

**ANNEX B**  
**TERMS OF REFERENCE**  
**Long Term Arrangement for the Provision of Medical Evacuation and**  
**Repatriation Services for UNICEF Personnel Worldwide**

**A. BACKGROUND**

UNICEF staff and eligible family members deployed to duty stations worldwide may be eligible for Medical Evacuation to secure essential medical care that is not available locally in accordance with UNICEF applicable regulations.

In order to secure availability of the required services, UNICEF wishes to enter into a Long Term Arrangement for Services (LTAS) to provide Medical Evacuation and Repatriation Services in over 190 countries (list of UNICEF Offices worldwide can be found in the following link <https://www.unicef.org/where-we-work>).

The LTAS shall be established for an initial period of 3 years with possible extension of 2 periods of 2 years (3+2+2) at the discretion of UNICEF and subject to satisfactory performance of the service provider.

LTAS is a contractual framework in which UNICEF and a selected service provider agree on a list of services, the conditions of their delivery, and their prices for a defined period. UNICEF shall provide specific requirements and time frames for each task when required by issuing Institutional Contracts using the terms and conditions agreed in the LTAS and the agreed Unit Price/ Fee stated in the LTAS will be used to calculate the Contract amount.

UNICEF's Division of Human Resources based at UNICEF in New York is responsible for supporting and supervising Medical Evacuations and Repatriation for UNICEF personnel worldwide.

Such personnel can be assigned or travel to any country of the world, including dangerous areas and countries at war. UNICEF abides by the UN Security Management System policy in respect of travel and deployment of its staff members. This entails completing the mandatory training, obtaining a Security Clearance and being MOSS compliant (see the [UN Security Policy Manual](#)). Approximately 15,600 persons assigned to or otherwise engaged by UNICEF at its headquarters offices, regional and country offices under different contractual arrangements, including internationally recruited professional staff, locally recruited general service staff and other personnel, including consultants and temporary advisers.

In most cases, i.e. approximately 45 each year, UNICEF can manage the medical situation overseas, in particular with the support and active participation of Regional Staff Physicians, or local UN medical staff. This may however require information or data that UNICEF does not have readily available (contacts of physicians or specialists in a country for example), and for which UNICEF may need to rely on the service provider. Other cases give rise to critical health situations (normally 10 to 15 per year) and must be managed with the local support and expertise of professional medical staff, and with logistics support of an organization specialized in Medical Evacuation and Repatriation.

UNICEF does not warrant that any quantity of services shall be purchased during the term of the LTAS and is not bound to purchase any minimum amount of services. UNICEF reserves the right to utilize other sources at its discretion.

Other United Nations Agencies, Funds and Programmes shall be entitled to place contracts under the prices and terms of the LTAS. Contracts placed by other United Nations entities constitute a contractual agreement between the service provider and the ordering United Nations entity. UNICEF will not be a contractual party to those contracts and has therefore no obligations or liabilities for contracts not issued by UNICEF.

## **B. OBJECTIVES**

The main task expected from the service provider is to perform medical evacuations of UNICEF personnel in case of acute, life-threatening illness/injury or potentially severe conditions when appropriate health care cannot be rendered locally.

An evacuation plan is rolled out as follows:

