



**TENDER NOTICE**

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

Amref Health Africa in Kenya

**TENDER NO. AMREF /22/10/2020/012**

**LOT 2: KAJIADO 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 **7 (Seven) months from date of contract commencement to 21 health facilities.**
2. Interested eligible bidders may obtain further information from the Amref Health Africa website [www.amref.org](http://www.amref.org)
3. Complete sets of tender documents can be downloaded from Amref Health Africa in Kenya website; <http://amref.org/ways-to-give/tenders/> by interested bidders upon payment of non-refundable fee of **Ksh.1,000** 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 attach the original banking slips to the tender documents as proof of purchase.
5. All Tenders must be accompanied by a tender security of atleast 2% of the amount quoted **per LOT** in the form of a bank guarantee from a reputable bank and must be delivered with the 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 MUST be in a separate envelope marked with the tender reference number, Vendor name 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 **5th November 2020 at 12.00 noon.**
7. Tenders should be dropped at the **Amref Health Africa in Kenya -KCO 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 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 60 days from the closing date of the tender. The prices should be broken down as follows:
  - (i) Sub-County Unit cost: \_\_\_\_\_
  - (ii) 14% VAT: \_\_\_\_\_
  - (iii) Other applicable taxes: \_\_\_\_\_
  - (iv) TOTAL Cost: \_\_\_\_\_

**NOTE: Do not insert the financial in the above section. The financial proposal MUST be on a separate envelop with the LOT number, tender description, vendor name (refer to section)**

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.
- 10.

## **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 **should have page numbers (All pages in the document including brochures and any other attachments should be serially paginated)**
- 2.3.4 The document should 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 60 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**

1. 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” 5<sup>th</sup> November 2020 at 12.00 noon.**

## **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 **5<sup>th</sup> November 2020 at 12.00 noon.**

## **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**

1. 2.11:1 Amref Health Africa will open all tenders in the presence of tenderers' representatives who choose to attend the tender opening on **5<sup>th</sup> November 2020 at 12.00 noon** 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, ask 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.



## **DEFINITIONS OF TERMS**

- **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.
- **TAT (Turn Around Time)** – 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 Kajiado 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.

### **(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.

<b>PRELIMINARY EVALUATION</b>				
<b>Mandatory Requirements</b>				
<b>No.</b>	<b>Particulars</b>	<b>Marks</b>	<b>Compliant</b>	<b>Non-compliant</b>
1.	Certificate of Incorporation/Certificate of Registration	1 or 0		
2.	Copy of valid KRA Tax Compliance	1 or 0		
3.	Must provide proof of purchase of tender documents (attach original banking slip)	1 or 0		
4.	Must provide a copy of Valid 2020 business Trading License	1 or 0		
5.	Must provide tender security of atleast 2% of the total tender price <b>per lot</b> from a reputable bank <b>Note: If bidding for more than one LOT, attach copies of the tender security in the others LOTS but original MUST be attached in one of the LOTS</b>	1 or 0		
6.	Must submit copies of 2 most recent audited financial reports (2018 and 2019) and must be signed by the auditor and the firms Directors	1 or 0		
7.	Must provide bank statements for the last 6 months (April 2020- September 2020) all pages to be certified (stamped) by the bank	1 or 0		
8.	The tender documents must be bound	1 or 0		
9.	All Pages MUST be sequentially paginated	1 or 0		

**Note: All the above documents numbered 1 to 9 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**

<b>NO</b>	<b>Requirement</b>	<b>Max</b>	<b>Score</b>
1.	<p><b>Work Experience</b> Provide proof of providing transportation services in the health sector (Exclusively health-related materials/commodities e.g. pharmaceutical products, laboratory specimens, medical equipment, parcels etc.) in the last 5 years (2015 to date)</p> <p><b>(Attach copies of LPO's and/or contracts).</b></p> <p>0 marks - No proof of work experience 2 marks - Evidence of services given up to 2M 5 marks - Evidence of services given Ksh. &gt;2M - 5M</p>	<b>10mks</b>	

