



HIRING OF INURANCE COMPANY REQUEST FOR PROPOSAL (RFP)

SOCIAL HEALTH PROTECTION INITIATIVE
HEALTH DEPARTMENT, KHÝBER PAKHTUNKHWA

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LETTER OF INVITATION

DEPARTMENT OF HEALTH, GOVERNMENT OF KHYBER PAKHTUNKHWA
SOCIAL HEALTH PROTECTION INITIATIVE

Subject: REQUEST FOR PROPOSAL FOR SELECTION OF INSURANCE COMPANY

Health Department, Government of Khyber Pakhtunkhwa invites "Proposals" from well reputed and registered Companies/Firms or Associations/Consortiums having expertise in the fields of Health Insurance and Community Mobilization for implementing the "Health Insurance Programme" for 100% families having permanent address of Khyber Pakhtunkhwa and registered with NADRA. The firm shall be selected in accordance with the "Khyber Pakhtunkhwa Public Procurement of Goods, Works and Services Rules, 2014 on the basis of "Single Stage Two Envelop" bidding procedure. Request for Proposal (RFP) document can be downloaded from the websites of Health Department, Government of Khyber Pakhtunkhwa www.healthkp.gov.pk, Khyber Pakhtunkhwa Public Procurement Regulatory Authority (KPPRA) www.kppra.gov.pk and the Social Health Protection Initiative (SHPI) www.sehatsahulat.com.pk.

Interested Companies/Firms are required to provide explicit information of their capacity/qualification to perform this assignment considering the instructions detailed in the RFP. The Firms/Companies can make Consortiums, or Joint Ventures (JVs) to enhance their capabilities, however, the lead firm must be clearly mentioned. All the bidding firms must be registered with Khyber Pakhtunkhwa Revenue Authority.

In order to explain various elements of the scheme, a pre-bid conference will be held on **February 28, 2020 at 10:00 AM** in the office of the undersigned, **House No. 9-A, Rahman Baba Road, University Town, Peshawar**. All prospective bidders/interested organizations are invited to attend the pre-bid conference.

Sealed Technical Proposal in hard as well as in soft form (PDF format) whereas Financial Proposal in hard form (in separate sealed envelope), must be delivered to the address given below by or before **03:00 PM on March 10, 2020**. The Technical Proposals will be opened on the same day at **03:30 PM**.

The Department reserves the right to accept or reject any or all the bids in accordance with the KPPRA rules.


DIRECTOR

Social Health Protection Initiative
Health Department, Khyber Pakhtunkhwa
House No. 9-A, Rahman Baba Road, University
Town, Peshawar
Tel: +92 91 9216013
Fax: +92 91 5841792
Email: projectdirector.shp.kp@gmail.com

INSTRUCTIONS
FOR
PREPARATION OF PROPOSAL

2.1 Definitions

1. "Agreement" means the Agreement signed between the Parties.
2. "Client" means the Department of Health, Government of Khyber Pakhtunkhwa with which the selected Organization signs the Agreement for the Services.
3. "Day" means a calendar day.
4. "DoH" means the Department of Health, Government of Khyber Pakhtunkhwa.
5. "Family" means "a group composed of (i) husband, wife and unmarried children; (ii) husband and wife without any children; (iii) divorced/ separated woman/ man, widow or widower with or without unmarried children; (iv) orphans having both parents lost. Parents are not included in the family but will form a separate family unit if living in the same household.
6. "Organization" means the Health Insurance Organization which shall responded to this "Request for Proposal" of the Client.
7. "Personnel" means professionals and support staff provided by the Organizations and assigned to perform the Services or any part thereof.
8. "Proposal" means the Technical Proposal and the Financial Proposal.
9. "RFP" means the Request for Proposal prepared by the Client for the selection of Organizations.
10. "Services" means the work to be performed by the Organizations pursuant to the Agreement.
11. "SHPI" means Social Health Protection Initiative
12. "Terms of Reference" (TOR) means the document included in the RFP which explains the objectives, scope of work, activities, tasks to be performed, respective responsibilities of the Client and the Organizations, and expected results and deliverables under the assignment.

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2.2 Introduction

1. The Organizations are invited to submit a Technical Proposal and a Financial Proposal for Services required for the assignment named "*Social Health Protection Initiative*". The proposals should be in separate marked and sealed envelopes. The Proposal will be the basis for agreement negotiations and ultimately for the contract to be signed between the client and the selected Organization.
2. Organizations should familiarize themselves with the assignment conditions and take these into account in preparing their Proposal, and for this purpose they are encouraged to contact Social Health Protection Initiative (SHPI) Office for inquiries or clarifications.
3. Organizations shall bear all costs associated with the preparation and submission of their proposals and agreement negotiation. The Client reserves the right to annul the selection process at any time prior to Agreement award, without thereby incurring any liability to the Organizations. Specifically, the client reserves the right to accept or reject any or all proposals. However, the client shall, upon request, communicate to any Organization which submitted a proposal, the grounds for its rejection of all proposals, but is not required to justify those grounds.
4. Client will select Organization in accordance with Quality & Cost Based Selection

2.3 Conflict of Interest

1. The Client policy requires that Organizations at all times hold the Client's interest paramount, strictly avoid conflicts with other assignments or their own corporate interests and act without any consideration for future work.
2. An Organization or any of its associates shall not be hired for any assignment that, by its nature, may be in conflict with another assignment of the Organizations to be executed for the same or for another Client.
3. An Organization that has a business or family relationship with a member of the Client's staff who is directly or indirectly involved in any part of (i) the preparation of the Terms of Reference of the assignment, (ii) the selection process for such assignment, or (iii) supervision of the Agreement, may not be awarded an Agreement, unless the conflict stemming from this relationship has been resolved in a manner acceptable to the DoH throughout the selection process and the execution of the Agreement.
4. Organizations have an obligation to disclose any situation of actual or potential conflict that impacts their capacity to serve the best interest of their Client, or that may reasonably be perceived as having this effect. Failure to disclose said

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situations may lead to the disqualification of the Organizations or the termination of its Agreement.

