

Tender
Reference:

CONCERN/SOM/SR 96996/03/2024/ MEDICAL COVER



TENDER DOSSIER

FOR

PROVISION OF HEALTH INSURANCE COVER FOR CONCERN
SOMALIA/SOMALILAND NATIONAL STAFF

➡ 18 MONTHS FRAMEWORK AGREEMENT ⬅

TENDER NAME	REFERENCE NUMBER
<i>PROVISION OF HEALTH INSURANCE COVER FOR SOMALI/SOMALILAND STAFF</i>	<i>CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER</i>

MAY 2026

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Section 1: Letter of Invitation To Tender



Tender Reference: CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER

SUBJECT: INVITATION TO TENDER FOR STAFF HEALTH INSURANCE COVER FOR 18 MONTHS.

- 1.1. Concern Worldwide invites interested eligible service providers to bid for the Provision of Medical Insurance Cover for Concern Somalia and Somaliland National Staff.
- 1.2. Electronic bids should be submitted to the email address: tenders.somalia@concern.net the email subject should state the tender reference number: **CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER**. If the email subject is not stated as instructed here, Concern will assume no responsibility for any misplacement.
- 1.3. Your bid must include the following documentations so please use the list below as a 'Checklist' before submitting your bid to Concern, failure to which the bid will be disqualified.

Description	Checklist
1. Completed Technical Evaluation Form	<input type="checkbox"/>
2. Business registration/license certificate by the Ministry of Commerce	<input type="checkbox"/>
3. Completed 'Tenderer's Relevant Experience Form' & Evidence	<input type="checkbox"/>
4. Certificate of incorporation	<input type="checkbox"/>
5. Valid Tax compliance certificate	<input type="checkbox"/>
6. Audited financial report/statements for 2023 - 2025	<input type="checkbox"/>
7. Company Profile	<input type="checkbox"/>

- 1.4. Bids shall be made valid for a period of Ninety (90) days after the deadline for bid submission. The deadline for receipt of bids is on 19th June 2026 by 11:59 PM (midnight). Any bid submitted after the deadline, will not be accepted. Bids will be opened on 20th June 2026.

Section 2: Instructions To Tenderers



2.1. Introduction:

Concern Worldwide is a non-governmental, international, humanitarian organization dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries. Concern implements programmes both directly and indirectly through local partners and contractors

2.2. Services to be provided

Concern Worldwide currently has **89 national staff** working in Somalia and Somaliland (subject to change due to joiners/leavers). Each national staff member, along with **Four** subject to their dependents, are covered by medical insurance. We are now tendering to identify potential medical insurance providers in Somalia/Somaliland who will be able to continue meeting our requirements for **18-months contract**, with the option to renew.

Concern Worldwide will receive the bids as an electronic form through the emails mentioned above and after tender evaluation, the successful bidder will be selected to provide the medical cover on dates to be agreed.

2.3. Tendering Process

A tender advert will appear on the following website <https://somalijobs.net> and **IAPG** or **Concern website** from **7th June 2026**. The tender documents can be downloaded from the links provided on these websites (<https://somalijobs.net>; [IAPG and Concern website](#))

2.4. Site visit

The Tender Evaluation Committee will make **site visits** to the bidder's physical location during the tender evaluation process if deemed necessary to ascertain the bidders' capacity to provide the services required.

2.5. Submission of Bids

The tender dossier will only be accepted in the format requested. Any incomplete response or responses not in the format of the template provided shall be treated as null and void.

Electronic bids should be submitted to the email addresses provided here: tenders.somalia@concern.net; the email subject should state the tender reference number as stated below:

REFERENCE NUMBER	CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER
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The deadline for receipt of bids is on **19th June 2026 at 11:59 EAT**. Any bid submitted after the deadline, will not be accepted. Bids will be opened on **2th June 2026 at 10:00 am**

If the email subject is not stated as instructed above, Concern will assume no responsibility for any misplacement.