- (i) A UNICEF personnel is sick or injured in the field.
- (ii) A UNICEF staff member with delegated authority contacts the Medical Evacuation service provider via email or phone.
- (iii) The Medical Evacuation service provider acknowledges receipt by email sent to the requestor and DHR.
- (iv) The Medical Evacuation service provider contacts the physician in charge of the Patient.
- (v) The Medical Evacuation service provider submits regular medical reports to UNICEF.
- (vi) If an evacuation is necessary: the Medical Evacuation service provider builds an evacuation plan by:
  - (a) making proposal(s) for places where the Patient can/must be evacuated;
  - (b) submits cost estimates;
  - (c) establishes and communicates a schedule for the evacuation.
- (vii) The Medical Evacuation service provider submits an evacuation plan to UNICEF.
- (viii) Provided UNICEF approves the proposed place of evacuation, the green light is given to the Medical Evacuation service provider for implementation of the evacuation plan.
- (ix) UNICEF signs the costs estimate and sends it back to the Medical Evacuation service provider by email or fax.
- (x) During the implementation of the evacuation plan, the Medical Evacuation service provider keeps UNICEF informed at each stage of the plan, including: nursing of the Patient, arrival in the country, medical reports at each step.
- (xi) The Medical Evacuation service provider, in close collaboration and communication with UNICEF, ensures the follow-up care of the Patient during several days, as appropriate.
- (xii) The Medical Evacuation service provider can, in exceptional cases, be requested to organize the return trip of the patient.

- (xiii) In case of death of UNICEF personnel, the Medical Evacuation service provider may be required to arrange for transporting of the mortal remains from the place of death to the person's home country.
- (xiv) If requested by a family member or legal representative, UNICEF may require the Medical Evacuation service provider to arrange for local burial at the place of death.

The service provider will also be expected to provide UNICEF, on request, information related to travel medicine, including in emergency situations.

### **C. EXPECTED RESULTS/REQUIREMENTS**

(1.) Emergency medical evacuation services are provided in urgent, life threatening situations when rapid action must be taken to obtain a positive outcome. To achieve these evacuation services, the service provider must have:

- (i) 24 hour/7day availability;
- (ii) the capacity to obtain information on the proposed evacuee's full medical assessment from treating medical officer and provide guidance regarding appropriateness for evacuation, type of transport and destination;
- (iii) the capacity to execute a competitive selection process when selecting the emergency transport provider on a case by case basis and provide a response for transport within four (4) hours. The service provider should be able to obtain fast, competitive offers for transport among a credentialed, pre-approved pool of air ambulance providers. The selection process should ensure that the most cost-effective quality provider is being awarded each evacuation. The service provider should be able to submit to UNICEF Health and Medical Services a suitable and implementable evacuation solution within four (4) hours;
- (iv) the capacity, where possible, to provide UNICEF Health and Medical Services with alternative solutions, without compromising patient health, for each evacuation case. Alternatives to mode of transport and evacuation destinations should be considered and proposed to UNICEF;
- (v) the capacity to contact the medical team of the receiving hospital or health care facility and ensure administrative issues related to admission for inpatient or outpatient care have been addressed;
- (vi) the capacity to transport evacuee safely to receiving hospital or health care facility;
- (vii) the capacity to provide logistics support to the evacuee until the end of evacuation;
- (viii) the capacity to establish communication directly with the evacuee to ensure clear communication and support to the evacuee at all times.

(2.) Consult and coordinate with UNICEF before selecting a receiving hospital/clinic/health care provider and give priority to UNICEF's network providers.

(3.) Consult and coordinate with UNICEF to ensure that a letter of guarantee is provided to the health care provider and accepted by them to establish direct billing/payments for all recognized medical expenses provided in the context of medical evacuation.

(4.) Consult and coordinate with UNICEF regarding the submission of invoices, payment and cost control. The service provider should be able to submit invoices and provide feedback to UNICEF's billing focal points in a timely fashion in order to ensure completion of all transactions related to medical and non-medical aspects of an evacuation within sixty day of the end of the evacuation trip. Within thirty days of the end of each quarter, the service provider should provide a report showing all costs billed per evacuee for the previously ended quarter. This report should have two expenditure components: (i) medical and (ii) non-medical.

Both medical and non-medical sections of the report shall comprise breakdown details, including evacuee names, evacuation dates, expense components (such as hospital fees, medical fees, surgeon fees, other medical expenses with details, air transport, lodging, ground transportation, fees, etc.).