5. No agency or current employee (unless granted leave without pay) of the Client shall work for the organization. Recruiting former employees of the Client is acceptable provided no conflict of interest exists. When the Organizations nominate any government employee as personnel in their technical proposal, or subsequently employ any such person in the assignment, such personnel must have written certification from government that they are on leave without pay from their official position and allowed to work full-time outside of their previous official position. Such certification shall be provided to the Client by the Organizations as part of their technical proposal.
6. If an Organization could derive a competitive advantage from having provided Insurance Services related to the assignment in question, the Client shall make available to all Organizations together with this RFP all information that would in that respect give such Organizations any competitive advantage over competing Organizations.

2.4 Fraud and Corruption

1. It is Government's policy that Consultants under the contract(s), observe the highest standard of ethics during the execution of such contracts.
2. The Client will reject a proposal for award if it determines that the Organization recommended for award has, directly or through an agent, engaged in corrupt and fraudulent practices in competing for the agreement in question.

"Corrupt and fraudulent practices includes the offering, giving, receiving, or soliciting, directly or indirectly of anything of value to influence the act of another Party for wrongful gain or any act or omission, including misrepresentation, that knowingly or recklessly misleads or attempt mislead a Party to obtain a financial or other benefit or to avoid an obligation".

3. The Client will sanction an Organization, including declaring the Organizations ineligible, either indefinitely or for a stated period of time, to be awarded a client's agreement if at any time it determines that the Organization has, directly or through an agent, engaged in corrupt and fraudulent practices in competing for, or in executing, a client's agreement.
4. The Client will have the right to require that a provision be included requiring Organization to permit the client to inspect their accounts and records and other documents relating to the submission of proposals and agreement performance, and have them audited by auditors appointed by the client.

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5. The client can inter-alia blacklist Bidders found to be indulging in corrupt or fraudulent practices. Such barring action shall be duly publicized and communicated to the KPPRA. Provided that any supplier or contractor who is to be blacklisted shall be accorded adequate opportunity of being heard.

2.5 Integrity Pact

As per KPPRA Act 2012, the Organization is bound to sign an Integrity Pact in accordance with prescribed format attached as **Annex- B** to this RFP.

2.6 Commissions and Gratuities

Organizations shall furnish information on commissions and gratuities, if any, paid or to be paid to agents relating to this proposal and during execution of the assignment if the Organization is awarded the Agreement.

2.7 Performance Security

As per KPPRA Act 2012, the selected Organization shall have to submit 2% of the contract amount as performance security in the form of pay order, demand draft or bank guarantee, before the contract.

2.8 Proposal Validity

Proposals will remain valid for 90 days after the submission. The Client will make its best effort to complete negotiations within this period. Should the need arise, however, the Client may request Organizations to extend the validity period of their proposals. Organizations who do not agree have the right to refuse to extend the validity of their Proposals, resulting which they shall be treated out of the competition/selection process.

2.9 Clarification and Amendment of RFP Documents

1. Organizations may request a clarification of any of the RFP documents before the proposal submission date. Any request for clarification must be sent in writing or by standard electronic means to the Client's representative. The Client will respond in writing or by standard electronic means and will send written copies of the response (including an explanation of the query but without identifying the source of inquiry) to all Organizations.
2. The address for requesting clarifications is:

Director
*Social Health Protection Initiative,
Department of Health Khyber Pakhtunkhwa,
House No. 9-A Rahman Baba Road, University Town, Peshawar
Telephone: 0092-91-9216013, Fax: 0092-91-5841792
Email: projectdirector.shp.kp@gmail.com*

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3. The Client may amend the RFP at any time before the submission of Proposals, by issuing an addendum in writing or by standard electronic means. The addendum shall be sent to all Organizations and will be binding on them. Organizations shall acknowledge receipt of all amendments.

2.10 Preparation of Proposals

1. The Proposal as well as all related correspondence exchanged by the Organizations and the Client, shall be written in "English".
2. In preparing their Proposal, Organizations are expected to examine in detail the documents comprising the RFP. Material deficiencies in providing the information requested may result in rejection of a Proposal.
3. If an Organization considers that it may enhance its expertise for the assignment by associating with other Organizations in a joint venture or sub-consultancy. In case of a joint venture, the Insurance Company will act as the leader of the joint venture.
4. The Technical Proposal shall provide the following information:
 - i. Sample letter for Technical Proposal Submission **(FORM TECH - 1)**
 - ii. Organization's Strength and Experience **(FORM TECH - 2)**
 - a) Organizational Strength (key professional staff qualification and competence for the assignment)
 - b) Experience (General experience and specific experience of organization relevant to the assignment)
 - iii. Comments and Suggestions on the Terms of Reference **(FORM TECH - 3)**
 - a) Comments on TORs
 - b) Comments on Counterparts staff and facilities
 - iv. Description of the Approach and Methodology and Work Plan for Performing the Assignment **(FORM TECH - 4)**
 - a) Proposed Methodology and Strategies
 - b) Work Plan
 - c) Organization and Staffing
 - v. Professional Staff and Task Assignments **(FORM TECH - 5)**
 - vi. Curriculum Vitae (CV) for Proposed Professional Staff **(FORM TECH - 6)**
 - vii. Staff required for Implementation of the Scheme along with their Qualification and job description **(FORM TECH - 7)**
 - viii. Work Schedule **(FORM TECH - 8)**
5. The Technical Proposal shall not include any financial information. A Technical Proposal containing financial information i.e. cost of their Financial Proposal or any information related to the financial proposal's costing which may provide idea of the financial proposal's cost, shall be rejected.

6. Financial Proposal shall be prepared keeping in view all the heads of account which shall be used for delivery of services corresponding to the Technical Proposal as considered appropriate by the organization. However, the attached Forms (FORM, FIN - 2 & FIN - 3) are mandatory but the organization, if it deems necessary, may elaborate it.
7. The Organization shall be subject to Local Taxes (such as value added or sales tax or income taxes on nonresident Foreign Personnel, duties, fees and levies etc) on amounts payable by the Client under the Agreement. Taxes shall be deducted at source, wherever required under the law. The Client will not reimburse any tax paid by the organization.
8. Organizations should express all amounts in Pak Rupees.