2.6. Timetable for provision

Line	Item	Date
1	Tender Advert	1st June 2026
2	Period for clarifications	4th to 15th June 2026
3	Closing date & time for receipt of tenders	19th June 2026 at 11:59 Pm
4	Tender Opening Location	Concern Offices in Mogadishu, Hargeisa, and Baidoa
5	Tender Opening Date and time	20th June 2026 10:00 am

2.7. Language of offers

All bids should be received in English

2.8. Bids Validity Period

All bids must be valid for a period of **90 days** after the deadline for submission of bids indicated in the tender dossier.

2.9. Currency

Bids shall be submitted in USD currency.

2.10. Type of contract

Frame Work Agreement for Eighteen Months s

2.11. Clarification/Amendment to the bid Document

If a prospective bidder wishes clarification on a certain aspect of the tender, they can contact the following email address which will then be shared with the tender evaluation committee.

logistics.mogadishu@concern.net or procurement.hargeisa@concern.net

2.12. Cancellation of the tender procedure

The tender evaluation committee has the right to cancel the tender process at any stage without having to explain the situation. Reasons for doing so might include; non-receipt of a minimum number of bids, a dramatic change in specification of the Services or the costs exceeding budgetary limits.

2.13. Appeals Process

If you wish to appeal or raise any concern, please contact the following email and quote the tender reference number. richard.nunn@concern.net or call the toll-free number **311** for **Mogadishu** and **239** for Hargeisa and **3311** for Baidoa.

2.14. Tender Committee Decision

The recommendations of the tender committee shall not be limited to the overall score (Financial and Technical scores combined), however, the outcome shall consider other factors including value for money. If there is a significant monetary value difference between the bidder scoring the highest score and the second or the third bidder with a lower financial bid, then value for money shall take precedence and the one who quoted the lowest (among the companies selected as finalists) shall be considered.

Concern guarantees that all procurement activities are fully and transparently documented for internal or donor audit purposes. Concern guarantees the confidentiality of the procurement process.

2.15. Donor

Concern receives funding from a variety of donors who may contribute to this provision of staff health medical cover.

Section 3: Evaluation of Bids

All valid bids received will be evaluated by Concern's Tender Evaluation Committee who will assess the bids based on administrative compliance, technical and financial evaluation grids set in line with the information provided in the bid application. Concern reserves the right to request ***proof of bidders' past work experience*** and subsequently visit the premises if this is deemed necessary to complete the evaluation process.

3.1. Administrative Compliance Check

All bidders must meet with administrative compliance checks to progress to the next stage of the evaluation process (i.e. technical evaluation). The administrative compliance check includes the following Criteria:

- 1) Bid applications must be received within the deadline
- 2) Submission of a comprehensive company profile
- 3) Valid business registration certificate
- 4) Tax compliance certificate
- 5) Original bank statement signed and stamped by the relevant bank authority which includes transactions for the past 6 months.
- 6) Audited financial report/statements for **2023 - 2025**
- 7) Duly completed Financial Offer,
- 8) Tender Declaration Form completed, signed and stamped

NOTE: These checks are scored as **Pass or Fail** and the bidder who does not meet them will not proceed to the technical evaluation stage.

3.2. Technical Evaluation Criteria (weighted at 70%)

Technical Competence (these include based on previous relevant experience, financial capacity, Delivery time, and other competence). To be technically acceptable, the proposal shall meet or exceed the stipulated requirements and specifications in the Tender Bids. The Technical Evaluation Criteria is weighted at **70%**. Only bidders with a score of **50%** and above will be considered for financial evaluation. The following will be assessed in the technical evaluation process.