(5.) Consult and coordinate with UNICEF in order to optimize the evacuee's medical follow-up upon return to duty station. To achieve this objective, the service provider must, have the capacity to send medical updates to UNICEF and local medical teams as needed; to continue medical monitoring (communication with treating physician, evacuee, review of medical reports) when requested by UNICEF; and provide a clear discharge summary and follow up plan from the treating physician.

(6.) Provide UNICEF promptly on request, with information on high quality, reliable health care providers.

(7.) Provide HMS quarterly activity reports with the following data:

- (i) Name of evacuee, country of residence, country/city evacuation destination / name and specialty of receiving physician and receiving hospital / mode of transport: AA, medical escort, accompanied / pre evacuation primary and secondary diagnosis (use ICD 10 or ICD 9 coding - see links: <http://icd9cm.chrisendres.com/index.php> or <http://www.icd10data.com/>) post evacuation primary and secondary diagnosis / post evacuation satisfaction survey submitted and completed / non-medical cost total / medical cost;
- (ii) The following elements are critical in terms of reporting:
  - (a) If requested, status of evacuee reports should be provided to UNICEF throughout medical evacuation;
  - (b) Discharge medical report of evacuations (inpatient or outpatient), as requested by UNICEF no later than seven (7) days after the end of evacuation. Discharge report must include: Diagnosis (primary and secondary), surgery/procedures, complications, laboratory values and pathology report important for follow-up, results of clinically significant imaging studies, discharge instructions including medications and dosing schedule;
  - (c) Follow-up action(s) and recommendation(s) should be provided for each case;
  - (d) Satisfaction survey has to be submitted to evacuees at completion of medical evacuation.

(8.) Other support services (such as ground ambulance arrangements) may be requested from time to time. The scope and cost related to such services will be agreed as the need arises.

(9.) Service provider shall develop a complete Performance Evaluation and Quality Control Plan to ensure that the requirements of the contract are performed as specified. An updated copy, if required, must be provided to UNICEF on the start date of the contract, and as changes occur. The Performance Evaluation and Quality Control Plan shall include, but not be limited to, the following:

- (a) A monitoring/ review system covering the various performance areas called for under this Terms of Reference (TOR). It must specify areas to be monitored/reviewed (including through site visits) on either a scheduled or unscheduled basis, and the individual's title who will be responsible for the monitoring/review.
- (b) A method for identifying deficiencies in the quality of services performed before the level of performance becomes unsatisfactory.
- (c) A file of all monitoring/ reviews conducted by the service provider and the corrective action taken. This documentation shall be available for review by UNICEF during the term of the contract.

## **D. SCOPE OF SERVICES**

### **PART I**

The 'Annual Subscription Fee' shall cover the services listed below, and UNICEF shall pay no additional fees to the service provider in respect of such services.

The annual subscription fee calculation is based on the number of UNICEF staff and family members to be covered by the Contract, and their relative possibility to be medical evacuated by UNICEF depending on their status (local versus international, and duty station).

#### **1. INFORMATION SERVICES:**

The service provider will, 24 hours a day, 365 days a year, provide UNICEF, on request, with information on high quality, reliable health care providers for the following services:

1.1. *Emergency & routine medical advice:* The service provider will arrange for the provision of medical advice over the telephone to any UNICEF authorized official calling the service provider's assistance and alarm center.

1.2. *Travel health information:* The service provider will provide any UNICEF authorized official access to the service provider's medical personnel and the service provider's assistance and alarm center's network to obtain up-to-date travel health information. Destination and travel health reports will be made available to any UNICEF authorized official in a standard written report or through a password protected internet website.

1.3. *Medical & dental referrals:* The service provider will provide any UNICEF authorized official with names, addresses, telephone numbers and, if requested and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively called 'Medical Service Providers') within the area where the evacuee is located. These recommendations are based upon the best judgment of the service provider and its knowledge of the local conditions and availability of medical services at the location. The service provider does not guarantee the quality of the Medical Service Providers, nor shall the service provider be liable for any consequences arising out of or caused by the services provided by the Medical Service

Providers. The final selection of Medical Service Providers shall be the responsibility of UNICEF.