2.11 Submission, Receipt, and Opening of Proposals

1. The original proposal (Technical Proposal as well as Financial Proposal) shall contain no interlineations or overwriting, except as necessary to correct errors made by the Organizations themselves. The person who signed the proposal must sign such corrections. Submission letters for both Technical and Financial Proposals should respectively be in the formats provided (5.1 & 5.9).
2. An authorized representative of the Organization shall sign all pages of the original Technical and Financial Proposals. The authorization shall be in the form of a written power of attorney accompanying the Proposal or in any other form demonstrating that the representative has been duly authorized to sign. The signed Technical and Financial Proposals shall be marked "**ORIGINAL**".
3. The Technical Proposals shall be marked "**ORIGINAL**" or "**COPY**" as appropriate. The original and six copies of the Technical Proposals shall be sent to the client representative along with soft copy in PDF format on a CD-ROM. All required copies of the Technical Proposal are to be made from the original. If there are discrepancies between the original and the copies of the Technical Proposal, the original shall prevail. Soft copy of Financial Proposal must not be provided, otherwise, the respective proposal shall stand rejected.
4. The original and all copies of the Technical Proposal shall be placed in a sealed envelope clearly marked "TECHNICAL PROPOSAL"
5. Similarly, the original Financial Proposal shall be placed in a sealed envelope clearly marked "FINANCIAL PROPOSAL" followed by the name of the assignment, and with a warning "DO NOT OPEN WITH THE TECHNICAL PROPOSAL."
6. The envelopes containing the Technical and Financial Proposals shall be placed into an outer envelope and sealed. This outer envelope shall bear the submission



address and title of the Assignment, clearly marked "DO NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED, BEFORE SUBMISSION DEADLINE".

7. The Client shall not be responsible for misplacement, losing or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may be case for Proposal rejection.
8. If the Financial Proposal is not submitted in a separate sealed envelope duly marked as indicated above, this will constitute grounds for declaring the Proposal non-responsive. *"Any document/paper not in the respective sealed envelopes for Technical and Financial Proposals will not be considered for Evaluation"*
9. Any proposal received by the Client after the deadline for submission shall be returned unopened.
10. The Client shall open the Technical Proposal immediately after the deadline for their submission. The Financial Proposal shall remain sealed and securely stored.

2.12 Evaluation

All bids shall be evaluated in accordance with the **Evaluation Criteria** and other terms and conditions illustrated in Section 4 of this document.

1. From the time the Proposals are opened to the time the Agreement is awarded, the Organization should not contact the Client on any matter related to its Technical and/or Financial Proposal. Any effort by Organization to influence the Client in the examination, evaluation, ranking of Proposals, and recommendation for award of Agreement may result in the rejection of the Organizations' Proposal.
2. Financial proposals shall be kept in safe custody until the technical evaluation is concluded.
3. Financial proposals shall be opened of only those firms securing minimum 70% qualifying score in technical proposals.

2.13 Negotiations

1. Negotiations will be held at the date and address determined by the Client. Failure in satisfying the requirements of the Client may result in the Client proceeding to negotiate with the next-ranked Organization. Representatives conducting negotiations on behalf of the Organization must have written authority to negotiate and conclude an Agreement.
2. Negotiations will conclude with a review of the draft Agreement. To complete negotiations the Client and the Organization will sign the final Agreement. If



negotiations fail, the Client will invite the Organization whose Proposal received the second highest score to negotiate an Agreement.

2.14 Award of Contract

1. After completing negotiations, the Client shall award the contract to the selected Organization and promptly notify all Organizations who have submitted proposals. After signing of the agreement, the Client shall return the unopened Financial Proposals to the unsuccessful Organizations.
2. The Organization is expected to commence the assignment according to the agreed schedule in negotiations and reflected in agreement.

2.15 Confidentiality

Information relating to evaluation of Proposals and recommendations concerning awards shall not be disclosed to the Organizations who submitted the Proposals or to other persons not officially concerned with the process, until the publication of the award of Agreement. The undue use by any Organization of confidential information related to the process may result in the rejection of its Proposal and may be subject to the provisions of the guidelines relating to fraud and corruption.

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2.16 DATA SHEET

S. No	DATA
1	Name of the Assignment: Implementation of Social Health Protection Initiative The Name of the Client's representative: Dr Muhammad Riaz Tanoli, Director SHPI Address: House No 9-A, Rehman Baba Road, University Town Peshawar. Telephone: 091-9216013 Fax: 091-5841792 E-mail: projectdirector.shp.kp@gmail.com
2	Method of selection: Quality and Cost Based Selection (QCBS) The Edition of the Guidelines: Notified vide Notification No.KPPRA/M&E/SBDs/1-1/2015 Dated Peshawar the May 03, 2016
3	Financial Proposal to be submitted together with Technical Proposal: Yes
4	The client will provide the required information and inputs.
5	The Proposal submission address: House No 9-A, Rehman Baba Road, University Town Peshawar
6	Proposals must be submitted no later than: 10 th March 2020 3:00 PM
7	Expected date for commencement of consulting services: 1 st July 2020 Location: All the districts of Khyber Pakhtunkhwa
8	Proposals validity: 90 days
9	Clarifications may be requested not later than five days before the submission date on the address mentioned above
10	The Proposal as well as all related correspondence exchanged by the Bidding Organization and the Procuring Entity shall be written in English However it is desirable that the firm's Personnel have a working knowledge of the national and regional languages of Islamic Republic of Pakistan.
11	Bidding organizations may make consortium: Yes
12	The format of the Technical Proposal to be submitted is: Full Technical Proposal (FTP)
13	Training is a specific component of this assignment: No
14	Applicable Reimbursable expenses in foreign and in local currency: Not applicable
15	Amounts Payable by the Client to the Consultant under the contract to be subject to local taxation, stamp duty and service charges: As per Government rules
16	Consultant must submit the Original and six (06) copies of the Technical Proposal, and the Original of the Financial Proposal.
17	Criteria, sub-criteria, and point system for the evaluation of Full Technical Proposals: provided at section 4.1 of the RFP
18	The single currency for price conversions: Pak Rupees (PKR)
19	Expected date and address for contract negotiations: April 30, 2020 (Sample agreement attached at Annex-A)
20	Successful consultant is required to submit Performance security in form of Pay order, demand draft or bank guarantee: 2% of the contract amount
21	Consultant is required to sign Integrity Pact as per Annex-B of this RFP document

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TERMS OF REFERENCE

3.1 Introduction

The Government of Khyber Pakhtunkhwa has initiated Social Health Protection Programme in the province. The overall vision of the Government is progressive movement towards universal health coverage embracing the whole population and where the availability and quality of essential services is ensured.

The Government of KP, in line with new approaches to health systems development, supports initiatives that will be focused on “the demand side” of health financing. It will support initiatives that place spending power for health services in the hands of the beneficiaries of those services, either individually or through collective purchasing on their behalf.

3.2 Insurance Mechanism, Targeting and Coverage

A. Insurance Product

The core design features of the SHPI are assumptions about enrolment of the population, definition of a benefit package, estimation of utilization rates, calculation of treatment costs and defining provider payment mechanisms. These core elements form the basis of the product design to be implemented by the providing organization. They have been designed after careful analysis of the information available, applying appropriate actuarial techniques and taking into account national and regional experiences. They have also been the object of preliminary informal consultations with potential implementing organizations and it has been verified that they are acceptable in principle.

The product to be implemented seeks to strike a balance between maximal improved access to health care, and operational and financial feasibility. The key features of the required insurance product are:

- It is a Health Insurance Programme to be administered by insurance company.
- Premium would be charged on the basis of a family. All the families of Khyber Pakhtunkhwa registered with NADRA shall be enrolled.
- The product will cover all the ages starting from birth.

B. The Services Covered Under The Programme

I. Secondary Health Care Services

- All the secondary health care services normally provided at secondary level private and public sector hospitals including DHQ and THQ hospitals (Category A, B, C & D). The services may include but not limited to accidents and

emergencies such as Medicine, General Surgery, Orthopaedics, Gynae and Obstetrics, Paediatrics, Ophthalmology and ENT etc.

II. Tertiary Health Care Services (Priority diseases) including:

- 1) Accident and Emergency (All the medical/surgical emergency care which can't be provided in secondary care hospitals)

"A medical emergency is the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part".

- 2) Cardio Vascular problems including but not limited to:

- i. Congenital heart diseases
- ii. Ischemic heart diseases (IHD)
- iii. Valvular Repair and replacement
- iv. Cardio vascular Accidents (CVA)

- 3) Complications of Diabetes

- 4) Management of all type of Cancers

"Contract would be signed with Atomic Energy Commission for providing services for treatment of cancer from its 16 hospitals across the country, including Institute of Radiotherapy and Nuclear Medicine (IRNUM) Hospital, Peshawar. These hospitals/centres will be the first preference for provision of care. Only if treatment is not available in these centres, beneficiaries will be referred to private sector cancer treatment facilities".

- 5) Management of Genito-urinary diseases including Dialysis

"Expenses beyond the package limit will be covered from reserve fund specified for the purpose by the client".

- 6) Management of Neurosurgical diseases

- 7) Complications of secondary care diseases/procedures needing referral to tertiary care hospitals

- 8) Artificial limbs (Prosthetics)

"Contract would be signed with PIPOS Peshawar for providing services of Prosthetics".

- 9) Breast Cancer Screening

C. Benefits Package would include:

- 1) Rs. 40,000 per family member per year for Secondary care hospital services
- 2) Rs. 400,000 per family per year for Tertiary care priority diseases
- 3) Pre and post hospitalization treatment including medicines and other necessary prescriptions up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital and one follow up outpatient visit shall be part of the package rates.
- 4) Additional benefits including:
 - i. Tertiary transportation support Rs. 2,000
 - ii. Funeral support Rs. 10,000
 - iii. Maternity Allowance Rs. 1,000
- 5) The cost of kidney transplant exceeding the package limits specified shall be paid from the reserve fund.
- 6) In certain special cases (to be defined by the client) cost exceeding the package limit shall also be met from the reserve fund.
- 7) There will be no age limits and no exclusions of pre-existing conditions (with the exception of some specific "standard exclusions" such as injuries due to suicide attempts, drug addiction or overdose, cosmetic surgery, etc.);
- 8) Pre and post hospitalization treatment including medicines and other necessary prescriptions up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital and one follow up outpatient visit shall be part of the package rates.
- 9) The patients shall be provided services preferably in their district of residence, however, in case a particular treatment/procedure is not available in the empanelled hospitals of their district, the patient shall be referred to any other empanelled hospital where the required treatment is available.
- 10) In case of emergency the patient shall be provided treatment in any nearby empanelled hospital.



- 11) Government of KP has launched the Scheme as a means for Social Health Protection and not as a pure commercial venture. The organizations are required to refund atleast 85% of unutilized premium over the course of the programme.
- 12) Measures that would be used to control costs through pre-negotiated rates for service packages, monitoring of patient by the programme's own health professionals to ensure that appropriate and not excessive treatment is given, and that discharge is timely; treatment protocols are followed for the straightforward cases; and limitations to patient and provider fraud.
- 13) The product design and associated costing assumes a card utilization rate of about 5-6 % per annum. A key feature of proposals will be convincing strategies to prevent unnecessary utilization and admission to hospital.
- 14) Proposals will include an actuarial assessment of the levels of utilisation anticipated in the specific districts to be covered by the programme.
- 15) The benefit package suggested for this insurance product, such as specified above, takes into account the experiences, both positive and negative, of the biggest health insurance providers for the informal sector in Pakistan. It is explicitly designed to be affordable and cost effective. After the first year of implementation an assessment regarding the penetration rate should inform actions to improve the uptake of the product, if any. These may include reducing the premium, enhancing the benefit package, extending the range of providers, and/or developing other insurance products targeted at specific client groups.
- 16) The proposal shall also include a private insurance proposal/top-up products to be marketed for interested families/groups. These top-up products may include private room, enhanced limit of secondary or tertiary health care coverage, high cost procedures not covered in the basic package etc.

D. Provider Selection and Management

Proposals will include description of the criteria upon which service provider will be eligible for inclusion in the panel of service providers. However, public hospitals up to DHQ Hospitals level must be included in the panel (but will be expected to meet the same quality criteria) to ensure that this programme boosts

reform of public health facilities. For the programme, hospitals and maternity home etc., as a prerequisite, have to be duly registered with the Health Care Commission. Exact procedure/mechanism of empanelment of hospitals shall be decided by the client.

The government will ensure that public hospitals are able to participate in the scheme and have appropriate incentives to do so.

