

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**



**TENDER NOTICE**

**PROCUREMENT OF TRANSPORTATION SERVICES FOR CLINICAL  
SPECIMENS TO AND FROM VARIOUS HEALTH FACILITIES**

Amref Health Africa in Kenya

**TENDER NO. AMREF /23/08/2019/003**

**LOT 2: LAIKIPIA COUNTY**



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## PART A: TECHNICAL REQUIREMENTS

### SECTION 1 Invitation to Tender

1. Amref Health Africa in Kenya invites sealed bids from eligible candidates for purchase of clinical specimen transportation services from various health facilities to referral labs for a period of **18 (eighteen) months from date of contract commencement to 22 health facilities.**
2. Interested eligible bidders may obtain further information from **Procurement Office at Amref Health Africa in Kenya 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 the Amref Health Africa website: <https://amref.org/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 purchases 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 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, tender name, Company name and address. 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 **Thursday 5<sup>th</sup> September 2019 at 12.00 noon.**

7. Tenders should be dropped at the **Amref Health Africa in Kenya -KCO Tender Box** at the **Main Reception, clearly marked “CLINICAL SPECIMEN TRANSPORTATION SERVICES”**. 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 in Kenya Large Lecture room. Electronic bidding will not be permitted. Late tenders will be rejected.

8. Prices quoted should be inclusive of VAT and all other applicable taxes and must be in Kenya Shillings and shall remain valid for 90 days from the closing date of the tender.

The prices should be broken down as follows:

- (i) Sub-County Unit cost: \_\_\_\_\_
- (ii) 16% VAT: \_\_\_\_\_
- (iii) Other applicable taxes: \_\_\_\_\_
- (iv) TOTAL Cost: \_\_\_\_\_

9. Amref Health Africa in Kenya 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**

### **2.1 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.

### **2.2 Cost of Tendering**

- 2.2.1 The tenderer shall bear all costs associated with the preparation and submission of its bid. Amref Health Africa in Kenya 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 services 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)**
- 2.3.4 The document **MUST** be clearly arranged with separators and bound

### **2.4 Amendment of Documents**

- 2.4:1 At any time prior to the deadline for submission of tenders, Amref Health Africa for any reasons, whether at its initiative or in response to a clarification requested by a prospective tenderer, may modify the tender documents by amendments.
- 2.4:2 All prospective candidates that have received the tender documents will be notified of the amendment in writing or by post and will be binding on them.
- 2.4:3 In order to allow prospective tenderers reasonable time in which to take the



amendment into account in preparing their tenders, Amref Health Africa at its discretion may extend the deadline for the submission of tenders.

## 2.5 Tender Prices and Currencies

- 2.5:1 The tenderer shall indicate on the appropriate Price Schedule the **unit prices** inclusive of all taxes and the total tender price of the items it proposes to purchase under the contract.
- 2.5:2 Prices quoted by the tenderer shall be fixed during the tender validity period and not subjected to variation on any account. A tender submitted with an adjustable price quotation will be treated as non-responsive and will be rejected.
- 2.5:3 The price quoted shall be in **Kenya Shillings**.

## 2.6 Validity of Tenders

- 2.6:1 Tenders shall remain valid for 90 days or as specified in the appendix to instruction to tenderers after date of tender opening prescribed by Amref Health Africa, pursuant to paragraph 2.10. Tender valid for a shorter period shall be rejected by Amref Health Africa as non- responsive.
- 2.6:2 In exceptional circumstances, Amref Health Africa may solicit the tenderers consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. The tenderer may refuse the request. A tenderer granting the request will not be required nor permitted to modify its tender.

## 2.7 Sealing and Marking of Tenders

- 2.7:1 The tenderer shall seal the tender and mark it with the number and name of the tender and “DO NOT OPEN BEFORE” **12 noon, on 5<sup>th</sup> September 2019**

## 2.8 Deadline for Submission of Tenders



2.8:1 Tenders must be received by Amref Health Africa at the address specified not later than **12 noon, on 5<sup>th</sup> September 2019**

## 2.9 Modification of Tenders

2.9:1 The tenderer may modify or withdraw its tender after the tender's submission provided that written notice of the modification, including substitution or withdrawal of the tenders, is received by Amref Health Africa prior to the deadline prescribed for submission of tenders.