1	Payment terms	2 Points
2	Financial capability	3 Points
3	Employee Information	4 Points
4	Relationship Management	4 Points
5	Accessing Services	3 Points
6	Existing Member – Eligibility	6 Points
7	Existing Member – Exclusion	2 Points
8	Existing Member – Oversees Insurance	7 Points
9	Existing Member – Other cover/consideration	8 Points
10	Existing Members – Reimbursement	6 Points
11	Adding New Members	3 Points
12	Existing Members	3 Points
13	Service Available	4 Points
14	Previous Experience	15 Points
Total		70 Points

3.3. Financial Evaluation (weighted at 30%)

The financial evaluation will be weighted at **30%**. The financial score will be calculated using the formula below.

$$\text{Financial score} = \left[\frac{\text{Cheapest bid}}{\text{Tenderer own bid}} \right] \times 30\%$$

Concern do not consider the financial offer to be the most important factor. Technical compliance and previous experience are equally important.

Section 4: Technical Evaluation Form



4.1 Business Profile

To be completed by tenderer:

Name of Company:	
Physical Address (please indicate Hargeisa and Mogadishu if present):	
Physical Address of hospital panels where services can be inspected:	
Contact address (Telephone and email)	
Contact Person, Title, Telephone Number	
Years in operation:	

4.2 Bank Details:

Bank Name:	
Bank Address:	
Bank Account Name:	
Bank Account Number:	
How long has this Account been Active	

4.3 Payment Terms:

Payment for Staff Medical Insurance (up to 89 employees) to be made: Monthly/quarterly/annually by Concern	
Payment Method (electronic/Cheque)	

4.4 Company employee Information

Number of employees:	
% of Male .v. Female Employees:	
Number of children working for you (i.e. under 18); please provide details of the work that they carry out:	
What is the average pay for your staff for one day's work:	
What is the average number of hours that your employees work per week:	
Do your staff get annual leave; if so how many days per year:	

4.5 Relationship management

Do you provide a dedicated staff member(s) to manage the relationship between you and other Agencies (Concern)? If so, provide details of the role of the person.	
Do you provide 24 hours, 365 days per year contact details, for Concern use in the event of an emergency?	
<p>What support do you provide to a member who is medevac'd to a referral hospital for treatment:</p> <ul style="list-style-type: none"> - On arrival at the hospital - While in hospital - After discharge but before returning to work 	
What support do you provide to Concern in managing the care of patients once they are admitted to the hospital?	
What support do you provide in the event of the death of a staff member, where the staff member was receiving medical treatment in hospital in detail?	
What information, and training can you provide for members in relation to their health, avoiding preventable diseases etc.?	

What mechanisms do you use to get feedback and response from members on the scheme?	
Which method do you use (Islamic/Conventional method), please provide the process of utilisation cost break and reimbursement process in case.	

4.6 Accessing services

Outline how members can access services e.g. SMART card?	
How do members access services if they do not have SMART card?	
How long do members get access to your services from the date you are notified?	

4.7 Existing Member Eligibility

Is there a criteria for who is eligible to be a new member? If yes, please outline the criteria. Also include if there are requirements for a medical examination before accepting a new member.	
What is your upper and lower age limit for the medical cover?	
Do your medical cover provide management of premature new born care?	
Concern allows cover to immediate family members- (spouse and children) <ul style="list-style-type: none"> • Is it possible to change dependants during the membership year? If yes, what are: <ol style="list-style-type: none"> a) The requirements b) Notification period for the change c) Allowable frequency of such change • Outline documents required to register member • What is the time period for issuing membership card or other verification document on accepting member? 	

4.8 Existing member exclusions

State if there are any exclusions? What are the factors?	
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4.9 Existing Members Overseas Insurance

Is the member covered outside of Somalia/Somaliland? If yes, please attach list of countries and hospital panels.	
What is required for member identification to receive treatment from Service Provider outside Somalia/Somaliland? (e.g. Card)	
Outline method for member to make claim for any medical expenses incurred Inside/outside of Somalia/Somaliland.	
Is a member's dependants covered if living outside of Somalia/Somaliland?	
Where the service provider requires payment in another currency, on what basis do you calculate the exchange rate for refunds?	
Do you cover transport cost (including flights) for referral to other countries?	
Indicate number of flights covered per year for overseas referrals (if applicable) from Somalia/Somaliland	