1.4. *Out-patient case management*: The service provider will assist the evacuee with (i) the arrangement and confirmation of appointments with health care providers, (ii) arranging accommodation, and (iii) post-appointment communications and follow up with any UNICEF authorized official. Payment to the healthcare provider for medical expenses incurred will be borne by the individual staff member through their medical insurance coverage.

1.5. *Assistance with documentation for insurance claim forms*: The service provider will assist UNICEF in obtaining the necessary documentation for medical insurance claims involving the service provider's services.

## **2. EMERGENCY ASSISTANCE SERVICES:**

The following services shall be provided by the service provider upon request of UNICEF.

UNICEF shall contact the service provider assistance center in accordance with the Standard Operating Procedure to request such services:

2.1. *Emergency message transmission*: The service provider will use all reasonable efforts to receive and transmit emergency messages between an evacuee and his/ her family members or partner.

2.2. *Emergency translation and interpreter services*: In the event of an emergency situation, the service provider will provide personal telephone translation services and referrals of interpreter services through its assistance center network.

2.3. *Lost document advice & assistance*: The service provider will assist evacuees that have lost important travel documents (e.g. passport, credit cards) by providing guidance for recovery or replacement.

## **3. REPORTING:**

The service provider will provide to UNICEF with quarterly activity reports with the following data:

3.1. Name of evacuee, country of residence, country/city of evacuation destination, name and specialty of receiving physician and receiving hospital, mode of transport: AA, medical escort, pre evacuation primary and secondary diagnosis (use ICD 10 or ICD 9 coding- see links: <http://icd9cm.chrisendres.com/index.php> or <http://www.icd10data.com/>), post evacuation primary and secondary diagnosis, post evacuation satisfaction survey submitted and completed, non-medical cost and medical cost.

3.2. The following elements are critical in terms of reporting and will be provided by the service provider upon request from UNICEF:

3.2.1. Status of evacuee reports throughout medical evacuation;

3.2.2. No later than seven (7) days after the end of evacuation, the discharge medical report of evacuations (inpatient or outpatient) that will include: Diagnosis (primary and secondary), surgery/procedures, complications, laboratory values and pathology reports important for follow-up, results of clinically significant imaging studies, discharge instructions, including medications and dosing schedule;

3.2.3. Follow-up action(s) and recommendation(s);

3.2.4. A Satisfaction survey has to be submitted to evacuees at completion of medical evacuation.

#### **4. QUALITY CONTROL:**

The service provider will develop a complete Performance Evaluation and Quality Control Plan to ensure that the requirements of the LTAS are performed as specified. An updated copy must be provided to UNICEF on the start date of the LTAS, and as changes occur. The Performance Evaluation and Quality Control Plan shall include, but not be limited to, the following:

4.1. A monitoring/review system covering the various performance areas called for under the LTAS. It must specify areas to be monitored/reviewed (including through site visits) on either a scheduled or unscheduled basis, and the individual's title who will be responsible for the monitoring/review.

4.2. A method for identifying deficiencies in the quality of the Services performed under the LTAS before the level of performance becomes unsatisfactory.

4.3. A file of all monitoring/reviews conducted by the service provider and the corrective action taken. This documentation shall be available for review by UNICEF during the term of the LTAS.

Prior to the Effective Date, the UNICEF and the service provider shall jointly develop and agree on the following Standard Operating Procedures (SOPs) for the implementation of the LTAS:

- Medical Assistance Standard Operating Procedure (including Operations Schedule of Fees and Mass Casualty Standard Operating Procedure if any).
- Billing Operation Procedure.
- Any resultant SOPs shall be updated as changes occur. In addition, UNICEF may require that additional SOPs be developed and agreed by the Parties.

#### **PART II**

UNICEF shall reimburse the service provider for the cost of the following services according to the request for Financial Proposal. Such Reimbursements shall be inclusive of any and all costs and expenses which the service provider may incur in the provision of these services. The Reimbursements shall also be inclusive of any and all costs and expenses incurred by the service provider for those services which - while not expressly stated herein - are implied to be included therein by professional standard. When the service provider secures a discount on behalf of UNICEF or resulting from a process of re-pricing negotiations with preferred networks, the service provider shall pass portion of such negotiated discounts to UNICEF.

## **1. MEDICAL EVACUATIONS AND REPATRIATION SERVICES:**

The service provider will manage emergency medical evacuations and repatriations for UNICEF staff members and eligible family members: Emergency medical evacuation and repatriation services are provided in urgent, life threatening situations when rapid action must be taken to obtain a positive outcome. The services set out herein shall be provided by the Proposer 24 hours a day, 365 days a year, upon request of any UNICEF authorized official. UNICEF shall contact the service provider assistance center in accordance with agreed standard operations procedures to request such services.

### **1.1. To achieve evacuation services, the service provider will:**

1.1.1. Obtain from the physician already in charge the full medical assessment of the potential evacuee and provide guidance regarding appropriateness for evacuation, type of transport and destination;

1.1.2. Operate an ad-hoc competitive process for the selection of the emergency transport provider and provide UNICEF with a solution for transportation within four (4) hours after UNICEF's notification on a best efforts basis. To that effect, the service provider will obtain fast, competitive offers for transport from a credentialed, pre-approved pool of air ambulance providers.

1.1.3. The selection process will ensure that the most cost-effective provider meeting the quality and other requirements is being awarded each evacuation. Upon request, the service provider will submit to UNICEF the bids obtained.

1.1.4. Where possible, provide UNICEF with several alternative solutions, without compromising patient health, for each case. Alternative modes of transport and evacuation destinations will be considered and proposed to UNICEF when applicable;

1.1.5. Liaise with the medical team of the receiving hospital or health care facility and ensure that administrative issues related to admission for inpatient or outpatient care have been addressed;

1.1.6. Transport the evacuee as soon as possible safely to receiving hospital or health care facility;

1.1.7. Provide a logistic support to the evacuee until the end of evacuation;

1.1.8. Communicate directly with the evacuee and provide support to the evacuee at all times.

1.2. Consult and coordinate with UNICEF before selecting a receiving hospital/clinic/health care provider and give priority to UNICEF's network providers, according to the list provided to service provider by UNICEF. The final selection of the health provider is subject to UNICEF's agreement.



1.3. Consult and coordinate with UNICEF and the TPA (Third-Party Administrator for the health insurance plan of the staff member) to ensure that Guarantee of Payment letter is provided to and accepted by the health care provider to establish direct billing/payments for all recognized medical expenses provided in the context of the medical evacuation.

1.4. Consult and coordinate with UNICEF regarding the submission of invoices, payment and cost control.

1.4.1. Within thirty days of the end of each quarter, the service provider will provide a report showing all costs billed per evacuee for the previously ended quarter.

1.4.2. This report will have two expenditure components: (i) medical and (ii) non-medical. Both medical and non-medical sections of the report shall comprise breakdown details, including evacuee names, evacuation dates, expense components (such as hospital fees, medical fees, surgeon fees, other medical expenses with details, air transport (including the selection process of air services provider, lodging ground transportation, fees, etc.).

1.4.3. Within sixty day of the end of the evacuation trip, the service provider will submit invoices in accordance with the Reimbursements, and provide feedback to UNICEF's billing focal point in a timely fashion in order to ensure completion of all transactions related to the medical and non-medical aspects of an evacuation.

2.1 Consult and coordinate with UNICEF in order to optimize the evacuee's medical follow-up upon return to duty station. To achieve this objective, the service provider must have the capacity to:

2.1.1 Send medical updates to UNICEF medical staff and local medical teams as needed.

2.1.2 Continue medical monitoring (communication with physician in charge of the evacuee, review of medical reports) when requested by UNICEF.