2.9:2 The tenderer modification or withdrawal notice shall be prepared, sealed, marked, and dispatched in accordance with the provisions of paragraph 2.10:1. A withdrawal notice may be sent by email but followed by a signed confirmation copy, postmarked no later than the deadline for submission of tender

2.9:3 No tenderer may be notified after the deadline for submission of tenders.

## 2.10 Withdrawals of Tender

2.10:1 No tender may be withdrawn in the interval between the deadline for submission of tenders and the expiration of the period of tender validity specified by the tenderer.

## 2.11 Opening of Tenders

2.11:1 Amref Health Africa will open all tenders in the presence of tenderers' representatives who choose to attend at **12 noon, on 5<sup>th</sup> September 2019** and in the location specified in the tender. The tenderers or representatives who are present shall sign a register evidencing their attendance.

2.11:2 The tenderers' names, tender modifications or withdrawals, and the presence or absence of requisite tender deposit and such other details as Amref Health Africa, at its discretion may consider appropriate, will be announced at the opening.

2.11:3 Amref Health Africa will prepare a tender opening report.

## 2.12 Clarification of Tenders



2.12:1 To assist in the examination, evaluation and comparison of tenders Amref Health Africa, at its discretion, asks the tenderer for a clarification of its tender. The request for clarification and the response shall be in writing, and no change in the prices or substance of the tender shall be sought, offered, or permitted.

2.12:2 Any effort by the tenderer to influence Amref Health Africa in the tender evaluation, tender comparison or contract award decisions may result in the rejection of the tenderers' tender.

### **2.13 Evaluation and Comparison of Tenders**

2.13:1 Amref Health Africa will examine the tenders to determine whether they are complete, whether any computation errors have been made, whether required deposits/tender purchase have been furnished, whether documents have been properly signed and whether the tenders are generally in order. After examination a tender that will be determined to be substantially non responsive, will be rejected by Amref Health Africa.

2.13:2 Amref Health Africa will evaluate and compare the tenders, which have been determined to be substantially responsive.

### **2.14 Notification of Award**

2.14:1 Prior to the expiration of the period of tender validity, Amref Health Africa will notify the successful tenderer in writing that the tender has been accepted.

2.14:2 Simultaneously the other tenderers shall be notified that their tenders have been unsuccessful.

### **2.15 Contacting Amref Health Africa**

2.15:1 No tenderer shall contact Amref Health Africa on any matter relating to its tender, from the time of the tender opening to the time the contract is awarded.





2.15:2 Any effort by a tenderer to influence Amref Health Africa in its decisions on tender evaluation, tender composition, or contract award will result in the rejection of the tenderer's tender.



### SECTION 3: Background Information

The Ministry of Health in Kenya in collaboration with Amref Health Africa in Kenya, with support from the Global Fund continually strives to improve laboratory systems in Kenya in order to optimize services in HIV, TB and malaria programs. Delivery of timely quality laboratory services is a key component of devolved health functions. In the spirit of achieving **Universal Health Coverage (UHC)** the collaboration intends to support **integrated specimen referral system** for the next eighteen months aimed at increasing coverage, uptake and access to diagnostics, thus reducing catastrophic costs by referring the samples rather than patients.

Amref Health Africa in Kenya invites sealed tenders from eligible bidders to provide transportation services for clinical specimens in the four counties (**Nyeri, Laikipia, Isiolo and Marsabit**). Interested bidders are required to bid for a minimum of one county but may bid for all counties. **Bids must target all facilities per county to be considered responsive.**



#### **SECTION 4: Definitions of Terms, Transit Turnaround Time and Delivery Details**

- **Clinical specimen** – a biological sample taken from a medical patient's tissue, fluid, or other material derived from the patient used for laboratory analysis to assist differential diagnosis or staging of a disease process.
- **Consignment** – Entails package(s) not exceeding 5kgs for delivery.
- **Turnaround Time (TAT)** – Lead time agreed between the client and service provider.
- **Referring Laboratory/Facility** – Facility sending the clinical specimen
- **Referral Laboratory-** Laboratory receiving/testing the clinical specimen
- **Cycle** – Delivery of clinical specimens to referral lab and return of result to the referring facility