E. Provider Payment Mechanism

Proposals will be for a “cashless” system with pre-established prices described in a contract. The amount of reimbursement will be the lesser of the cost of treatment in the non-contracted and contracted provider. The advantage of the cash-less system is that the client receives services without having a financial barrier. The risk to manage is provider induced demand. Proposals will demonstrate understanding of the infrastructure requirements for cash less system, and how the risk of provider induced utilisation will be managed. Proposals should also contain detailed methodology to ensure timely reimbursements to the providers.

F. Target Population, Enrolment Mechanism and Coverage

a. Target Population

All the families registered with NADRA will be the targeted beneficiaries under the Programme who shall be provided with a basic package of Secondary and Tertiary care services as defined in the preceeding sections of this document. The client will pay the premium of the targeted families.

b. Enrolment Mechanism and Coverage

Data of the target population (families registered with NADRA) shall be provided to the organization by the client who shall be enrolled by the organization. The Organization will also be responsible to provide the necessary documents i.e. insurance policy documents and awareness material etc., certifying that they have been insured and entitled for the services they would receive as insured. This process should be completed as soon as possible but not later than sixty (60) days of signing of the contract between the client and the Organization, unless otherwise agreed between the two parties. The insurance policy should cover one full year effective from the date agreed between the parties.

3.3 Patients' Admission Procedure

It is assumed that the admissions rate would be high due to 100% population coverage. Insurance company will have to establish well equipped Sehat Sahulat Counter(s) in every hospital with well-trained sufficient Human Resource. As all the patients advised admission by the doctor would go through Sehat Sahulat counter so a robust mechanism for admissions would be required.

3.4 Utilization and Gate Keeping

In order to ensure both sustainability and appropriate use of the scheme, the organization would require strong "gate keeping". Proposals will describe mechanisms for pre-authorisation of hospitalisation for planned admissions and disallowing of reimbursement for inappropriate emergency admissions. The insurance companies will also make arrangements involving very close monitoring and intense population education aimed at limiting the demand for hospital services.

These arrangements should not be a barrier to emergency admissions. However, all emergency admissions should be subject to audit with the risk to the provider of not receiving reimbursement or the level of reimbursement being reduced. Tenders should describe how these aspects will be managed with providers with appropriate penalties for inappropriate admissions.

Proposals should also indicate the approaches that will be adopted to deal with under-utilisation of the scheme.

3.5 Education and Awareness Raising

Awareness of beneficiaries of the programme is of utmost importance for optimum utilization of the programme benefits, promoting patients' rights and help in building capacity to improve health of the community in this health care arena.

It is expected that the organization would put efforts into educating the beneficiaries regarding the programme benefits and promoting health seeking behaviours.

3.6 Contract Period

The period of Contract shall be five (05) years from the effective date subject to the performance evaluation on yearly basis which shall be carried out by the Government. The Parties shall agree, annually, the charges for medical/ surgical procedures/ interventions under the services. The same can be amended by mutual consent for the next year. As part of their regular review process within the Steering Committee (Constituted by the Government for the Social Health

Protection Programme), the Parties shall review information on common unlisted procedures and seek to introduce them into the listed package with appropriate package charges.

3.7 Premium Payments

The premium for the programme beneficiaries shall be paid by the Government to the Organization in instalments to be agreed in the contract.

3.8 Annual Review of Premium

Premium will be reviewed annually and revised (if needed) on mutually agreed terms and conditions subject to the premium utilization rate.

3.9 Provision of Information regarding Monitoring

Proposal shall include the formats for monthly, quarterly and annual monitoring. The organization will be expected to cooperate with evaluative and research activities approved by the government.

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PROPOSAL EVALUATION CRITERIA

4.1 Scoring Criteria for Evaluation of Technical Proposal

Criteria, sub-criteria, and scoring system for the evaluation of Technical Proposals is as follows:

Criteria	Scoring Criteria	Maximum Scores	
Organizational Strength (30) (FORM TECH- 2)	<ul style="list-style-type: none"> ➤ Key professional staff qualifications and competence for the assignment (Include CVs of Key staff undertaking following functions) 		
	<ul style="list-style-type: none"> ○ Management structure of the organization with defined level of decision making ○ Financial and operational systems to support activity in the Programme area (presence of a team of financial experts and cashless system of transactions) 	General Qualification of staff	04
	<ul style="list-style-type: none"> ○ Capability in actuarial assessments, costing and pricing of health services (presence of full time qualified actuary/actuaries) ○ Ability to gather data, as regards medical treatment & financial information of insured and current availability of electronic MIS Networking to run the programme at multiple hubs supporting a cashless service provision to patients or plans for such development (presence of an IT expert with supporting team) 	Qualification relevant to the assignment	12
	<ul style="list-style-type: none"> ➤ Rating as per PACRA &/or JCR VIS: ○ <A- = 0 ○ A- = 0.5 ○ A = 01 ○ A+ = 02 ○ AA- = 04 ○ AA = 06 ○ AA+ = 08 ○ AAA = 10 		10
	Sub Total		30
Experience (10) (FORM TECH- 2)	<ul style="list-style-type: none"> ➤ Implementation of Insurance Schemes 		
	<ul style="list-style-type: none"> ○ Experience of General Insurance 		02
	<ul style="list-style-type: none"> ○ Experience of Micro Health Insurance <p>(01 mark per year for upto 6 years. Total per year value of all the assignments should not be less than 25 million for achieving minimum 0.25 mark per year)</p>		08
	Sub Total		10

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Proposed Methodology and Strategies (50) (FORM TECH- 4)	➤ Governance and Management	
	○ Proposed Human Resource Structure including Provincial/ District/ Hospital level staff with staffing plan and Job description	03
	○ Proposed plan for training and capacity building of staff	03
	○ Proposed governance and management structure roles and functions to enable maximum decentralization of decision making for timely implementation of the scheme	03
	○ Proposed monitoring and supervisory mechanism	03
	Sub Total	12
	➤ Hospital Empanelment and Contracting Arrangements	
	○ Proposed empanelment procedure for healthcare provider	02
	○ Proposed mechanism for costed packages and treatment protocols to ensure quality of health care services in the empanelled hospitals	02
	○ Process for de - empanelment of hospitals for issues in quality of services or inappropriate practices	01
	○ Proposed payment mechanism to public and private hospital and claims management	02
	○ Ancillary payments (Transportation cost and burial benefit etc.)	02
	○ Arbitration mechanism for disputes between hospitals and insurance organization	01
	Sub Total	10
	➤ Gate Keeping (well defined proposal for all the required areas)	
	○ Proposed mechanism for pre-admission screening of beneficiaries	02
	○ Proposed detailed admission procedure	02
	○ Proposed mechanism/measures to prevent treatment abuse and unnecessary admission to hospital	06
	○ Measures to ensure appropriate treatment/management of deserving beneficiaries	02
	○ Referral pathways	01
	Sub Total	13
	➤ Grievances Redressal Mechanism (well defined proposal for all the required areas)	
	○ For Beneficiaries/Population	03
	○ For Service providers/Hospitals	02
	Sub Total	05