4.10 Existing Member Other Cover / Considerations

Do you provide Funeral Expense Cover? If provided, a) What are the timelines for pay out? b) What are the requirements before these are paid out?	
Do you cover flight cost in country where referred by Medical Service Provider when appropriate medical care cannot be supplied locally	
Location where referrals can be sent in-country	
Number of flights covered per year for in-country referrals	
Do you provide an option for cover for vaccinations? If so, for which vaccinations and what is the cover provided?	
Do you provide members with chronic illness management services? And indicate which ones?	
Do you provide a member's/Agencies online portal?	

4.11 Existing Member – Reimbursements

Do you reimburse medical claims e.g. where a member seeks medical attention from a provider not on your panel, or pays cash for whatever reason?	
What are the requirements for such claims?	
What are the timelines for reimbursement – in days?	

4.12 Adding New Members

Time period for Issuing of eligibility documents to new members? E.g. SMART Cards	
Do you allow members to add additional dependants i.e. in excess of the limit; at their own expense?	

4.13 Exiting Member

Period for Insurance Provider to action removal of exiting members	
Reimbursement to Concern if member exits insurance before the end of 12 months / Calendar year.	
The basis for the calculation of reimbursement Concern if a member leaves before 12 months	

4.14 Services Available

What are the available medical services you Covered in your insurance policy, Please list.	
Please outline what is covered-Upper limit and Lower limit of each service	

Section 6: Financial Offer

Tender Reference: CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER

Currency

Financial offer for Medical Insurance for Employee and 4 Dependents

Please attach the scope of cover and all related policy documents. All costs should be in USD and valid for a minimum of **one year**.

Information on Concern.

1. Medical Insurance for **89 staff + 258 dependents** (immediate family members – **1 spouse & 3 children**).
2. Area of Operation within Somalia/Somaliland: Mogadishu; Baidoa; Hudur; Hargeisa, Borama, and Burca

Note: Dependents spread all over the areas and not limited to the areas mentioned.

S.N	SUMMARY FOR ALL CONCERN EMPLOYEE AND THEIR DEPENDENTS	
	Family Size	# of Staff
1	M+00	13
2	M+01	5
3	M+02	11
4	M+03	5
5	M+04	55
<i>Total</i>		<i>89</i>

a) Covered area and cost limits

Concern will cover the below areas under outpatient, inpatient, and maternity. Please complete the tables below indicating the covered areas against their cost limits.

1. Outpatient Cover

Area	Covered	Limit USD (if applicable)
Routine outpatient consultation		
Diagnostic examinations including (laboratory, radiology and scanners)		
Prescribed Physiotherapy		
Prescribed Drugs and Dressings		
Chemotherapy; Radiotherapy		
HIV/AIDS-related conditions and Prescribed ARV's subject to sub-limit		
Routine Immunizations or Vaccinations		
Chronic and recurring conditions subject to sub-limit		
Mental Health services and counselling		
Periodical Medical Check-up		
Others – Please specify below		
Circumcision for newborn boys		
Gynecological and Obstetrical services		
Add any other		

2. Inpatient Cover

Area	Covered	Limit USD (if applicable)
Hospital Accommodation Charges (Standard Private Room – a General ward bed)		
Doctor's (Physician, Surgeon & Anaesthetist) fees		
ICU/HDU and Theatre Charges		
Drugs/Medicines, Dressings and Internal Surgical Appliances		
Pathology, X-ray, ultrasound, ECG, and Computerized Tomography/ MRI Scans		
Radiotherapy and Chemotherapy		
Prescribed Physiotherapy		
Day care surgery (Minor wound care)		
Hospital accommodation for accompanying parent and/ or guardian for hospitalized children. (Lodgers fee and age limit)		
Psychiatric/Psycho-effective/Psychological Benefit		
Congenital Conditions and Neonatal Benefit		
Emergency Road and Air Evacuation		
Home Based Care		
Post Hospitalization Benefit		
Others – Please specify below		
Prosthesis /crutches/wheelchairs etc		
Dialysis		
Transplant		
Add any other		

3. Maternity Cover

Area	Covered	Limit USD (if applicable)
Antenatal Care		
Normal Delivery		
Cesarean Section		
Postnatal Care; and for how long after delivery?		
Routine Immunizations or Vaccinations		

b) Packages required by Concern.