#### **TRANSIT TAT AND DELIVERY DETAILS**

1. The transporter should be able to deliver the services in all listed facilities in this **Lot 2 Laikipia County** using the **most cost effective** and **timely** mode of transport (Riders, Vehicles and others suitable modes of transport).
2. The transporter should be able to follow the routes and the schedules provided in the specific regions adhering to transit TAT (Turn Around Time).
3. On arrival the clinical specimen should be free from damage. (within acceptable temperature conditions, free from spillage, accompanied with tracking documents)
4. The transporter will be expected to collect clinical specimens (as per specified schedule) from the referring facility to the referral facility and return test results and any other commodities in the reverse at the same frequency.
5. The transporter shall be liable for all losses incurred during transit and shall be liable for the cost of returning any unacceptable clinical specimens.



## SECTION 5: Mandatory Requirements and Technical Evaluation Criteria

### (a) 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 Compliance and PIN certificate   | 1 or 0 |           |               |
| 3.                     | Must fill relevant sections of business questionnaire  | 1 or 0 |           |               |
| 4.                     | Must provide copy of receipt /bank deposit slip for buying tender documents  | 1 or 0 |           |               |
| 5.                     | Must provide security bond of 2% of tender price from a reputable bank.  | 1 or 0 |           |               |
| 6.                     | Must provide bank statements for the last 6 months (Feb, 2019- July 2019)  | 1 or 0 |           |               |
| 7.                     | All pages in the tender document (Including the brochures and any other documents) <b>must have sequential page numbers, separators and bound.</b> | 1 or 0 |           |               |

**Note: All the above documents numbered 1 to 7 should be packaged and arranged in that order under the preliminary evaluation criteria section of the tender document. Any bid missing any of the above requirements will be considered as non-responsive and therefore will not move to the next evaluation stage.**



**(b) Technical Evaluation Criteria**

| NO   | Requirement  | Max       | Score |
|--|--|-----------|-------|
| 1  | <p><b>Work Experience</b></p> <p>Provide proof of transportation of clinical specimens in the last 5 years (2014 upwards) (Attach copies of LPOs and invoices).</p> <p>0 marks - No proof of work experience</p> <p>5 marks - Evidence of services given up to 2M</p> <p>10 marks - Evidence of services given Kshs 2M - 5M</p> <p>15 marks - Evidence of services given Kshs &gt;5M</p> | 15 marks  |       |
| 2.   | <p>Ability to collect and deliver parcels as per the schedule</p> <p><b>a.</b> Briefly describe the methodology you will use to manage logistics involved in collecting, shipping, handling, delivery of parcels and returning of results to the referring facilities (Not more than one page document).</p>   | 10 marks  |       |
| 3  | <p>Attach copies of logbooks, insurance and pictures for your fleets and size</p> <p>A) At least 2 vehicles per county</p> <p>B) At least 5 motor bikes per county</p>   | 10 marks  |       |
| 4  | <p>Relevant experience providing similar services in that county (Attach copies of contract/LSO/Invoice)</p>   | 5 marks   |       |
|  | <b>Total Score</b>   | <b>40</b> |       |
| <p><b>Only bidders who will score 70% and above in the technical section shall proceed to the next stage of financial evaluation</b></p> |  |           |       |



**(a) FINANCIAL EVALUATION (Should be submitted in a separate envelope as explained above)**

**Only Bidders who will score 70% and above will move to financial evaluation stage**

| <b>SUB COUNTY</b>  | <b>TRANSPORT COSTS (IN KSHS)</b> | <b>VAT</b> | <b>TOTAL</b> |
|--------------------|----------------------------------|------------|--------------|
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
|                    |                                  |            |              |
| <b>GRAND TOTAL</b> |                                  |            |              |



**SECTION 6: 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 .....

Phone number ..... Email address .....

Postal address ..... Postal code .....

**PART 2 (b) – PARTNERSHIP**

| Name | Nationality | Citizenship Details | Shares |
|------|-------------|---------------------|--------|
|------|-------------|---------------------|--------|

|    |       |  |  |
|----|-------|--|--|
| 1. | ..... |  |  |
|----|-------|--|--|



2. ....

3. ....

4. Phone number ..... Email address .....

Postal address ..... Postal code .....