2.1.3 Provide a clear discharge summary and follow up plan from the treating physician.

#### *Other support services*

3. Other support services (such as ground ambulance arrangements or on the ground medical support) may be requested from time to time. The scope and cost related to such services will be agreed as the need arises.

#### *Companion ticket*

4. Following a medical evacuation, the service provider will, at UNICEF's request, arrange for air transportation for a family member or partner to join an evacuee who has or will be hospitalized outside the home country or country of assignment. The service provider will, at UNICEF's request, coordinate emergency travel arrangements for family members or partners to accompany a hospitalized UNICEF Staff.

#### *Additional travel expenses after medical evacuation*

5. Following a medical evacuation, at UNICEF's request, the service provider will arrange to transport the evacuee to the home country or country of assignment.

#### *Repatriation of mortal remains*

6. At UNICEF's request, in the event of death, the service provider will arrange to transport the mortal remains of the UNICEF staff member or the eligible family member from the place of death to the home country, or, if requested in writing by UNICEF and if permitted by applicable laws and procedures and if a burial service is available and practicable, the service provider will arrange for a local burial at the place of death.

#### *Transportation of minor children*

7. If a UNICEF staff member has minor children who are left unattended as a result of the staff member's death, injury, illness or medical evacuation, the service provider will, at UNICEF's request, arrange for transportation of such minor children to the home country.

#### *Dispatch of medication and medical supplies*

8. The Proposer will, at UNICEF's request, when and where practical and legally permissible, arrange for the delivery and/or administration of medicines, drugs and medical supplies that are medically necessary for a UNICEF Staff member or an eligible family member's care and treatment.

#### *Advance of emergency personal cash*

9. The service provider will provide UNICEF Staff with cash advances up to a limit of USD 6,000.00 (six thousand) subject to the evacuee's prior written approval and agreement to reimburse the service provider for the advance.

#### *Special translation and interpreter service*

10. Upon an evacuee's request and with the written agreement of UNICEF, the service provider will arrange interpreters.

### **E. PROJECT MANAGERS, MONITORING, AND REPORTS**

The service provider shall appoint a qualified Project Manager who shall serve as liaison throughout the course of the LTAS. The Project Manager shall meet on a quarterly basis with UNICEF in order to review the status of the services and provide UNICEF with reports on the services provided to date, problems encountered, actions taken to resolve such problems, and other relevant matters. Such reports shall include details information as required by UNICEF.

### **F. REQUIREMENTS AND QUALIFICATIONS**

- Having Certificate of Incorporation and, as applicable, other necessary certifications to operate.

- Having minimum 10 years of experience providing similar services and financially stable.
- Project Manager shall have a minimum of five (5) years' work experience in managing the same scale of project.
- Physician personnel shall be board certified in emergency or critical care medicine and have a minimum of five (5) years of post-residency work experience as a physician and maintain proficiency in emergency or critical care skills. Physician personnel shall also have licensure in good standing and relevant documented skill certifications as well as English fluency.
- Nursing Personnel shall be a licensed Registered Nurse and have a minimum of four (4) years' work experience and maintain proficiency in emergency or critical care skills. Nursing personnel shall also have licensure in good standing and relevant documented skill certifications as well as English fluency.

## **G. RFPS EVALUATION PROCESS**

In making the final decision, UNICEF considers both technical and financial aspects of the proposals submitted by bidders (70%/30% of technical/financial weight). The Evaluation Team first reviews the technical aspect of the proposal followed by the review of the Financial Proposal of those service providers who pass the technical evaluation. Service providers are required to submit their Technical Proposals in accordance with the requirements and scope of services as well as evaluation criteria mentioned in the TOR and to submit their Financial Proposals in accordance with instructions as per attached Financial Proposal Format provided in Annex C.

Prior to the reviewing of the technical aspect of the proposal, the administrative compliance will be reviewed first for their completeness in terms of all the requested information being provided and adherence to administrative instructions for submission. Those proposals that successfully pass the administrative check shall qualify for the technical evaluation.

### **1. TECHNICAL EVALUATION**

The technical evaluation will be completed without reference to cost. As part of the evaluation, UNICEF may request that service providers provide additional information to substantiate their claims. This may include, but is not limited to, request for documentation, link to the already established website, etc. The technical evaluation will have 70% weight out of the total technical and financial evaluation and be evaluated against the following steps:

#### **Step 1: Technical Proposal Evaluation**

Proposals will be evaluated for compliance with the scored requirements set out in the Evaluation Criteria below.

*Passing criteria:* Service providers 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.

#### **Step 2: Simulation Evaluation**

Service providers which meet minimum passing score of 34 points on their Technical Proposal evaluation will be then requested to do a simulation at No Cost to UNICEF for assessment and suitability as per the Evaluation Criteria.

*Passing criteria:* Service providers 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. Service providers that received 10 points or higher will be considered technically compliant and will be considered further for Financial Proposal Evaluation.

#### Evaluation Criteria

<b>Item</b>	<b>Technical Evaluation Criteria</b>	<b>Max. Points Obtainable</b>
<b>1</b>	<b>Corporate Capability</b>	<b>15</b>
1.1	Resources and communication systems utilized to support medical evacuations.  (To be broken down by UNICEF designated Region (Europe and Central Asia Regional Office (ECARO), West and Central Africa (WCARO), Eastern and Southern Africa (ESARO), Middle East and North Africa (MENA), East Asia and Pacific (EAPRO), South Asia (ROSA), Latin America and the Caribbean (LACRO) full list of countries included to be provided)	
1.2	Call center 24 hours/day and 7 days/week with worldwide coverage.	
1.3	Access to Air Ambulance Services and Medical Escort (Doctor vs. Nurse and Proposer employees vs. subcontractors).  <ul style="list-style-type: none"> <li>Physician personnel shall be board certified in emergency or critical care medicine and have a minimum of five (5) years of post-residency work experience as a physician and maintain proficiency in emergency or critical care skills. Physician personnel shall also have licensure in good standing and relevant documented skill certifications as well as English fluency.</li> <li>Nursing Personnel shall be a licensed Registered Nurse and have a minimum of four (4) years' work experience and maintain proficiency in emergency or critical care skills. Nursing personnel shall also have licensure in good standing and relevant documented skill certifications as well as English fluency.</li> </ul>	
1.4	Support Staff (and surge capacity in case of Mass Casualty Event).  (To be broken down by UNICEF designated Region (ECARO, WCARO, ESARO, MENA, EAPRO, ROSA, LACRO)  And Financial Capacity (provide the last 2 years Financial Statement – Income Statement, Balance Sheet, and Cash Flow Statement)	
1.5	Alarm Centers, Regional Evacuation Hubs, Professional Competence, Language proficiency, etc. Specifically, a translation/interpretation services network available for emergency situations through an assistance center network.	
1.6	Database of worldwide medical resources- access, capability, quality and costs.	
1.7	Use of Electronic Filing of patients' records.	