	➤ Communication Strategy (well defined proposal for all the required areas)	
	○ Proposed awareness raising regarding features and benefits of the scheme	02
	○ Proposed awareness regarding optimum utilization of the services including inter personal communication (IPC)	02
	○ Proposal for better health seeking behaviours etc.	01
	Sub Total	05
	➤ Data management and MIS (well defined proposal for all the required areas)	
	MIS appropriate to the Programme: ○ Ability to gather data, as regards medical treatment & financial information of insured	02
	○ Plans for development of Networking to run the Programme at multiple hubs supporting a cashless service provision to patients	02
	○ Arrangements for frequent periodic data analysis to inform progress of the scheme	01
	Sub Total	05
Supplementary Proposal (10) (FORM TECH- 4)	➤ Supplementary Proposal (well defined proposal for all the required areas)	
	○ Proposal for private insurance/top-up products which may include private room, enhanced limit of secondary or tertiary health care coverage, and high cost procedures not covered in the basic package etc. (Premium for the same shall be paid by the interested individuals/families)	03
	○ Implementation plan for private insurance/top-up products	03
	○ Marketing mechanism for interested families/groups	02
	○ Enrollment procedure for interested families/groups	02
	Sub Total	10
GRAND TOTAL		100

Total Technical Score: 100

Minimum Technical Score (TS) required to qualify is 70.

- After the technical evaluation is completed, the Client shall inform the Organizations which have submitted proposals if their Technical Proposals have obtained the minimum qualifying marks, and shall notify those Organizations whose Proposals did not obtain the minimum qualifying marks or were considered non responsive to the RFP and TOR, that their Financial Proposals will be returned unopened after completing the selection process. The Client shall simultaneously notify, in writing, Organizations that have secured the minimum qualifying marks, the date, time and location for opening the Financial Proposals. Organizations attendance at the opening of Financial Proposals is optional.

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- Financial Proposals shall be opened publicly in the presence of the Organizations representatives who choose to attend. The name of the Organizations which have achieved the minimum qualifying technical scores shall be read aloud to ensure transparency. The Financial Proposal of the Organizations who met the minimum qualifying marks will then be inspected to confirm that they have remained sealed and unopened. These Financial Proposals shall be then opened, and the total prices read aloud and recorded but these documents shall remain confidential and shall only be open to inspection of the client's representatives.
- The Client will correct any computational errors. When correcting computational errors, in case of discrepancy between a partial amount and the total amount, or between word and figures the formers will prevail. In addition to the above corrections, activities and items described in the Technical Proposal but not priced, shall be assumed to be included in the prices of other activities or items. In case an activity or line item is quantified in the Financial Proposal differently from the Technical Proposal, no corrections shall be applied to the Financial Proposal in this respect.

4.2 Scoring Criteria for Evaluation of Financial Proposal

- **Total score of Financial Proposal: 100**
 - Summary of premium cost (**Form Fin - 2**): 90
 - Scoring will be linked with accuracy in calculation of premium according to Form Fin - 3. Inaccurate completion lead to rejection of the whole financial proposal.
 - Premium calculation (**Form Fin-3**): 10
- Following is the point system for the evaluation of Financial proposal:

Premium Cost (Rs. Per family Per year)	Score
Lowest premium (Rs. Per family) quoted	90
if difference between the lowest quoted premium and that quoted as second lowest is equal to or less than Rs 50 Per family per year	85
if difference between the lowest quoted premium and that quoted as third lowest is equal to or less than Rs 100 Per family per year	80
if difference between the lowest quoted premium and that quoted as fourth lowest is more than 100 but less than or equal to Rs 150 Per family per year	75
if difference between the lowest quoted premium and that quoted as fifth lowest is more than 150 but less than or equal to Rs 200 Per family per year	70
if difference between the lowest quoted premium and that quoted as sixth lowest is more than 200 but less than or equal to Rs 250 Per family per year	65

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if difference between the lowest quoted premium and that quoted as seventh lowest is more than Rs 250 Per family per year but less than or equal to Rs. 300 per family per year	60
if difference between the lowest quoted premium and that quoted as eighth lowest is more than Rs 300 Per family per year but less than or equal to Rs. 350 per family per year	55
if difference between the lowest quoted premium and that quoted as ninth lowest is more than Rs. 350 but less than or equal to Rs. 400 Per family per year	50
if difference between the lowest quoted premium and that quoted as tenth lowest is more than Rs. 400 but less than or equal to Rs. 450 Per family per year	45
if difference between the lowest quoted premium and that quoted as eleventh lowest is more than Rs. 450 but less than or equal to Rs. 500 Per family per year	40
if difference between the lowest quoted premium and that quoted as twelfth lowest is more than Rs. 500 but less than or equal to Rs. 550 Per family per year	35
if difference between the lowest quoted premium and that quoted as thirteenth lowest is more than Rs. 550 but less than or equal to Rs. 600 Per family per year	30
if difference between the lowest quoted premium and that quoted as fourteenth lowest is more than Rs. 600 but less than or equal to Rs. 650 Per family per year	25
if difference between the lowest quoted premium and that quoted as fifteenth lowest is more than Rs. 650 per family per year but less than or equal to Rs. 700 per family per year	20
if difference between the lowest quoted premium and that quoted as sixteenth lowest is more than Rs. 700 per family per year but less than or equal to Rs. 750 per family per year	15
if difference between the lowest quoted premium and that quoted as seventeenth lowest is more than Rs. 750 per family per year but less than or equal to Rs. 800 per family per year	10
if difference between the lowest quoted premium and that quoted as eighteenth lowest is more than Rs. 800 per family per year but less than or equal to Rs. 850 per family per year	05
if difference between the lowest quoted premium and that quoted as nineteenth lowest is more than Rs. 850 per family per year but less than or equal to Rs. 900 per family per year	00

- Government of KP has launched the Scheme as a means for Social Health Protection and not as a pure commercial venture. The organizations are required to refund atleast 85% of unutilized premium over the course of the programme.

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- Unutilised Premium shall be calculated at the end of the contract period and distributed accordingly.

Unutilized premium = (Total premium quoted - Admin Cost quoted - Claims paid)

Proposals will be ranked according to their combined Technical Score (TS) and Financial Score (FS) using the weights (T = the weight given to the Technical Proposal; F = the weight given to the Financial Proposal; T + F = 1) which are given as:

T = 70%, and F = 30 %. CS = TS x T% + FS x F%.

The minimum combined Technical & Financial score for award of contract shall be Seventy-Five (75).

The organization achieving the highest combined Technical and Financial score will be invited for negotiations.

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PROPOSAL FORMS

5.1. FORM TECH - 1

SAMPLE LETTER FOR TECHNICAL PROPOSAL SUBMISSION

[Location, Date]

To,

Director Social Health Protection Initiative
Health Department, Khyber Pakhtunkhwa

Dear Sir,

We, the undersigned, offer to provide the Services for Social Health Protection Initiative in accordance with your Request for Proposal dated. We are hereby submitting our Proposal, which includes this Technical Proposal, and a Financial Proposal sealed under separate envelopes.

We hereby declare that all the information and statements made in this Proposal are true and we accept that any misinterpretation contained in this proposal may lead to our disqualification. Our Proposal is binding upon us and subject to the modifications resulting from Agreement negotiations

We undertake, if our Proposal is accepted, to initiate the Services related to the assignment not later than the date as shall be communicated by the Client.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Organization: _____

Address: _____



5.2. FORM TECH - 2
ORGANIZATION'S STRENGTH AND EXPERIENCE

A. EXISTING ORGANIZATIONAL STRENGTH

(For Parent as well as other Organizations of the Consortium/JV)

1. Management structure Organogram and staff with qualification, job description and salary package etc.
2. Financial and operational systems to support activity in the programme area
3. Capability in actuarial assessments, costing and pricing of health services
4. ICT systems appropriate to the programme i.e. ability to gather data, as regards medical treatment & financial information of insured and current availability of electronic MIS Networking to run the Programme at multiple hubs supporting a cashless service provision to patients or plans for such development
5. Rating as per PACRA &/or JCR VIS

B. EXPERIENCE OF PARTICIPATING ORGANIZATION

Using the format below, provide information on each assignment for which your organization, solely or with its associates under the same parent organization, was legally contracted as a corporate entity or as one of the major companies within an association, for carrying out Services in health insurance and community mobilization similar to the ones requested under this Assignment. Please provide Client's certification and/or evidence of the contract agreement. Keeping in view the requirements of RFP, details of each assignment should be provided in the following format:

Assignment name:
Value of the agreement (in Pak. Rs.):
Number of lives insured (families/individuals):
Location (Country, City):
Duration of assignment (months):
Name of Client:
Start date (month/year):
Completion date (month/year):
Name of associated Organization(s) if any:

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Name of senior professional staff of the organization involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader):
Narrative description of the assignment including actual services provided:
Copy of the Contract(s)/Agreement(s) along with Terms & Conditions:

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5.3. FORM TECH - 3

COMMENTS AND SUGGESTIONS ON THE TERMS OF REFERENCE (TOR)

A. Comments on TOR

Present and justify here any modifications or improvement to the Terms of Reference you are proposing to improve performance in carrying out the assignment (such as deleting some activity you consider unnecessary, or adding another, or proposing a different phasing of the activities). These suggestions/recommendations shall be placed before competent forum for further consideration.

B. Comments on Support Provided by the Client

Comment here on support to be provided by the Client including: administrative support and data etc.

Note: Suggestions should be concise, to the point and incorporated in your Proposal.

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5.4. FORM TECH - 4

A. PROPOSED METHODOLOGY AND STRATEGIES

Technical approach, methodology and work plan are key components of the Technical Proposal. You are suggested to present your Technical Proposal (detailed, inclusive of charts and diagrams). You should explain your understanding of the objectives of the assignment, approach to the services required to be rendered, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. You should highlight the problems being addressed and their importance, and explain the technical approach you would adopt to address them. You should also explain the methodologies you propose to adopt and highlight the compatibility of those methodologies with the proposed approach. The approach should include strategy to insure general population of the district beyond the beneficiaries for whom premium is to be paid by the government. Proposal in this regard should be presented in the following format:

1. Proposed Governance and Management Structure
2. Empanelment of Hospitals and Contracting Arrangements
3. Gate Keeping System
4. Grievance Redressal Mechanism
5. Communication Strategy
6. Data Management and MIS
7. Supplementary Proposals

B. WORK PLAN

In this section the organization should propose the main activities of the assignment, their content and duration, phasing and interrelations, milestones (including interim approvals by the Client), and proposals for monitoring. The proposed work plan should be consistent with the technical approach and methodology, showing understanding of the TOR and ability to translate them into a feasible working plan. The work plan should be consistent with the work schedule in **Form TECH-8**:

C. ORGANIZATION AND STAFFING

In this chapter you should propose the structure and composition of your team. You should list the main disciplines of the assignment, the key expert responsible, and proposed technical and support staff.

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Note:

1. Indicate all main activities of the assignment. For phased assignments indicate activities, delivery of related services, and benchmarks separately for each phase, from inception to action and results.
2. Duration of activities shall be indicated in the form of a bar chart.