**PART 2 (c) – REGISTERED COMPANY**

Public or Private .....

State the nominal and issue capital of the company.....

Nominal Kshs .....

Issued Kshs .....

Give details of all directors as follows:

|    | Name  | Nationality | Citizenship Details | Shares |
|----|-------|-------------|---------------------|--------|
| 1. | ..... | .....       | .....               | .....  |
| 2. | ..... | .....       | .....               | .....  |
| 3. | ..... | .....       | .....               | .....  |

Phone number ..... Email address .....

**Postal address ..... Postal code .....**



**SECTION 7: Tender Security Form**

**TENDER No. AMREF/23/08/2019/003**

**PROCUREMENT OF CLINICAL SPECIMEN TRANSPORTATION SERVICES FROM  
VARIOUS HEALTH FACILITIES TO REFERRAL LABS**

**To:** Amref Health Africa in Kenya 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
  - i. withdraws its tender during the period of tender validity specified by the Tenderer in the Tender Form, or
  - ii. does not accept the Purchaser’s corrections of arithmetic errors in accordance with the Instructions to Tenderers; or
  - iii. 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



- (a) Fails or refuses to sign the Contract Agreement when required; or
- (b) 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     |                |
| Branch name               | Phone number   |
| 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 8: DELIVERY SCHEDULE OF CLINICAL SPECIMENS****LOT 2 LAIKIPIA**

| Name                  | Sub county    | Ward     | Refer to      | Estimated distance to Referral site (km) | Frequency      | Specific day for collection | Result Return        |
|-----------------------|---------------|----------|---------------|--|----------------|-----------------------------|----------------------|
| <b>Laikipia West</b>  |               |          |               |  |                |                             |                      |
| Mwenye Dispensary     | Laikipia West | Githiga  | Nyahururu CRH | 70                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |
| Mutara Dispensary     | Laikipia West | Salama   | Nyahururu CRH | 75                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |
| Thome Dispensary      | Laikipia West | Salama   | Nyahururu CRH | 55                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |
| Pesi Dispensary       | Laikipia West | Salama   | Nyahururu CRH | 60                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |
| Mairi Saba Dispensary | Laikipia West | Igwamiti | Nyahururu CRH | 10                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |
| Muhoteetu Dispensary  | Laikipia West | Marmanet | Nyahururu CRH | 40                                       | Twice per week | Tuesday and Thursday        | Tuesday and Thursday |



|                                  |               |          |                                  |     |                |                      |                      |
|----------------------------------|---------------|----------|----------------------------------|-----|----------------|----------------------|----------------------|
| Ndurumo Dispensary               | Laikipia West | Rumuruti | Nyahururu CRH                    | 61  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Losogwa Dispensary               | Laikipia West | Igwamiti | Nyahururu CRH                    | 10  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Olmoron Health Centre            | Laikipia West | Olmoran  | Nyahururu CRH                    | 90  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Salama Health Centre             | Laikipia West | Salama   | Nyahururu CRH                    | 52  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Ngarua Health Centre             | Laikipia West | Marmanet | Nyahururu CRH                    | 30  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Melwa Health Centre              | Laikipia West | Marmanet | Nyahururu CRH                    | 35  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| St Benedict XVI                  | Laikipia West | Igwamiti | Nyahururu CRH                    | 3   | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| <b>Laikipia East</b>             |               |          |                                  |     |                |                      |                      |
| Nanyuki County Referral Hospital | Laikipia East | Nanyuki  | National HIV Reference Lab/KEMRI | 210 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |



|                         |               |           |  |    |                |                      |                      |
|-------------------------|---------------|-----------|--|----|----------------|----------------------|----------------------|
| Kihato Dispensary       | Laikipia East | Tigithi   | Nanyuki Teaching and Referral Hospital | 35 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Wiyumiririe Dispensary  | Laikipia East | Ngobit    | Nyahururu CRH                          | 40 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Shallom Dispensary      | Laikipia East | Ngobit    | Nyahururu CRH                          | 50 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Sweet Waters Dispensary | Laikipia East | Thingithu | Nanyuki Teaching and Referral Hospital | 15 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Baraka Dispensary       | Laikipia East | Thingithu | Nanyuki Teaching and Referral Hospital | 5  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Huruma Health Centre    | Laikipia East | Nanyuki   | Nanyuki Teaching and Referral Hospital | 3  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Nturukuma Dispensary    | Laikipia East | Nanyuki   | Nanyuki Teaching and                   | 5  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |





|                        |                |               | Referral Hospital                      |     |                |                      |                      |
|------------------------|----------------|---------------|--|-----|----------------|----------------------|----------------------|
| Mugumo Dispensary      | Laikipia East  | Umande        | Nanyuki Teaching and Referral Hospital | 20  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Githuci Health Centre  | Laikipia East  | Umande        | Nanyuki Teaching and Referral Hospital | 20  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| <b>Laikipia North</b>  |                |               |  |     |                |                      |                      |
| Chumvi Dispensary      | Laikipia North | Mugogodo East | Nanyuki Teaching and Referral Hospital | 40  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Luoniek Dispensary     | Laikipia North | Sosian        | Nyahururu CRH                          | 110 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Survey Dispensary      | Laikipia North | Sosian        | Nyahururu CRH                          | 80  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Maundu Meri Dispensary | Laikipia North | Sosian        | Nyahururu CRH                          | 50  | Twice per week | Tuesday and Thursday | Tuesday and Thursday |



|                    |                |               |  |    |                |                      |                      |
|--------------------|----------------|---------------|--|----|----------------|----------------------|----------------------|
| Ninjore Dispensary | Laikipia North | Sosian        | Nyahururu CRH                          | 70 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Ngenia Dispensary  | Laikipia North | Mugogodo East | Nanyuki Teaching and Referral Hospital | 25 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Sosion Dispensary  | Laikipia North | Sosian        | Nyahururu CRH                          | 70 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Powys Dispensary   | Laikipia North | Segera        | Nanyuki Teaching and Referral Hospital | 30 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |
| Naibor Dispensary  | Laikipia North | Segera        | Nanyuki Teaching and Referral Hospital | 15 | Twice per week | Tuesday and Thursday | Tuesday and Thursday |



**PART B: FINANCIAL REQUIREMENT (To be submitted in a separate envelope as explained above)**

**SECTION 9: PRICE SCHEDULE**

| Facility Name         | Sub county    | Ward     | Refer to      | Estimated distance to Referral site (km) | Frequency      | Preferred mode of transport | cost for one cycle (Kshs) | cost per month (Kshs) | cost per 18 month (Kshs) |
|-----------------------|---------------|----------|---------------|--|----------------|-----------------------------|---------------------------|-----------------------|--------------------------|
| Mwenye Dispensary     | Laikipia West | Githiga  | Nyahururu CRH | 70                                       | Twice per week |                             |                           |                       |                          |
| Mutara Dispensary     | Laikipia West | Salama   | Nyahururu CRH | 75                                       | Twice per week |                             |                           |                       |                          |
| Thome Dispensary      | Laikipia West | Salama   | Nyahururu CRH | 55                                       | Twice per week |                             |                           |                       |                          |
| Pesi Dispensary       | Laikipia West | Salama   | Nyahururu CRH | 60                                       | Twice per week |                             |                           |                       |                          |
| Mairi Saba Dispensary | Laikipia West | Igwamiti | Nyahururu CRH | 10                                       | Twice per week |                             |                           |                       |                          |



|                       |               |          |               |    |                |  |  |  |  |
|-----------------------|---------------|----------|---------------|----|----------------|--|--|--|--|
| Muhoteetu Dispensary  | Laikipia West | Marmanet | Nyahururu CRH | 40 | Twice per week |  |  |  |  |
| Ndurumo Dispensary    | Laikipia West | Rumuruti | Nyahururu CRH | 61 | Twice per week |  |  |  |  |
| Losogwa Dispensary    | Laikipia West | Igwamiti | Nyahururu CRH | 10 | Twice per week |  |  |  |  |
| Olmoron Health Centre | Laikipia West | Olmoran  | Nyahururu CRH | 90 | Twice per week |  |  |  |  |
| Salama Health Centre  | Laikipia West | Salama   | Nyahururu CRH | 52 | Twice per week |  |  |  |  |
| Ngarua Health Centre  | Laikipia West | Marmanet | Nyahururu CRH | 30 | Twice per week |  |  |  |  |
| Melwa Health Centre   | Laikipia West | Marmanet | Nyahururu CRH | 35 | Twice per week |  |  |  |  |
| St Benedict XVI       | Laikipia West | Igwamiti | Nyahururu CRH | 3  | Twice per week |  |  |  |  |
| <b>Total</b>          |               |          |               |    |                |  |  |  |  |