1.8	<p>Professional experience: number of evacuations, locations, complexity of cases, multiple trauma, experience with mental health cases, etc.</p> <p>All data should be itemized by UNICEF designated Region (ECARO, WCARO, ESARO, MENA, EAPRO, ROSA, LACRO)</p> <p>And please provide the following:</p> <ul style="list-style-type: none"> <li>• At least five (5) references of similar projects and to provide 5 contact names and details (email and telephone) of the service provider's previous corporate clients.</li> <li>• Certificate of Incorporation and, as applicable, other necessary certifications to operate. Having minimum 10 years of experience providing similar services.</li> </ul>	
<b>2</b>	<b>Technical Approach and Methodology</b>	<b>15</b>
2.1	<p>Pre-established protocols set for:</p> <p>(i) Different types of locations (access to geographic linked databases);</p> <p>(ii) Different types of events/injuries (trauma, multiple, severe chronic conditions, infectious diseases, pregnancy, etc.)</p>	
2.2	Distribution of responsibilities: Geographical hubs	
2.3	Releasing and accepting Medical Centers/providers by UNICEF designated Region (ECARO, WCARO, ESARO, MENA, EAPRO, ROSA, LACRO)	
2.4	<p>Selection of resources:</p> <p>(i) Criteria used (availability, quality, capacity, costs);</p> <p>(ii) Credentialing of providers and medical staff.</p>	
<b>3</b>	<b>Quality Assurance/ Control</b>	<b>8</b>
3.1	After intervention/evacuation report.	
3.2	Risk management/review of outcomes.	
3.3	Monitoring and review, including through site visits of local medical facilities (periodic and <i>ad hoc</i> ). Performance Evaluation and Quality Control Plan	
3.4	Monthly and yearly reports.	
<b>4</b>	<b>Project Management</b>	<b>10</b>
4.1	Patient tracking.	
4.2	Evacuee follow-up during evacuation.	

4.3	Contingency planning (business continuity plan).	
4.4	Coordination with UNICEF HR (Insurance, Liaison Section, Project Manager) • Project Manager shall have a minimum of five (5) years' work experience in managing the same scale of project.	
<b>Sub Total Technical Proposal Evaluation Score</b>		<b>48</b>
	<b>Service providers must reach [34 points] through the evaluation of the written technical proposals</b> to be invited to participate in the simulation. Participation in the simulation will at the service providers' own cost. The purpose of the simulation is to verify the accuracy of the technical information and to test their understanding of the services to be provided.	
<b>5</b>	<b>Simulation</b>	<b>22</b>
	Simulation ground rules: Eligible service providers will be requested to participate in a simulation, in real life conditions: at any time, during a given week, the selected service providers will be asked to respond to a fictional case, by:  (i) Selecting the emergency transport provider and provide a response to UNICEF within four (4) hours. The selection process should ensure that the most cost-effective quality provider is being awarded the evacuation.  (ii) Demonstrating their capacity, where possible, to provide UNICEF [health and medical services] with alternative solutions, without compromising patient health. Alternatives to modes of transport and evacuation destinations should be considered and proposed to UNICEF.  (iii) Demonstrating their capacity to contact the medical team of the receiving hospital or health care facility and ensure that administrative issues related to admission for inpatient or outpatient care have been addressed.	
	<b>Service providers must reach [10 points] through the evaluation of the simulation</b> to move forward to the Financial Proposal Evaluation.	

## 2. FINANCIAL EVALUATION

After the technical evaluation, those Proposals that passed the Technical Evaluation will be further evaluated in terms of cost. Service providers are required to submit their Financial Proposal in accordance with instructions and as per the attached format provided in Annex C. The service provider is required to prepare the Financial Proposal in a document separately from the rest of the Technical Proposal.

The following methodology will be used to transform the cost of the proposed price into a score useable in the overall scoring framework. The service provider having the lowest costs will get awarded the full score of **30** points; whereas the methodology to award points to following qualified service provider is as below:

Score for price proposal X =

$$\frac{\text{Maximum score for price proposal} \rightarrow 30 \text{ Points} \times \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

### 3. OVERALL COMBINED TECHNICAL AND FINANCIAL EVALUATION

The scores attained by the service provider in the technical and financial evaluations will be combined to attain the overall score, and the proposals will be ranked accordingly. Each Proposal will be evaluated against a weight allocation of **70%** for the technical evaluation and **30%** for the financial evaluation. The total maximum obtainable is 100 points.

Technical Score	Financial Score
70 points	30 points

The recommendation for Award will be made based on the best combination of technical and financial scores.