	10 marks - Evidence of services given Ksh. >5M  <i>[Note that transportation of food and building materials are not eligible]</i>		
2.	<b>Work Experience</b> Provide proof of having ever transported clinical specimens  <b>(Attach copies of LPO's and/or contracts).</b>  0 marks - No proof provided 3 marks - Proof provided for the period before 2015 5 marks - Proof provided for the period 2015 to date	<b>5mks</b>	
3.	Ability to collect and deliver parcels as per the schedule <b>a.</b> Briefly describe the methodology you will use to manage logistics involved in collecting, shipping and handling, delivery of parcels and returning of results to the referring facilities <b>(Not more than a one page document).</b>	<b>10mks</b>	
4.	Attach pictures of your fleet of vehicles and motorcycles. For each vehicle or motorcycle shown, provide copies of logbooks and insurance certificates. A) At least 2 vehicles per county B) At least 5 motorcycles per county In case you do not exclusively own the fleet, provide proof of any contractual engagement with the owner(s) whose vehicles and motorcycles you will use. <b>NB:</b> The fleet should be specific for the county you are bidding for.	<b>10mks</b>	
	<b>Total Score</b>	<b>35mks</b>	
<b>Only bidders who will score 70% and above in the technical section shall proceed to the next stage of evaluation</b>			

**(c) Financial Evaluation**

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

**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 .....

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 Ksh .....

Issued Ksh .....

Give details of all directors as follows:

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

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

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

## **TENDER SECURITY FORM**

### **1. TENDER No. AMREF /22/10/2020/012.**

#### **PROCURE 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**

<b>BANK REFERENCES</b>	
<b>BANK HOLDING MAIN ACCOUNT</b>	
Bank name and address	
Branch name	Phone number
Name of account	
Account number	How long open?

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

**LOT 2. KAJIADO**

##	MFL Code	Name of the referring facility	Ward	Referral site	Estimated distance to Referral site	Frequency	Specific day for collection	Result Return
		<b>KAJIADO Central Sub County</b>						
1	15294	Namanga Health Centre	Matapato south	Kajiado County Referral Hospital	83kms	Once per week	Wed	Wed
2	14463	Enkorika Health Centre	Dalalekutuk	Kajiado County Referral Hospital	29kms	Once per week	Wed	Wed
3	15182	Meto Dispensary	Matapato south	Kajiado County Referral Hospital	70kms	Once per week	Wed	Wed
4	14652	Kajiado County Referral Hospital	Ildamat	Namanga EAC Mobile Lab	83kms	Once per week	Wed	Wed
		<b>Kajiado East Sub County</b>						
5	14582	Isinya H/C	Kaputei North ward	Kajiado County Referral Hospital	23 kms	Once per week	Wed	Wed
6	15150	Mashuuru H/C	Imaroro ward	Kajiado County Referral Hospital	69kms	Once per week	Wed	Wed

7	14517	GK prison disp	Kitengela ward	Kajiado County Referral Hospital	51kms	Once per week	Wed	Wed
8	14950	Kitengela Sub County Hospital	Kitengela ward	AMREF Central Lab	54kms	Once per week	Wed	Wed
		Kajiado North Sub County						
9	15440	Ongata Rongai SCH	Nkaimurunya ward	St Marys Kiserian H/C (Gene Xpert site	7kms	Once per week	Wed	Wed
10	16667	Beacon of Hope Clinic (Kajiado)	Ongata Rongai ward	St Marys Kiserian H/C (Gene Xpert site	9kms	Once per week	Wed	Wed
11	New	Olekasasi Dispensary	Nkaimurunya ward	St Marys Kiserian H/C (Gene Xpert site	14kms	Once per week	Wed	Wed
12	15351	Ngong Sub County Hosp	Kibiko	AMREF Central Lab	63kms	Once per week	Wed	Wed
		Kajiado South Sub County						
13	14868	Kimana h/c	Kimana ward	Loitokitok SCH	15kms	Once per week	Wed	Wed
14	15490	Rombo Health Centre	Rombo ward	Loitokitok SCH	35kms	Once per week	Wed	Wed
15	14573	Immurtot h/c	Entonet Lenkisim	Loitokitok SCH	23kms	Once per week	Wed	Wed
16	15051	Loitokitok Sub County Hosp	Ilasit	Namanga EAC Mobile Lab	195kms	Once per week	Wed	Wed
		Kajiado West Sub County						
17	14469	Entasopia H/c	Magadi ward	Magadi Hospital	51kms	Once per week	Tuesday	Tuesday