|                                  |               |           |  |     |                |  |  |  |  |
|----------------------------------|---------------|-----------|--|-----|----------------|--|--|--|--|
| Nanyuki County Referral Hospital | Laikipia East | Nanyuki   | National HIV Reference Lab/KEMRI       | 210 | Twice per week |  |  |  |  |
| Kihato Dispensary                | Laikipia East | Tigithi   | Nanyuki Teaching and Referral Hospital | 35  | Twice per week |  |  |  |  |
| Wiyumiririe Dispensary           | Laikipia East | Ngobit    | Nyahururu CRH                          | 40  | Twice per week |  |  |  |  |
| Shallom Dispensary               | Laikipia East | Ngobit    | Nyahururu CRH                          | 50  | Twice per week |  |  |  |  |
| Sweet Waters Dispensary          | Laikipia East | Thingithu | Nanyuki Teaching and Referral Hospital | 15  | Twice per week |  |  |  |  |



|                       |               |           |  |    |                |  |  |  |  |
|-----------------------|---------------|-----------|--|----|----------------|--|--|--|--|
| Baraka Dispensary     | Laikipia East | Thingithu | Nanyuki Teaching and Referral Hospital | 5  | Twice per week |  |  |  |  |
| Huruma Health Centre  | Laikipia East | Nanyuki   | Nanyuki Teaching and Referral Hospital | 3  | Twice per week |  |  |  |  |
| Nturukuma Dispensary  | Laikipia East | Nanyuki   | Nanyuki Teaching and Referral Hospital | 5  | Twice per week |  |  |  |  |
| Mugumo Dispensary     | Laikipia East | Umande    | Nanyuki Teaching and Referral Hospital | 20 | Twice per week |  |  |  |  |
| Githuci Health Centre | Laikipia East | Umande    | Nanyuki Teaching and Referral          | 20 | Twice per week |  |  |  |  |



|                        |                |               |  |     |                |  |  |  |  |
|------------------------|----------------|---------------|--|-----|----------------|--|--|--|--|
|                        |                |               | Hospital                               |     |                |  |  |  |  |
| <b>Total</b>           |                |               |  |     |                |  |  |  |  |
| Chumvi Dispensary      | Laikipia North | Mugogodo East | Nanyuki Teaching and Referral Hospital | 40  | Twice per week |  |  |  |  |
| Luoniek Dispensary     | Laikipia North | Sosian        | Nyahururu CRH                          | 110 | Twice per week |  |  |  |  |
| Survey Dispensary      | Laikipia North | Sosian        | Nyahururu CRH                          | 80  | Twice per week |  |  |  |  |
| Maundu Meri Dispensary | Laikipia North | Sosian        | Nyahururu CRH                          | 50  | Twice per week |  |  |  |  |
| Ninjore Dispensary     | Laikipia North | Sosian        | Nyahururu CRH                          | 70  | Twice per week |  |  |  |  |



|                   |                |               |  |    |                |  |  |  |  |
|-------------------|----------------|---------------|--|----|----------------|--|--|--|--|
| Ngenia Dispensary | Laikipia North | Mugogodo East | Nanyuki Teaching and Referral Hospital | 25 | Twice per week |  |  |  |  |
| Sosion Dispensary | Laikipia North | Sosian        | Nyahururu CRH                          | 70 | Twice per week |  |  |  |  |
| Powys Dispensary  | Laikipia North | Segera        | Nanyuki Teaching and Referral Hospital | 30 | Twice per week |  |  |  |  |
| Naibor Dispensary | Laikipia North | Segera        | Nanyuki Teaching and Referral Hospital | 15 | Twice per week |  |  |  |  |
| <b>Total</b>      |                |               |  |    |                |  |  |  |  |



REPUBLIC OF KENYA



MINISTRY OF HEALTH



**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**