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5.5. FORM TECH - 5

PROFESSIONAL STAFF AND TASK ASSIGNMENTS

Professional Staff			
Name of Staff	Area of Expertise	Position Assigned	Task Assigned

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5.6. FORM TECH- 6

CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

1. Proposed Position [only one candidate shall be nominated for each position]:
2. Name of Firm [Insert name of firm proposing the staff]:
3. Name of Staff [Insert full name]:
4. Date of Birth:
5. Nationality:
6. Education [Indicate college/university and other specialized education of staff member, giving names of institutions, degrees obtained, and dates of obtainment]:
7. Membership of Professional Associations:
8. Other Training [Indicate significant training since degrees under 5 - Education were obtained]:
9. Work Experience:
10. Languages:
11. Employment Record [Starting with present position, list in reverse order every employment held by staff member since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.]:

From [Month, Year]: To [Month, Year]:

Employer:

Positions held:

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<p>12. Detailed Tasks Assigned</p> <p>[List all tasks to be Performed under this assignment]</p>	<p>13. Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned</p> <p>[Among the assignments in which the staff has been involved, indicate the following information for those assignments that best illustrate staff capability to handle the tasks listed under point 12.]</p> <p>Name of assignment or project:</p> <p>Year:</p> <p>Location:</p> <p>Cilent:</p> <hr/> <p>Main project features:</p> <p>Positions held:</p> <hr/> <p>Activities Performed:</p>
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13. Certification:

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes me, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged. Date:

[Signature of staff member or authorized representative of the staff]
 Day/Month/Year

Full name of authorized representative:

5.7. FORM TECH- 7

**STAFF REQUIRED FOR IMPLEMENTATION OF THE SCHEME ALONG WITH THEIR
QUALIFICATION & JOB DESCRIPTION**

1. Designation, numbers of positions (full time/part time)
2. Qualification
3. Responsibilities
4. Place of duty

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5.9. FORM FIN - 1

SAMPLE LETTER FOR FINANCIAL PROPOSAL SUBMISSION

[Location, Date]

To: [Name and address of Client]

Dear Sir,

We, the undersigned, offer to provide the Services for [Insert title of assignment] in accordance with your Request for Proposal dated [Insert Date] and our Technical Proposal. Our attached Financial Proposal is for the sum of [Insert amount(s) in words and figures]. This amount is inclusive of the taxes.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Agreement negotiations, up to expiration of the validity period of the Proposal, i.e. before the date indicated in Paragraph Reference 1.1 of the Instructions to Consultants.

No commissions or gratuities have been or are to be paid by us to agents relating to this Proposal and Agreement execution.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signature [In full and initials]: _____

Name and Title of Signatory: _____

Name of Organization: _____

Address: _____



5.10. FORM FIN - 2

SUMMARY OF PREMIUM COST

A. Families to be covered: Approximately 6.1 Million	
B. Annual Premium per family (Including Admin Cost, Taxes and all other costs):	_____ (Pak Rs.)
Total Annual Premium (A x B)	_____ (Pak Rs.)

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5.11. FORM FIN - 3

PREMIUM CALCULATION BASED ON ACTUARIAL ANALYSIS

Feature	Assumptions		
	Annual Incidence Per Family	Assumed Average Cost	Net Premium
1. Net Maternity Premium Per Family (a+b)			
a) Maternity - Normal Delivery			
b) Maternity - C-Section			
2. Non-maternity Secondary Care Hospitalization			
3. Selected Tertiary Care Hospitalization			
4. Cost of Additional Benefits:			
a) Transportation Allowance Rs. 2000 hospitalization (Paid if referred to another hospital by gatekeeper)			
b) Funeral charges Rs. 10,000 (Paid to the family of deceased)			
c) Maternity Allowance Rs. 1,000 (For normal delivery or C-Section)			
5. Post-hospitalization Assistance (medicines and other for continued treatment as necessary. The present scheme has this for 5 days)			
I. Total Net Premium Per Family (1+2+3+4+5)			
II. Administrative Costs (including but not limited to Human Resources, Operations and Communication/Public Awareness)			
Total Gross Premium (I +II)			

Note:

- Estimated premium must include all the costs tabulated in **Form Fin - 3**.
- The organization may adjust their Financial Formats pursuant to their Technical Proposals so as to include further details, as appropriate, however, the structure so defined in the provided Standard Forms, must be complied with and the information required in this format, must be provided.

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(INTEGRITY PACT)**DECLARATION OF FEES, COMMISSION AND BROKERAGE ETC.
PAYABLE BY THE SUPPLIERS OF GOODS, SERVICES & WORKS
IN CONTRACTS WORTH RS. 10.00 MILLION OR MORE**

Contract No. _____ Dated Contract Value: _____ Contract
Title:

[name of Organization] hereby declares that it has not obtained or induced the procurement of any contract, right, interest, privilege or other obligation or benefit from Government of Khyber Pakhtunkhwa (GoKP) or any administrative subdivision or Entity thereof or any other entity owned or controlled by GoKP through any corrupt business practice.

Without limiting the generality of the foregoing, [name of Supplier] represents and warrants that it has fully declared the brokerage, commission, fees etc. Paid or Payable to anyone and not given or agreed to give and shall not give or agree to give to anyone within or outside Pakistan either directly or indirectly through any natural or juridical person, including its affiliate, agent, associate, broker, consultant, director, promoter, shareholder, sponsor or subsidiary, any commission, gratification, bribe, finder's fee or kickback, whether described as consultation fee or otherwise, with the object of obtaining or inducing the procurement of a contract, right, interest, privilege or other obligation or benefit in whatsoever form from GoKP, except that which has been expressly declared pursuant hereto.

[name of Organization] certifies that it has made and will make full disclosure of all agreements and arrangements with all persons in respect of or related to the transaction with GoKP and has not taken any action or will not take any action to circumvent the above declaration, representation or warranty.

[name of Organization] accepts full responsibility and strict liability for making any false declaration, not making full disclosure, misrepresenting facts or taking any action likely to defeat the purpose of this declaration, representation and warranty. It agrees that any contract, right, interest, privilege or other obligation or benefit obtained or procured as aforesaid shall, without prejudice to any other rights and remedies available to GoKP under any law, contract or other instrument, be voidable at the option of GoKP.

Not with standing any rights and remedies exercised by GoKP in this regard, [name of Organization] agrees to indemnify GoKP for any loss or damage incurred by it on account of its corrupt business practices and further Pay compensation to GoKP in an amount equivalent to ten time the sum of any commission, gratification, bribe, finder's fee or kickback given by [name of Organization] as aforesaid for the purpose of obtaining or inducing the procurement of any contract, right, interest, privilege or other obligation or benefit in whatsoever form from GoKP.

Name of representative of the Organization:

Seal & Signature:

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