidenced by the signed Beneficiary Medical Assistance Voucher Form. The Service Provider shall timely inform IOM of any further or other examination or treatment that is considered necessary.

Service Provider should provide services to IOM's beneficiaries based on prior verification of their identities by IOM. In case of doubt of identity switch, IOM must be notified immediately, and examination discontinued until further notice by IOM.

The Services provided by the Service Provider shall be performed by fully trained, qualified and insured medical personnel in accordance with applicable national medical standards related to health care and medical laboratory testing. Upon request, the Service Provider will make available for IOM's inspection licenses and certificates which indicates that the medical personnel performing the Services under this RFP are duly licensed as well as documentation related to the maintenance of the equipment, procedures, safety measures and quality of consumables.

All the equipment used shall comply with the highest applicable national standards on medical examinations and safe radiation levels. The Service Provider's facilities shall, at all times, observe the international standards of sterile technique in all samples handled.

All services under this RFP shall be performed with confidentiality, in accordance with IOM's Data Protection Principles. Communication of any information regarding the patient needs to be coded by the Beneficiary Reference Number as provided in the Beneficiary Medical Assistance Voucher Form. IOM shall share a master list to link the beneficiary to her/his reference number to the Service Provider and update such list as required. The actual name of any beneficiary must not be used in any other communication between the Parties.

IOM doesn't warrant that any quantity of Services will be purchased during the term of Agreement reached under this RFP.

Prices quoted by the Service Provider should be fixed during the Service Providers performance of the Contract and shall not be subjected to price escalation and variation on any account, unless otherwise approved by IOM. A submitted Proposal with an adjustable price will be treated as non-responsive and will be rejected.

IOM reserves the right to cross check the prices at any time at its discretion, with any other entities to ascertain the price advantage of the Service Provider. Furthermore, IOM may procure the Services from any other sources at any quantity needed at any time during the performance of the Contract with no obligation to loss of profit or other entitlements of the Service Provider.

**c. Location of the medical facilities:**

The Service Providers submitting their Proposals must have their medical facilities located in Amanat Al-Asimah Governorate. Any Proposal submitted with location of the medical facility outside Amanat Al-Asimah will be rejected.

The Service Providers should provide detailed information about their medical facilities in TPF-2 form.

**d. Documents Required for Submission under this RFP**

1. Technical Proposal including all forms mentioned in this RFP;
2. Financial Proposal including all forms mentioned in this RFP;
3. If the service provider is private health facility, License/Permit issued by the relevant Government Authorities certifying rights and eligibility of the Service Provider to operate in the area of activities required under this RFP;

**e. Evaluation of Proposals**

Evaluation of bids will be conducted per LOT in accordance with Clause 10 and 11 of the RFP. However, IOM reserves the right to apply any of the evaluation option to award contract to one or more Service Providers, and/or any other solution that best suits IOM needs and requirements.

For the purpose of price evaluation, total average will be taken into account to establish average price of the Service Provider. The following calculation modality will be applied: Total of costs / by total line item number (#) – offered discount (if any). Preference will be given to the Service Providers who quoted price for all or most line items.

**f. Payment Modality**

The payments shall be made on a monthly basis upon completion of the services. No later than the 15<sup>th</sup> of the following month, the Service Provider will invoice IOM for actual services completed. The invoice must be supported with Beneficiary Medical Assistance Voucher Forms, Monthly Report for Services Provided (template provided by IOM) and Invoice.

Invoices will be processed by IOM in accordance with payment terms and conditions set forth in the contract signed by parties.

**g. Commencement date & duration of the Services**

The date for commencing of the Services shall be date of signature of the contract by both parties. Initial duration of Services is intended to be one year.

IOM may, at its own discretion, extend the contract duration for up to one year with the same price and terms and conditions.

**h. Training (when appropriate)**

Not applicable to this assignment

**i. Reports and Time Schedule**

The Service Provider shall submit reconciliation reports to IOM on a monthly basis not later than the 5th date of the next month. The reports shall cover all transactions completed during the reporting period.

Reports can be submitted in a standard template of the Service Provider or template provided by IOM.

Reports must be prepared every month during the period of execution of the contract. They must be provided along with the corresponding invoice, describing the services completed for that correspondent month. The designated staff of IOM may request specific content of the reports by issuing an administrative order.

IOM may also request reports on ad-hoc basis which should be submitted by the Service Provider in due course.

**j. Data, Local Services, Personnel and Facilities to be provided by IOM and/or other parties**

IOM will provide the Service Provider with any necessary counselling regarding its rules and regulations, including invoicing, confidentiality, reporting and etc. when deemed necessary.