18	15107	Magadi Hospital	Magadi ward	St Marys Kiserian H/C (Gene Xpert site)	86kms	Once per week	Wed	Wed
19	15185	Mile 46 H/c	Iloodokilani ward	Kajiado CRH	49kms	Once per week	Wed	Wed
20	14486	Ewaso Kedong H/C	Ewaso oo Nkidong'i	St Marys Kiserian H/C (Gene Xpert site)	58kms	Once per week	Wed	Wed
21	15652	St Marys Kiserian H/C (Gene Xpert site)	Keekonyokie	Ongata Rongai SCH	13kms	Once per week	Wed	Wed

**PART B: FINANCIAL REQUIREMENT**

**SECTION 5: PRICE SCHEDULE**

##	MFL Code	Name of the referring facility	Ward	Referral site	Estimated distance to Referral site	Frequency	Specific day for collection	Result Return	Preferred mode of transport	Estimated cost for one cycle (Ksh)	Estimated cost per month (Ksh)	Estimated cost per 7 month (Ksh)
		KAJIADO Central Sub County										
1	15294	Namanga Health Centre	Matapato south	Kajiado County Referral Hospital	83kms	Once per week	Wed	Wed				
2	14463	Enkorika Health Centre	Dalalekutuk	Kajiado County Referral Hospital	29kms	Once per week	Wed	Wed				
3	15182	Meto Dispensary	Matapato south	Kajiado County Referral Hospital	70kms	Once per week	Wed	Wed				
4	14652	Kajiado County Referral Hospital	Ildamat	Namanga EAC Mobile Lab	83kms	Once per week	Wed	Wed				
		Kajiado East Sub County										

5	14582	Isinya H/C	Kaputei North ward	Kajiado County Referral Hospital	23 kms	Once per week	Wed	Wed				
6	15150	Mashuuru H/C	Imaroro ward	Kajiado County Referral Hospital	69kms	Once per week	Wed	Wed				
7	14517	GK prison disp	Kitengela ward	Kajiado County Referral Hospital	51kms	Once per week	Wed	Wed				
8	14950	Kitengela Sub County Hospital	Kitengela ward	AMREF Central Lab	54kms	Once per week	Wed	Wed				
		Kajiado North Sub County										
9	15440	Ongata Rongai SCH	Nkaimur unya ward	St Marys Kiserian H/C (Gene Xpert site)	7kms	Once per week	Wed	Wed				
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13	14868	Kimana h/c	Kimana ward	Loitokitok SCH	15kms	Once per week	Wed	Wed				
14	15490	Rombo Health Centre	Rombo ward	Loitokitok SCH	35kms	Once per week	Wed	Wed				
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17	14469	Entasopia H/c	Magadi ward	Magadi Hospital	51kms	Once per week	Tuesday	Tuesday				
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20	14486	Ewaso Kedong H/C	Ewaso oo Nkidong'i	St Marys Kiserian H/C (Gene Xpert site)	58kms	Once per week	Wed	Wed				



21	15652	St Marys Kiserian H/C (Gene Xpert site	Keekony okie	Ongata Rongai SCH	13kms	Once per week	Wed	Wed				
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**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**