## EXPRESSION OF INTEREST (EOI)

## IRA/143/2020-2021 EXPRESSION OF INTEREST FOR PROVISION OF CONSULTANCY SERVICES FOR REVIEW OF THE PERFORMANCE MANAGEMENT SYSTEM

## 1. Background

The Insurance Regulatory Authority is a statutory government agency established under the Insurance Act (Amendment) 2006, CAP 487 of the Laws of Kenya to regulate, supervise and develop the insurance industry. The Authority recognizes that a well-functioning performance management system contributes to the overall performance and success of the organization and therefore developed and implemented a Performance Management System (PMS) in the FY 2012/2013 to enable objective measurement and attainment of organizational targets and objectives. The PMS is an avenue for enabling the Authority measure the impact of its staff on the overall results of the Authority's performance.

In line with the changing dynamics and trends in the market the Authority purposes to carry out a review of the current Performance Management System and tools and align it with best practice.

## 2. Objectives

The objective of this exercise is to carry out a review of the current performance management system and specifically to:
i. Review the current Authority's performance management system and performance appraisal process and identify gaps in line with the best practices and current trends which include performance coaching, employee wellbeing among others.
ii. Devise an effective performance management system that will objectively enable the Authority enhance individual and group productivity and achieve goals in line with the strategic plan and mandate of the organization.
iii. Develop and recommend effective measurement and performance assessment criteria and tool that will increase employee engagement, promote a performance aligned culture and enhance use of coaching and feedback to help improve productivity and growth among other factors.
iv. Develop a reward and sanctions framework to enable effective running of the performance management system
v. Devise an effective monitoring and evaluation system for the performance management system in line with best practice.
vi. Devise an effective implementation program for the revised performance Management system that will spur high performance and achievement of goals.
vii. Identify competency gaps in performance execution and build staff competencies using recognized programs to mitigate the gaps.
viii. Ensuring Performance objectives are identified for each employee which provide a clear understanding of the quantity and quality of work expected.

## 3. Scope of Services

To achieve the above objectives, the review and implementation of the performance management system should cover the following areas:
i. Setting of SMART targets
ii. Developing a performance assessment criterion and tools for measuring achievement of targets and set goals in line with the best practices.
iii. Development and implementation of a behavioral competency framework to align behaviors to the Authority's value system
iv. Design an appropriate and effective performance management manual and appraisal tool.
v. Design mechanisms of providing feedback to employees on performance
vi. Design an effective rewards and sanctions framework in line with best practice to facilitate implementation of the performance management system and establish guidelines on interventions to address performance gaps including development of performance improvement plans
vii. Development of a performance management system that incorporates desired values and behaviors that support achievement of the goals of the organization.
viii. Develop mechanisms of continuous evaluation and monitoring of the staff performance
ix. Training of management, supervisors and staff on the selected performance management approach and the reviewed performance appraisal tool, target setting, staff appraisal and development of personal development plans.
x. Conduct a post implementation of the performance management system and its effectiveness six months after its roll out.

## 4. Eligibility criteria

The Expression of Interest must be accompanied by the consultants' qualifications, professional capabilities and documentary evidence of having successfully completed assignment/ project of similar nature. Interested firms should provide specific information which will be the basis for shortlisting and further invite to respond to comprehensive terms of reference as indicated below: -

## a) Technical/Functional Skills \& Requirements

(i) Master's Degree in Human Resource Management, Social Sciences or related field and Certified Human Resource Professional Course for lead consultant.
(ii) Bachelor's Degree in Human Resource Management, Social Sciences or related field and Postgraduate Diploma in Human Resource Management for other support staff (other staff).
(iii)Proven working experience in fields relating directly to review of performance Management systems.
(iv) Interested firm must demonstrate a minimum period of 10 years' experience in implementing performance management review and systems.

## b) Mandatory requirements

i) Submit a copy of certificate of incorporation/business registration.
ii) Submit a valid tax compliance/ Exemption certificate from Kenya Revenue Authority.
iii) Provide Company profile of the firm indicating the contact details including physical address, telephone number, email and contact person on behalf of the bidder.
iv) Confidential business questionnaire.
v) Copy of CR 12 for Limited companies.
vi) Copy of certificate of registration with relevant regulatory bodies.
vii) Self-declaration letter that the consultant is not debarred in the matters of Public Procurement and Asset Disposal Act, 2015.
viii) Self-declaration that the person or tenderer will not engage in any corrupt of fraudulent practice.
ix) Access to Government Procurement Opportunities (AGPO) Certificate from National Treasury where applicable

## 5. Clarifications

IRA shall promptly respond to all request for any clarification relating to expression of interest where such request is received before the deadline for submission. Any request for clarification must be sent in writing by electronic mailed to: -

Manager Procurement, Insurance Regulatory Authority, Zep-Re Place, Longonot Road, Upper hill, P.O. Box 43505-00100<br>Nairobi, Kenya<br>Email: procurement@ira.go.ke

## 6. Submission

Completed EOI proposal shall be submitted in ONE (1) "ORIGINAL hard copy and in CD/Flash Disk saved in PDF format clearly labelled your company name and placed in separate sealed envelopes The two envelopes shall be placed in an outer envelope and sealed bear IRA address, EoI name and number and clearly marked "DO NOT OPEN before day, date and time of EOI closing/Opening date.

## "IRA/143/2020-2021 EXPRESSION OF INTEREST FOR PROVISION OF CONSULTANCY SERVICES FOR REVIEW OF THE PERFORMANCE MANAGEMENT SYSTEM"

The pre-qualification application must be delivered (by hand or registered mail) to:

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Chief Executive Officer, Insurance Regulatory Authority, \(10^{\text {th }}\) Floor Zep Re Place, Longonot Road, Upperhill, P.O. Box 43505-00100 Nairobi, Kenya
Telephone: +254-20-4996000; 254-719-047000
Email: procurement@ira.go.ke; Website: http://www.ira.go.ke
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On or before: 10 th March, 2021 at 2:00 p.m. The EOI shall be opened immediately on $10^{\text {th }}$ March, 2021 at 2:00 p.m. and in the presence of tenderers' representatives who choose to attend. in the presence of tenderers' representatives who choose to attend strictly observing MOH protocols on Covid -19 Pandemic.

Only firms shortlisted under this procedure will be invited to submit their Technical and Financial proposals under the Request for Proposals (RFP).

## CHIEF EXECUTIVE OFFICER/COMMISSIONER OF INSURANCE

## CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

You are requested to give the particulars indicated in Part 1 and either Part 2(a), 2(b) or 2(c) whichever applies to your type of business.

NB. Attach Company Registration Business Registration Certificate or Certificate of Incorporation, Valid Tax Compliance certificate from Kenya Revenue Authority (KRA), Access to Government Procurement Opportunities (AGPO) from the National Treasury (for firms owned by Youth, Women \& persons with Disability)

Part 1 - General:
Business Name
(Attach Copy of Registration Certificate/Certificate Incorporation) Location of Business Premises
Plot No. Street/Road
Postal Address..........................................Tel. No. (Landline)
Mobile Phone(s):
Website:
E-mail:

Nature of Business
Single Business Permit (from a County Government)
No.
Expiring Date $\qquad$
(Attach Copy of Permit/Payment Receipt)
PIN Certificate No.
(Attach Copy of PIN Certificate)
Tax Compliance Certificate No........................ Expiring Date..... (Attach Copy of Valid Tax Compliance from Kenya Revenue Authority)

Maximum value of business which you can handle at any one time: K£. $\qquad$
Name of your bankers
Branch
Part 2 (a) Sole Proprietor:
Your name in full
Age
Nationality ............................... Country of origin
Citizenship details $\qquad$
Part 2 (b) Partnership

Give details of partners as follows:

|  | Name | Nationality | Citizenship <br> Details | Shares |
| :--- | :--- | :--- | :--- | :--- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

## Part 2 (c) Registered Company:

Private or Public $\qquad$
State the nominal and issued capital of the company: -
Nominal K£ $\qquad$
Issued K£ $\qquad$

Give details of all Directors as follows:

|  | Name | Nationality | Citizenship Details | Shares |
| :--- | :--- | :--- | :--- | :--- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

## Part 3 - Declaration

I / We, the undersigned state and declare that the above information is correct and that I / We give IRA authority to seek any other references concerning my / our company and application from whatever sources deemed relevant.
Full name
Signature.
For and on behalf of $\mathrm{M} / \mathrm{s}$.
In the capacity of.
Dated this
day of 2021.

Suppliers' / Company's Official Rubber Stamp

## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: $\qquad$
Name of Firm: $\qquad$

Name of Staff: $\qquad$
Profession:

Date of Birth: $\qquad$
Years with Firm: $\qquad$ Nationality: $\qquad$

Membership in Professional Societies: $\qquad$
Detailed Tasks Assigned: $\qquad$

## Key Qualifications:

[Give an outline of staff member's experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations].

## Education:

[Summarize college/ Company and other specialized education of staff member, giving names of schools, dates attended and degree[s] obtained.]

## Employment Record:

[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments.]

## Certification:

I, the undersigned, certify that these data correctly describe me, my qualifications, and my experience.

| [Signature of staff member] | Date: |
| :--- | :--- |
| [Signature of authorized representative of the firm] | Date; __ |

Full name of staff member:

Full name of authorized representative:

## SELF DECLARATION THAT THE PERSON/TENDERER WILL NOT ENGAGE IN ANY CORRUPT OR FRAUDULENT PRACTICE

I,
of
make a statement as follows:

1. THAT I am the Chief Executive/Managing Director/Principal
 Company) who is a Bidder in respect of Tender No. ......................... for ..........................(insert tender title/description) for ...........................( insert name of the Procuring entity) and duly authorized and competent to make this statement.
2. THAT the aforesaid Bidder, its servants and/or agents /subcontractors will not engage in any corrupt or fraudulent practice and has not been requested to pay any inducement to any member of the Board, Management, Staff and/or employees and/or agents of ..........................( insert name of the Procuring entity) which is the procuring entity.
3. THAT the aforesaid Bidder, its servants and/or agents /subcontractors have not offered any inducement to any member of the Board, Management, Staff and/or employees and/or agents of ..........................(name of the procuring entity)
4. THAT the aforesaid Bidder will not engage /has not engaged in any corruptive practice with other bidders participating in the subject tender
5. THAT what is deponed to hereinabove is true to the best of my knowledge information and belief.

Full name
Signature
Dated this
day of
2021.

Suppliers' / Company's Official Rubber Stamp


[^0]:    Tender Box at Insurance Regulatory Authority Offices on Ground Floor, ZepRe Place, Longonot Road, Upperhill, Nairobi or be addressed to:

