

Clarification Note (Q&A - Round 1)

Revised date: 16 April 2021

RFPS-NYH-2021-503306

Long Term Arrangement for the Provision of Medical Evacuation and Repatriation Services for UNICEF Personnel Worldwide

Following questions were received from bidders which were responded by UNICEF technical and/or Supply Division team accordingly: (Please note that changes to the earlier published Q&A - Round 1 are highlighted in yellow; all other contents remain the same)

S/N	Questions from Bidders	Answers from UNICEF
1.	Part IV, Section 2.2 of the RFP states that we have to disclose “any planned subcontracting of services. All subcontracting arrangements will be reviewed by UNICEF as part of its evaluation of the Proposal.” Our database of providers contains thousands of air and ground ambulance partners that we utilize to perform evacuations. We do not consider these subcontractors, rather third-party service providers. Does UNICEF agree that we do not need to provide information on all of these providers at time of proposal?	Not providing information on your sub-contractor, third-party service providers and/or partners shall affect the scoring on your proposal during the evaluation process as the related request is part of the evaluation criteria and information that will be assessed. It is recommended to provide your sub-contractor details even if you consider them as third-party service provider.
2.	Under Part V, Section 1.1 of the RFP states that pricing must be “the most favourable pricing terms available to any customer of the Proposer (or any of the Proposer’s affiliates).” It is impossible to perform a review of services across our many affiliates in various currencies to meet this requirement. We can perform a pricing review of all of our government and multinational governmental organizations to ensure most favourable pricing. Will UNICEF please delete the parenthetical requirement and replace it with the prior suggestion?	Bidders should outline any observations related to the Most Favoured Customer clause or any other terms and conditions in their proposals for consideration under the evaluation. Should a bidder be awarded a UNICEF LTA, any issue outlined will be considered under the negotiation process.
3.	Under Annex B, TOR Medical Evacuation, section 3 - Reporting, UNICEF is requesting various elements of Protected Health Information (PHI) and Personally Identifiable Information (PII). With the variety and stringency of privacy laws (e.g. GDPR, HIPAA, etc...) that an international organization must adhere to we need to verify that patients have provided their consent for release of PHI and PII. Under limited circumstances we are able to provide the reporting on section 3.2 to UNICEF medical personnel that will be involved in the patient’s ongoing care. Therefore, will UNICEF be providing the consent of the patient to the contractor to release PHI and PII to non-medical	In UNICEF’s medevacs, no confidential medical information is usually released to UNICEF personnel such as HR officers involved in the process, only the UN Medical (DHMOSH) doctors and nurses see the medical reports/information and communicate with us for the purpose of arranging the medevac so that is where any medical information would go for the purposes of the reporting. Where, in the rare event, a non-medical personnel is involved, then consent from the patient will be obtained.

	individuals within UNICEF? In the alternative will UNICEF consider de-identified case data for general reporting purposes?	
4.	Under Annex B, TOR Medical Evacuation, section 3.2.4, is the contractor to propose the Satisfaction survey or will this be provided to the contractor by UNICEF?	The contractor/service provider is to provide this.
5.	Under Annex B, TOR Medical Evacuation, Part II, Section F, in the last two bullet points the RFP states "Physician personnel shall be board certified in emergency or critical care medicine". "Board Certification" generally refers to medical qualification in the US only, as most other countries consider "post-graduate training" in a specific medical specialty as the appropriate standard. Therefore, would UNICEF consider adding this to the requirement so that the sentence states "Physician personnel shall be board certified <u>or have post-graduate training</u> in emergency or critical care medicine and...".	Broadly, board certification refers to the need for a professional qualification for physicians which is certified by a recognized professional body in-country authorized to certify. Post-graduate training would not capture this. UNICEF will consider the certifications presented where there is no board/professional body, however, the certification should clearly specify under what regulation/authority in the country it is authorized to certify as well as whether that is sufficient certification needed to perform emergency/critical care in the specific country.
6.	Will all communications of this RFP go through you via this email? Is there a need for bidder to log into the UN marketplace platform? We have an existing profile here but are unsure of the login credentials at this time.	<p>All updates will be published to the UNGM website at https://www.ungm.org/Public/Notice/125106. Hence, bidders are recommended to regularly monitor this site.</p> <p>It is also recommended that bidders are registered with UNGM at Basic Level and at Level 1 (NOT NECESSARILY OTHER LEVEL) as Annex D - Vendor Registration Template, which will need to be included in the bidders' submission, requires the bidders to provide the UNGM number.</p> <p>The submission of the proposals (technical and financial proposals submitted separately), while all submissions will need to be sent to the email address of nysdbidding@unicef.org and not through the UNGM.</p>
7.	Have there been commercial flight repatriations home as well or are the majority of the transports for evacuation purposes only?	Almost all the transportation has been for evacuation – very rarely is repatriation by air ambulance done.
8.	We have noted there are approximately 15,600 eligible persons for these services. Do you also have an estimate on how many dependents and family members there are as well?	Even though eligible persons can include dependents/family given their variety, UNICEF does not keep an estimate of the numbers. In practice, however, there are very few air ambulances conducted per year given the high cost of each operation and the requirement for them to deal with life threatening situations.
9.	PART III - AWARD/ADJUDICATION OF PROPSALS – 1.1. (page 11) Can you please advise the second step of the evaluation? Or are the First and Second stages are in the following Tech	The evaluation process is divided into technical and financial evaluation process where the technical evaluation is being conducted first prior to the financial evaluation.

	<p>Evaluation which immediately follows in the document?</p>	<p>The technical evaluation itself, however, consists of two steps, which are as followings:</p> <ul style="list-style-type: none"> - Step 1: Technical Proposal Evaluation: <p>Bidders will be scored based on a point system. Proposals that do not obtain at least 34 points out of maximum obtainable technical proposal evaluation score of 48 points will be rejected at this stage without further consideration. Bidders that received 34 points or higher will go to the next stage in the technical evaluation, which is the simulation evaluation.</p> <ul style="list-style-type: none"> - Step 2: Simulation Evaluation: <p>Bidders will be scored based on a point system. Service providers that do not obtain at least 10 points out of maximum obtainable technical score of 22 points will be rejected at this stage without further consideration. Bidders that received 10 points or higher will be considered technically compliant and will be considered further for financial evaluation.</p>
10.	<p>We understand any comments to the UNICEF Terms and Conditions set out in Annex A may negatively affect our proposal, but if we do have any comments may we include these within our Technical Proposal or would you prefer this as a separate document?</p>	<p>Bidders are expected to acknowledge and accept UNICEF's General Terms and Conditions. Please note that changes to UNICEF's General Terms and Conditions will be viewed less favourable and may result in your proposal not being selected for award. Likewise, notification of intend of award to a Bidder does not mean UNICEF's acceptance of deviations or modifications on UNICEF GTC's as proposed by the Bidder.</p>
11.	<p>Is bidder allowed to have a partnership arrangement with another service provider or must we only submit one offering?</p>	<p>There should be one main/lead company who sign on the Request for Proposal Services Form (page 3 of the RFPS document) that will be responsible for the success of the LTA implementation. UNICEF will also issue the LTA to this lead company. However, during the evaluation process, UNICEF will look at the overall submission including the risk (if any) that comes with having a partnership.</p>
12.	<p>The terms of reference mention 15,600 persons engaged by UNICEF but the annual subscription fee references staff and family members, what is the total number of people covered?</p>	<p>Please see above response on question no. 8. Giving the figures of UNICEF staff enables a provider to understand the range of UNICEF's operations around the world as well as the size of its organization.</p>
13.	<p>On the call, it was mentioned that there were 5-10 medivac cases where outside support was needed. Could UNICEF provide details on the territories where these 5-10 cases originated from?</p>	<p>These originated from locations including South Sudan, Somalia, Mali, Yemen, Timor Leste, Indonesia, and Papua New Guinea.</p>
14.	<p>Would UNICEF consider allowing the assistance company to manage all medivac cases?</p>	<p>The ToR is only for medevacs <u>by air ambulance</u> not for regular medevac which UNICEF deals with by regular commercial airlines and for which air ambulance is not necessary.</p>

15.	Can UNICEF provide the average monthly call volume over the last 12 months?	As our medevacs are de-centralized and often occur at Country Office level, we do not have these figures. In general, the number of air ambulance services are limited to a very small number on average per year and generally concern the urgent need for an air ambulance to be dispatched.
16.	Can UNICEF provide the volume of cases that fall under Information Services over the last 12 months?	Same response as 15.
17.	Can UNICEF provide the volume of cases that fall under Emergency Assistance Services over the last 12 months?	Same response as 15.
18.	Can UNICEF provide the volume of cases that fall under Other support services over the last 12 months?	Same response as 15.
19.	Can UNICEF provide the volume of cases that fall under Companion ticket over the last 12 months?	Same response as 15.
20.	Can UNICEF provide the volume of cases that fall under Additional travel expenses after medical evacuation over the last 12 months?	Same response as 15.
21.	Can UNICEF provide the volume of cases that fall under Repatriation of mortal remains over the last 12 months?	Same response as 15.
22.	Can UNICEF provide the volume of cases that fall under Transportation of minor children over the last 12 months?	Same response as 15.
23.	Can UNICEF provide the volume of cases that fall under Dispatch of medication and medical supplies over the last 12 months?	Same response as 15.
24.	Can UNICEF provide the volume of cases that fall under Advance of emergency personal cash over the last 12 months?	Same response as 15.
25.	Can UNICEF provide the volume of cases that fall under Special translation and interpreter service over the last 12 months?	Same response as 15.
26.	Of the roughly 15,600 members included in this program, approximately how many travels internationally regularly on UNICEF business: <ul style="list-style-type: none"> ○ What is the average number of trips per traveler for this population ○ What is the average duration per trip 	As UNICEF has a decentralized structure, we do not keep track of these figures which are at Country and Regional level. There are a limited number of staff who travel officially frequently (though from March 2020 onwards to date that reduced considerably due to Covid-19) and those trips can vary from a few days to weeks depending on the nature of the trip.
27.	Of the roughly 15,600 members included in this program, approximately how many do not travel internationally	Please see 26 above.
28.	Of the roughly 15,600 members included in this program, approximately how many are expatriates, operating full-time away from their home country of record	On a rough estimate, about a third of that figure/population are expatriates.
29.	Does UNICEF intend to extend services to members who are operating at or near their	Where necessary due to the inadequacy of the medical facilities/treatments at the specific duty station and as

	primary home address (within 100 miles from home)?	recommended by UN medical services (DHMOSH), the medevac programme extends to all staff. In HQs (New York, Geneva, Bangkok, Nairobi etc.) the medevac programme does not apply.
30.	<p><i>Past Utilization Rates</i></p> <p>In determining the estimated frequency of requests that may be made by UNICEF staff, it would be helpful to have an estimate of historical utilization rate (#of request made by UNICEF in past year, 3 years, and 5 years) on the following services:</p> <ul style="list-style-type: none"> • Monitoring of Medical Care, Medical Expense Guarantee and / or Payment • Inpatient Support Services • Medical Escort • Medical Evacuation by Commercial Air • Ground Handling 	UNICEF does not maintain the numbers of requests - our Third Party Administrators for our various UN insurance schemes may have a record of the medical expenses reimbursements and guarantees of payments – for both these areas, there is high utilization. For medical evacuation by commercial airline and related issues, we do not have keep these figures (these are at Regional and Country level). The Terms of Reference of this Request for Proposal do not include the requirement for commercial airline medevacs but only for air ambulances.
31.	Please provide us the detailed utilization for the last 3 years split by case type.	We do not maintain these figures, please see above response on question no. 30.
32.	<p>We have limitation with our aircrafts where they are not insurable in all countries (active war zones or similar; actual: Libya, Syria and Eastern Ukraine). Here we could at best work with local partners to bring the patients to a possible safe airport and take them over there.</p> <p>With this restriction, can we still submit an offer?</p>	Please submit an offer if you able to follow-through from starting country to destination country on a full medevac by air ambulance.

Please note the following administrative information:

As stated on page 1 of the RFPS document, proposals submission should be sent to the email address: nysdbidding@unicef.org (copying the message to other UNICEF staff email address is prohibited). Proposer may send as many emails as needed. However, the size of each email should not exceed 10 MB. Email links are not acceptable. Bids submitted as a link or through a link will be invalidated.

Technical proposal is to be send separately from the financial proposal (and no financial information should be captured in the technical proposal). The subject line of the Email(s) should state:

- “Technical Proposal RFPS-NYH-2021-503306 -Long Term Arrangement for Provision of Medical Evacuation”.
- “Price Proposal RFPS-NYH-2021-503306 - Long Term Arrangement Provision of Medical Evacuation”.
- For questions regarding the RFPS and its requirement, an email can be send to lshirzad@unicef.org and cc-ed to kdalimunthe@unicef.org (as per page 6 of the RFPS document).
- **Proposals must be received by latest 23:59 hours (New York time) on 21st April 2021.**