

**TENDER NOTICE**

**PURCHASE OF MEDICAL LABORATORY EXTERNAL QUALITY ASSESSMENT- EQA- (PROFICIENCY TESTING PANELS) PANELS FOR VARIOUS HEALTH FACILITIES**

Amref Health Africa in Kenya

**AMREF 06/07/2018/006**

**LOT NUMBER: 5 (FIVE) – PARASITOLOGY (URINE & STOOL)TABLE OF CONTENTS**

[PART A: TECHNICAL REQUIREMENTS 1](#_Toc498954507)

[SECTION 1 Invitation to Tender 1](#_Toc498954508)

[SECTION 2 Instructions to Tenderers 2](#_Toc498954509)

[SECTION 3 Confidential Business Questionnaire 5](#_Toc498954510)

[TENDER SECURITY FORM 6](#_Toc498954511)

[REFERENCES 7](#_Toc498954512)

[DECLARATION 8](#_Toc498954513)

[SECTION 4: DELIVERY SCHEDULE OF GOODS 9](#_Toc498954514)

[PART B: FINANCIAL REQUIREMENT 10](#_Toc498954515)

[SETION 5: PRICE SCHEDULE 10](#_Toc498954516)

[ANNEX 1: LIST OF HEALTH FACILITIES 12](#_Toc498954517)

# PART A: TECHNICAL REQUIREMENTS

## SECTION 1 Invitation to Tender

1. Amref Health Africa invites sealed bids from eligible candidates for Supply and Delivery of Medical Laboratory External Quality Assessment panels (EQA) proficiency testing panels – **Parasitology (Urine & Stool)** for a period of **12 (Twelve) months to 20 health facilities**.
2. Interested eligible bidders may obtain further information from **Procurement Office** at **Amref Health Africa situated along Lang’ata Road** Opposite Lang’ata Primary School during working hours **(8:00am-4:30pm)** Monday to Thursday and up to **1:00pm** on Friday.
3. Complete sets of tender documents can be downloaded from Amref Health Africa website; <http://amref.org/ways-to-give/tenders/> by interested bidders upon payment of non-refundable fee of Ksh.2,000 per Lot. The payment should be made through the following Bank account(s): **Kenya Commercial Bank, Kipande House Branch, Account No: 1111429243** OR **National Bank of Kenya, Wilson Branch, Account No: 01020058235400.**
4. Candidates will then submit bank counterfoils to Amref Health Africa, Finance Office located along Lang’ata Road near Wilson Airport during working hours from Monday to Friday to obtain an official receipt or attach the original banking slips to the tender documents as proof of purchase. For multiple purchase attach original proof of payments in each Lot.
5. All Tenders must be accompanied by a 2% Bid Bond in the form of a bank guarantee from a reputable bank or from an approved insurance company and must be delivered with Tender Documents. The bid bond validity period from date of closing tender should also be indicated.
6. Completed tender documents for preliminary and technical requirements are to be enclosed in a plain envelope **(each LOT in a separate envelope)** marked with the tender reference number and tender name. **The financial bid should be in a separate envelope marked with the tender reference number and tender name. The financial bid will only be opened for those bidders who will have qualified in the technical evaluation.** Please note that only one complete tender document per lot is required (Do not provide additional copies per lot). Tenders must be delivered to the address below not later than **Friday 20th July 2018 at 12.00 noon.**
7. Tenders should be dropped at the **Amref Health Africa-KCO Big Tender Box** at the **Main Reception**. Tenders will be opened at 12 noon on the closing date in the presence of the Tenderers’ representatives who choose to attend at the Amref Health Africa Large Lecture room. Electronic bidding will not be permitted. **No bids will be accepted after 12 noon on the closing day.**
8. Prices quoted should be inclusive of VAT and all other applicable taxes and must be in Kenya Shillings and shall remain valid for 60 days from the closing date of the tender. The prices should be broken down as follows:
9. Unit price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. 16% VAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Other applicable taxes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Transport Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. TOTAL Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. AMREF HEALTH AFRICA shall provide exemption document for output VAT only. These purchases will be considered local and therefore any other taxes & duties will NOT be exempted.

## SECTION 2 Instructions to Tenderers

* 1. **Eligible Tenderers.**

2.1.1 This Invitation for Tender is open to all eligible tenderers.

2.1.2 Tenderers shall not be under a declaration of ineligibility for corrupt or fraudulent practices.

2.1.3 Bidders whose bids are wrongly marked/ labelled shall be disqualified.

* 1. **Cost of tendering.**

2.2.1 The tenderer shall bear all costs associated with the preparation and submission of its bid. Amref Health Africa or its agents, will under no circumstance be responsible or liable for those costs regardless of the conduct or outcome of the tendering process.

**2.3 Specific Instructions**

2.3.1 Bidders must quote for all items and quantities as indicated per Lot in order to qualify for evaluation.

2.3.2 Bids will be evaluated on a Lot by Lot basis.

2.3.3 The tender document **MUST have page numbers** **(All pages in the document including brochures and any other attachments must be serially paginated)**

2.3.4The document **MUST** be clearly arranged with separators and bound

**LEAD AND DELIVERY DETAILS**

1. The supplier should be able to deliver the items to all facilities in the Lot(s) they have quoted for.
2. The supplier should include number of cycles and delivery schedule with lead times.
3. On arrival the supplies should be free from damage. The supplier shall be liable for all losses due to insufficient of unsuitable packing and delivery arrangements, and shall be liable for the cost of returning any unacceptable supplies.
4. The supplies must be free from objectionable matter and any substances that would represent a hazard to health.

**LOT 5 – PARASITOLOGY (URINE & STOOL)**

1. **Preliminary Evaluation Criteria**

Bids will be evaluated based on the below criteria.

Bids **lacking any of the documents** below will be considered as non-responsive and therefore will be eliminated at this stage.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PRELIMINARY EVALUATION** | | | |
| **Mandatory Requirements** | | | |
| **No.** | **Particulars** | **Marks** | **Compliant** | **Non-compliant** |
| 1. | Certificate of Incorporation/Certificate of Registration | 1 or 0 |  |  |
| 2. | Copy of valid KRA Tax Compliant certificate | 1 or 0 |  |  |
| 3**.** | Copy of KRA PIN Certificate | 1 or 0 |  |  |
| 4. | Must fill relevant sections of business questionnaire | 1 or 0 |  |  |
| 5. | Must submit certified bank statements for the most recent 12 months (from July 2017- June 2018) | 1 or 0 |  |  |
| 6. | Must submit certified copies of the most recent 2 years audited financial statements (From 2015 and above) | 1 or 0 |  |  |
| 7. | Must provide copy of receipt /bank deposit slip for buying tender documents | 1 or 0 |  |  |
| 8. | Must provide a minimum of 2% bid bond of tender price from a reputable bank/insurance | 1 or 0 |  |  |
| 9. | Must have valid ISO 17043 accreditation certificate including scope of accreditation for Parasitology – Urine and Stool. | 1 or 0 |  |  |
| 10. | Provide the manufacturer’s authorization/certification or evidence that you are the manufacturer | 1 or 0 |  |  |
| 11. | All pages in the tender document (Including the brochures and any other documents) **must have page numbers and bound** | 1 or 0 |  |  |

**Note: All the above documents numbered 1 to 11 should be packaged and arranged in that order under the preliminary evaluation criteria section of the tender document.**

1. **Technical Evaluation Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **Requirement** | **Max** | **Score** |
| **1** | **Work Experience**  Provide proof of supply of such panels (At least three copies of LPO’s and invoices attached) over the last three years – 2015 and above.  0 - no proof of work experience  5 marks - proof of work experience but less than required  10 marks - full proof of required work experience  **Total Marks 10** | **10** |  |
| 2. | Lead/Delivery times indicated (Provider PT calendar)  0 - not indicated  5 marks - indicated  **Total Marks 5** | 5 |  |
| 3. | EQA Technical Specifications Document  0 - Not provided  10 marks - Provided  **Total Marks 10** | 10 |  |
| 4. | Understanding of the EQA panel and its requirements   1. Scope of analytes for Parasitology – Urine Microscopy and Chemistry and Stool microscopy. **3marks** 2. Method of analysis- include equipment type where applicable **3marks** 3. Specimen type **1marks** 4. Reporting conformity to National and WHO guidelines **3 marks**   (**10 marks**) | 10 |  |
| 5. | **Requirements**  **A. PT panels**   1. Range/parameters of PT panels available **1mk** 2. Ability to procure, validate and distribute PT panels to participating labs **1mk** 3. Ability to manage logistics involved with shipping, handling and distribution of PT panels **1mk** 4. Panel can be analyzed by more than one individual at no extra cost. **5mks**   **B. Information management**   1. Web based results submission system **1mk** 2. Multiple level login (users with different access rights)Ability for participants to enter results on line in a web based system **1mk** 3. System alerts to participants- on shipping, prompt to submit, and alert on results availability **1mk** 4. Sample of system summary reports showing capability to collate and analyze continuous data over time and generate summary EQA reports for the Ministry of Health **2mk** 5. Indicate data security measures in place for the system **1mk**   **C. Trouble shooting**  Is the provider able to offer assistance for troubleshooting in case of unsatisfactory results? – Attach evidence of trouble shooting tool and mechanism **1mk**  **(15mks)** | 15 |  |
|  | **Total Score** | **50** |  |
|  | **Only bidders who will score 80% in the technical section shall proceed to the next stage of evaluation** | | |

**Note: Bidders who will not meet the technical specifications outlined above, will be unsuccessful.**

## SECTION 3 Confidential Business Questionnaire

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.

**PART 1- GENERAL**

Business Name ………………………………………………………………………

Location of Business premises:

Country/Town………………………………………………………………………………………

Postal Address ………………………………………………………………………………

Code ………………………………………… Town………………………………………..

Tel No………………………………………………………………………………………………

E-mail ………………………………….. Fax ………………………………………

Nature of Business ………………………………………………………………………

**Part 2 (a) – INDIVIDUALS**

Your Name in full **………………………………………………………………………**

Nationality **…………………………………..** Country of Origin **………………**

Citizenship details ………………………………………………………………………

**PART 2 (b) – PARTNERSHIP**

Name Nationality Citizenship Details Shares

1**. ………………………………………………………………………………………**

2**. ………………………………………………………………………………………**

3**. ……………………………………………………………………………………...**

**PART 2 (c) – REGISTERED COMPANY**

Private or Public **……………………………………………………………………..**

State the nominal and issue capital of the company**………………………………………**

Nominal Ksh **……………………………………………………………………..**

Issued Ksh  **……………………………………………………………………..**

Give details of all directors as follows:

Name Nationality Citizenship Details Shares

1. **………………………………………………………………………………………..**

2. **……………………………………………………………………………………..**

3. **……………………………………………………………………………………..**

## TENDER SECURITY FORM

**TENDER No. AMREF 06/07/2018/006**

PURCHASE OF MEDICAL LABORATORY EXTERNAL QUALITY ASSESSMENT- EQA- (PROFICIENCY TESTING PANELS) PANELS FOR VARIOUS HEALTH FACILITIES

**To:** Amref Health Africa acting for and on behalf of the Government of Kenya, Ministry of Health

WHEREAS *[insert:* ***name of Tenderer****]* (hereinafter called “the Tenderer”) has submitted its tender dated *[insert:* ***date of tender****]* for the performance of the above-named Contract (hereinafter called “the Tender”)

KNOW ALL PERSONS by these present that WE *[insert:* ***name of bank****]* of *[insert:* ***address of bank****]* (hereinafter called “the Bank”) are bound unto *[insert:* ***name of Purchaser]***(hereinafter called “the Purchaser”) in the sum of: *[insert:* ***amount]***, for which payment well and truly to be made to the said Purchaser, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this *[insert:* ***number****]* day of *[insert:* ***month****], [insert:* ***year****]*.

THE CONDITIONS of this obligation are the following:

1. If, after the tender submission deadline, the Tenderer
2. withdraws its tender during the period of tender validity specified by the Tenderer in the Tender Form, or
3. does not accept the Purchaser’s corrections of arithmetic errors in accordance with the Instructions to Tenderers; or
4. does not at all reply to the Purchaser’s requests for clarification

2. If the Tenderer, having been notified of the acceptance of its tender by the Purchaser during the period of tender validity

* 1. Fails or refuses to sign the Contract Agreement when required; or
  2. Fails or refuses to issue the performance security in accordance with the Instructions to Tenderers.

We undertake to pay to the Purchaser up to the above amount upon receipt of its first written demand, without the Purchaser having to substantiate its demand, provided that in its demand the Purchaser will note that the amount claimed by it is due it, owing to the occurrence of any one of the two above-named CONDITIONS, and specifying the occurred condition or conditions.

This guarantee will remain in full force up to and including *[insert:* ***the date that is 30 days after the period of tender validity]***, and any demand in respect thereof must reach the Bank not later than the above date.

For and on behalf of the Bank

Signed: Date:

## REFERENCES

|  |  |
| --- | --- |
| BANK REFERENCES | |
| BANK HOLDING MAIN ACCOUNT | |
| Bank name and address | |
|  | |
| Name of account | |
| Account number | How long open? |

|  |  |
| --- | --- |
| COMMERCIAL REFERENCES | |
| Provide names and contract details of two customers who may be approached to verify your capacity to perform against similar contracts. | |
| INTERNATIONAL TRADE REFERENCE – CUSTOMER 1 | |
| Name and address | |
|  | |
| Activity | Period of relationship |
| Contact name | Fax no. |
| Telephone No. | |
| INTERNATIONAL TRADE REFERENCE – CUSTOMER 2 | |
| Name and address | |
|  | |
| Activity | Period of relationship |
| Contact name | Fax no. |
| Telephone No. | |

## DECLARATION

I/We have completed this form (s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so, any inaccuracy in the information filled herein will lead to disqualification of the tenderer.

For and behalf of:

………………………………………………………………………………….

Name: ……………………..………………………………………………………………………

Date: …………………………….. Signature ………………………….

## SECTION 4: DELIVERY SCHEDULE OF GOODS

|  |  |  |
| --- | --- | --- |
| **LOT NO** | **DESCRIPTION** | **QTY** |
| LOT 5 | Parasitology (Urine & Stool) | 20 Health facilities |

**Note: Health facilities are in Annex 1.**

# PART B: FINANCIAL REQUIREMENT

## SETION 5: PRICE SCHEDULE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LOT NO**  **1** | **DESCRIPTION** | **SPECIFICATIONS** | **QTY** | **UNIT PRICE** | **VAT** | **TOTAL** | **REMARKS** |
| Parasitology (Urine & Stool) |  | Panels for 12 months to 20 health facilities |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOT NO 1** | **TRANSPORT COSTS (IN KSHS)** | **VAT** | **TOTAL** |
|  |  |  |  |

**Note. In case of discrepancy between the unit price and total, the unit price shall prevail.**

|  |  |  |
| --- | --- | --- |
| Currency | GRAND TOTAL BID PRICE (SUM OF LOTS) | In Figures |
|  |  | In Words |
| Bidder's Name and Address | Date | Signature and Stamp |

**Note: Indicate breakdown of all taxes.**

# ANNEX 1: LIST OF HEALTH FACILITIES

**LOT 5: PARASITOLOGY (URINE & STOOL)**

|  |  |  |
| --- | --- | --- |
|  | **COUNTY** | **HEALTH FACILITIES** |
| 1 | Bungoma | Bungoma County referral hospital |
| 2 | Huruma | Huruma Sub county Hospital |
| 3 | Isiolo | Isiolo County Referral Hospital |
| 4 | Nyandarua | JM Kariuki County Referral Hospital |
| 5 | Kajiado | Kajiado County Referral Hospital |
| 6 | West Pokot | Kapenguria County referral hospital |
| 7 | Nandi | Kapsabet County Referral Hospital |
| 8 | Kericho | Kericho County Referral Hospital |
| 9 | Kiriinyaga | Kerugoya County Referral Hospital |
| 10 | Kiambu | Kiambu District Hospital |
| 11 | Kitui | Kitui County Referral Hospital |
| 12 | Turkana | Lodwar County Referral Hospital |
| 13 | Bomet | Longisa District Hospital (Bomet) |
| 14 | Makueni | Makindu Sub county Hospital |
| 15 | Machakos | Matuu Sub county Hospital |
| 16 | Nairobi | Mbagathi District hospital |
| 17 | Laikipia | Nanyuki County Teaching & Referral Hospital |
| 18 | Narok | Narok County Referral Hospital |
| 19 | Mombasa | Port Reitz Sub - County Hospital |
| 20 | Kiambu | Thika Level 5 Hospital |