Please provide quotes using the limits as provided below.

i) Package 1:

Per person (M+4) – quote Maternity cover within (a) inpatient and (b) as standalone

Area	Cover Limit (USD)	Premium Per Person Per Annum
Inpatient Cover The minimum cover limit is USD15,000		
Outpatient Cover The minimum cover limit is USD1,500		
Dental Cover Minimum cover limit USD200		
Optical Cover The minimum level of cover is USD200		
Maternity Cover Minimum cover limit USD2,000		
Other – please detail below		
Total Cost per person per year (USD)		
Total Cost per year (USD)		

ii) Package 2:

Per Family (M+4) – quote Maternity cover within inpatient and as standalone

Provide quotes with option(s) of slightly lower limits than package one or nearer packages that you have.

Area	Cover Limit (USD)	Premium Per Person Per Annum
Inpatient Cover Minimum cover limit USD15,000		
Outpatient Cover Minimum cover limit USD1,500		
Dental Cover Minimum cover limit USD200		
Optical Cover Minimum level of cover USD200		
Maternity Cover Minimum cover limit USD2,000		
Other – please detail below		
Total Cost per family per year (USD)		
Total Cost per year (USD)		

Section: Tenderer's Declaration



Tender Reference:

CONCERN/SOM/SR:99512/MAY/2026/MEDICAL INSURANCE COVER

In response to your letter of invitation to tender for the above contract, we, the undersigned, hereby declare that:

1. We have examined and accept in full the content of the dossier for the invitation to tender (Including Concern's Code of Conduct and its Associated Policies).

I We hereby accept its provisions in their entirety, without reservation or restriction.
2. We offer to deliver, in accordance with the terms of the tender dossier and the conditions and time limits laid down, without reserve or restriction:
3. This tender is valid for a period ofdays from the final date for submission of tenders.
4. If our tender is accepted, we undertake to provide a performance guarantee as required by the instructions to tenderers. (If required)
5. We will inform Concern immediately if there is any change in the above circumstances at any stage during the implementation of the contract. We also fully recognize and accept that any inaccurate or incomplete information deliberately provided in this application may result in our exclusion from this and other contracts of the contracting authority.
6. We note that Concern is not bound to proceed with this invitation to tender and that it reserves the right to award only part of the contract.
7. We agree to adhere to all of the terms and conditions of the contracting authority as provided in the tender dossier.
8. We confirm that we are not engaged in any corrupt, fraudulent, collusive or coercive practices and acknowledge that if evidence contrary to this exists, Concern reserves the right to terminate the contract with immediate effect.
9. The Code of Conduct to which Concern expects all of its suppliers to respect is as per the points listed below and we confirm that we adhere to this code.
 - Employment is freely chosen
 - The rights of staff to freedom of association and to collective bargaining are respected
 - Working conditions are safe and hygienic
 - No exploitation of children is tolerated
 - Wages paid are adequate to cover the cost of a reasonable living
 - Working hours are not excessive
 - No discrimination is practiced
 - Regular employment is provided
 - No harsh or inhumane treatment of staff is tolerated

Environmental Standards

Suppliers should as a minimum, comply with all statutory and other legal requirements relating to environmental impacts of their business. Areas which should be considered are:

- Waste Management
- Packaging and Paper
- Conservation
- Energy Use
- Sustainability

Yours Faithfully,

Name and first name:

Title:

Duly authorized to sign this tender on behalf of:

Place and date:

Signature:

Stamp of the firm/company: