



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 1: KIAMBU 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 78 health facilities.**
2. Interested eligible bidders may obtain further information from the Amref Health Africa website 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. 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 at least 2%** of the total tender price in the form of a bank guarantee from a reputable bank (bid bonds from insurance companies will NOT be accepted) and must be delivered with the Tender Documents.
6. Completed tender documents for preliminary and technical requirements are to be enclosed in a plain 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 is required (Do not provide additional copies). Tenders must be delivered to the address below not later than **5th November 2020 at 12noon**
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 14% 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) 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.

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” **5th 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 **5th 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 at tender opening on **5th 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 1 Kiambu 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.

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	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 per lot from a reputable bank 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	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

NO	Requirement	Max	Score
1.	<p>Work Experience 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>(Attach copies of LPO's and/or contracts).</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. >2M - 5M</p>	10mks	

	10 marks - Evidence of services given Ksh. >5M <i>[Note that transportation of food and building materials are not eligible]</i>		
2.	Work Experience Provide proof of having ever transported clinical specimens (Attach copies of LPO's and/or contracts). 0 marks - No proof provided 3 marks - Proof provided for the period before 2015 5 marks - Proof provided for the period 2015 to date	5mks	
3.	Ability to collect and deliver parcels as per the schedule a. 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 (Not more than a one page document).	10mks	
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. NB: The fleet should be specific for the county you are bidding for.	10mks	
	Total Score	35	
Only bidders who will score 70% and above in the technical section shall proceed to the next stage of evaluation			

(c) Financial Evaluation

SUB COUNTY	TRANSPORT COSTS (IN KSHS)	VAT	TOTAL
GRAND TOTAL			

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

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 4: DELIVERY SCHEDULE OF CLINICAL SPECIMENS

LOT 1. KIAMBU

S/N O	MFL Code	Name of the referral facility	Ward	REFER TO (Testing site)	Estimated distance to Referral site	Frequency	Specific day for collection	Result Return
	1	Githunguri Sub County						
1	10275	Gitiha Hc	Githiga	Kiambu L5	27	once per week	Tues	Tues
2	10493	Karia Hc	Ikinu	Kiambu L5	15	once per week	Tues	Tues
3	19972	Tumaini Med	Komothai	Kiambu L5	30	once per week	Tues	Tues
4	19968	GithimaDisp	Komothai	Kiambu L5	35	once per week	Tues	Tues
5	17122	Ngeteti Didp	Githunguri	Kiambu L5	25	once per week	Tues	Tues
6	10269	Githunguri HC (COVID- 19/VL/EID/CUL TURE)	Githunguri	NIC/KE MRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu

	2	KABETE Sub County						
7	23297	Kabete gardens	nyathuna	PCEA KIKUYU HOSP	18	once per week	Tues	Tues
8	17989	St ANN	Kabete	PCEA KIKUYU HOSP	13	twice per week	Tues	Tues
9	20862	Kahuho disp	Muguga	PCEA KIKUYU HOSP	13	once per week	Tues	Tues
10	11022	St Angela	Kabete	PCEA KIKUYU HOSP	12	once per week	Tues	Tues
11	11170	Wangige L4 Hosp(COVID- 19/VL/EID/CUL TURE)		NIC/KE MRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu
	3	KIKUYU Sub County						
12	21139	Kinoo Disp	Kinoo	PCEA KIKUYU HOSP	10	Once per week	wed	wed

13	20860	Gikambura h c	Karai	PCEA KIKUYU HOSP	4	Once per week	wed	wed
14	25503	Oakwood Hosp	Karai	PCEA KIKUYU HOSP	5	Once per week	wed	wed
15	10604	Akshar N H	Kikuyu	PCEA KIKUYU HOSP	5	Once per week	wed	wed
16	20861	Nachu	Nachu	PCEA KIKUYU HOSP	9	Once per week	wed	wed
17	10666	Lussigetti L4 Hosp (COVID- 19/VL/EID/CUL TURE)		NIC/KE MRI/ILRI	55	Twice per week	Tue & Thu	Tue & Thu
	4	LARI SUBCOUNTY Sub County						
18	19998	KARATINA MODEL HEALTH CENTRE	NYANDU MA	TIGONI HOSP	30KM	Once per week	wed	wed
19	10613	KINALE FOREST DISP	KINALE	TIGONI HOSP	20KM	Once per week	wed	wed

20	10610	KIMENDE ORTHODOX MISSIONARY	KIJABE	TIGONI HOSP	15KM	Once per week	wed	wed
21	10440	KAMAE FOREST DISP	KINALE	TIGONI HOSP	30KM	Once per week	wed	wed
22	10518	IMMACULATE HEART HOSP	KIJABE	TIGONI HOSP	17KM	Once per week	wed	wed
23	10655	Lari L4 Hosp (COVID- 19/VL/EID/CUL TURE)		NIC/KE MRI/ILRI	60	Twice per week	Tue & Thu	Tue & Thu
	5	Limuru Sub County						
24	10661	Limuru h/c	Limuru central	Tigoni l4	7	ONCE A WEEK	Thursday	Thursday
25	10831	Ndeiyah/c	Limuru ndeiya ward	Tigoni l4	15	ONCE A WEEK	Thursday	Thursday
26	10859	Ngarariga h/c	bibirioni	Tigoni l4	8	ONCE A WEEK	Thursday	Thursday
27	17244	Ngecha h/c	Ngecha	Tigoni l4	15	ONCE A WEEK	Thursday	Thursday
28	11093	Thigio disp.	Ndeiya	Tigonil4	25	ONCE A WEEK	Thursday	Thursday
29	11104	Tigoni L4 Hosp(COVID-		NIC/KE MRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu

		19/VL/EID/CULTURE)						
	6	Kiambu Town Sub County						
30	10957-	Riabai dispensary	Riabai	Kiambu level 5 hospital	4 km	Once per week	Thursday	Thursday
31	20819 -	Tinganga gok	Tnganga	Kiambu level 5 hospital	6 km	once per week	Thursday	Thursday
32	17094	Tinganga catholic	Tnganga	Kiambu level 5 hospital	6 km	once per week	Thursday	Thursday
33	20378	St Teresia hospital	Township	Kiambu level 5 hospital	4 km	once per week	Thursday	Thursday
34	17124	Pefa mercy clinic	Township	kiambu level 5 hospital	7 km	once per week	Thursday	Thursday
35	11023	St Ann Lioki	Riabai	Kiambu level 5 hospital	8 KM	Once per week	Thursday	Thursday
36	10539	Kiambu L5 Hosp(COVID-		NIC/KE MRI/ILRI	20	Twice per week	Tue & Thu	Tue & Thu

		19/VL/EID/CULTURE)						
	7	JUJA Sub County						
37	18391	MUGUTHA	JUJA	RUIRU	5	Once per week	Thursday	Thursday
38	10842	NDURURUMO	THETA	RUIRU	20	once per week	Thursday	Thursday
39	10790	MUTHAARA DISPENSARY	WITEITHIE	THIKA	25	once per week	Thursday	Thursday
40	10041	ATHI DISPENSARY	KALIMONI	RUIRU	25	once per week	Thursday	Thursday
41	18556	PRE ESCORT	JUJA	THIKA	5	once per week	Thursday	Thursday
42	20663	KIMBO H/C	MURERA	RUIRU	5	Once per week	Thursday	Thursday
43	18608	Gachororo HC (COVID-19/VL/EID/CULTURE)		NIC/KE MRI/ILRI	40	Twice per week	Tue & Thu	Tue & Thu
	8	KIAMBAA Sub County						
44	17333	Mucatha disp	Mucatha	kiambu	15	once per week	Thursday	Thursday
45	20025	Ndenderu disp	Ndenderu	Tigoni	15	once per week	Thursday	Thursday
46	17219	Kasphat disp	Cianda	Kiambu	10	once per week	Thursday	Thursday

47	23981	Kihara child & mother clinic	Kihara	Tigoni	15	once per week	Thursday	Thursday
48	10591	Kihara L4 Hosp (COVID-19/VL/EID/CULTURE)		NIC/KE MRI/ILRI	30	Twice per week	Tue & Thu	Tue & Thu
	9	RUIRU Sub County						
49	10973	RUIRU SUB COUNTY HOSPITAL	BIASHAR A	PLAINSVIEW	5KM	DAILY	MONDAY TO FRIDAY	Every Tue & Thur
50	16748	GITHUNGURI HEALTH CENTER	BIASHAR A	PLAINSVIEW	5KM	TWICE A WEEK	TUESDAY AND THURSDAYS	Every Tue & Thur
51	17490	NAZARETH HOSP RUIRU	BIASHAR A	PLAINSVIEW	5KM	TWICE A WEEK	MONDAYS AND WEDNESDAYS	MONDAYS AND WEDNESDAYS
52	18762	LANGATA GITHURAI HEALTH CENTRE	KIU	PLAINSVIEW	15KM	TWICE A WEEK	TUESDAY AND THURSDAYS	TUESDAY AND THURSDAYS
53	19932	MUTONYA DISPENSARY	GATONGORA	PLAINSVIEW	8KM	TWICE A WEEK	MONDAYS AND WEDNESDAYS	MONDAYS AND WEDNESDAYS
54	11010	SILOAM MEDICAL CENTER	KIU	PLAINSVIEW	15KM	TWICE A WEEK	TUESDAY AND THURSDAYS	TUESDAY AND THURSDAYS

55	10974	RUIRU PRIVATE	BIASHAR A	PLAINSVI EW	5KM	TWICE A WEEK	MONDAYS AND WEDNESDAYS	MONDAYS AND WEDNESDAYS
56	10973	Ruiru L4 Hosp (COVID- 19/VL/EID/CUL TURE)		NIC/KE MRI/ILRI	40	Twice per week	Tue & Thu	Tue & Thu
	10	Gatundu south Sub County						
57	10581	KIGANJO H/C	KIGANJO	GATUND U L5	20	Once/week	WED	WED
58	10776	MUNYUINI DISP	NDARUG U	GATUND U L5	10	once/week	WED	WED
59	18658	MUNDORO DISP	KIGANJO	GATUND U L5	18	once /week	WED	WED
60	10195	GACHIKA DISP	KIGANJO	GATUND U L5	20	once/week	WED	WED
61	20401	MUTATI DISP	KIAMWA NGI	GATUND U L5	8	once/week	WED	WED
62	10233	Gatundu L5 Hosp (COVID- 19/VL/EID/CUL TURE)		NIC/KE MRI/ILRI	70	Twice per week	Tue & Thu	Tue & Thu

	11	Gatundu north Sub County						
63	10019	Iap Mangu DP		Gatundu L5	20	Once in a wk	Tue	Tue
64	10711	Mbici DP		Gatundu L5	15	Once in a wk	Tue	Tue
65	17837	Gituamba Dp		Gatundu L5	20	Once in a wk	Tue	Tue
66	20218	Kanyoni DP		Gatundu L5	20	Once in a wk	Tue	Tue
67	10338	Igegania L4h		Gatundu L5	15	Once in a wk	Tue	Tue
68	10872	Ngorongo HC		Gatundu L5	20	Once in a wk	Tue	Tue
69	10338	Igegania L4 Hospita(COVID-19/VL/EID/CULTURE)		NIC/KE MRI/ILRI	70	Twice per week	Tue & Thu	Tue & Thu
	12	Thika Sub County						
70	16814	kiantutu h/c		Thika L5	5	Once in a wk	Tue	Tue
71	10869	Ngoliba H/c		Thika L5	30	Once in a wk	Tue	Tue
72	18432	makongeni H/c		Thika L5	10	Once in a wk	Tue	Tue
73		st mulumba		Thika L5	10	Once in a wk	Tue	Tue

74		Mary help		Thika L5	5	Once in a wk	Tue	Tue
75		thika nursing		Thika L5	5	Once in a wk	Tue	Tue
76		Munyu		Thika L5	25	Once in a wk	Tue	Tue
77		immaculate heart		Thika L5	20	Once in a wk	Tue	Tue
78	11094	Thika L 5 Hospital (COVID-19/VL/EID/CULTURE)		NIC/KE MRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu

PART B: FINANCIAL REQUIREMENT

SECTION 5: PRICE SCHEDULE

Lot 1. Kiambu County

S/ N O	MFL Cod e	Name of the referral facility	Ward	REFER TO (Testing site)	Estima ted distan ce to Referr al site	Freque ncy	Specific day for collecti on	Result Retur n	Preferred mode of transport	Estimat ed cost for one cycle (Ksh)	Estimat ed cost per month (Ksh)	Estimat ed cost per 7 month (Ksh)
	1	Githunguri Sub County										
1	10275	Gitiha Hc	Githiga	Kiambu L5	27	once per week	Tues	Tues				
2	10493	Karia Hc	Ikinu	Kiambu L5	15	once per week	Tues	Tues				
3	19972	Tumaini Med	Komot hai	Kiambu L5	30	once per week	Tues	Tues				
4	19968	GithimaDisp	Komot hai	Kiambu L5	35	once per week	Tues	Tues				
5	17122	Ngeteti Didp	Githun guri	Kiambu L5	25	once per week	Tues	Tues				
6	10269	Githunguri HC (COVID- 19/VL/EID/ CULTURE)	Githun guri	NIC/KEMRI/ ILRI	50	Twice per week	Tue & Thu	Tue & Thu				
	2	KABETE Sub County										

7	23297	Kabete gardens	nyathuna	PCEA KIKUYU HOSP	18	once per week	Tues	Tues				
8	17989	St ANN	Kabete	PCEA KIKUYU HOSP	13	twice per week	Tues	Tues				
9	20862	Kahuho disp	Muguga	PCEA KIKUYU HOSP	13	once per week	Tues	Tues				
10	11022	St Angela	Kabete	PCEA KIKUYU HOSP	12	once per week	Tues	Tues				
11	11170	Wangige L4 Hosp(COVID - 19/VL/EID/ CULTURE)		NIC/KEMRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu				
	3	KIKUYU Sub County										
12	21139	Kinoo Disp	Kinoo	PCEA KIKUYU HOSP	10	Once per week	wed	wed				
13	20860	Gikambura hc	Karai	PCEA KIKUYU HOSP	4	Once per week	wed	wed				
14	25503	Oakwood Hosp	Karai	PCEA KIKUYU HOSP	5	Once per week	wed	wed				
15	10604	Akshar N H	Kikuyu	PCEA KIKUYU HOSP	5	Once per week	wed	wed				

16	20861	Nachu	Nachu	PCEA KIKUYU HOSP	9	Once per week	wed	wed				
17	10666	Lussigetti L4 Hosp (COVID- 19/VL/EID/ CULTURE)		NIC/KEMRI/ ILRI	55	Twice per week	Tue & Thu	Tue & Thu				
	4	LARI SUBCOUNTY Sub County										
18	19998	KARATINA MODEL HEALTH CENTRE	NYAN DUMA	TIGONI HOSP	30KM	Once per week	wed	wed				
19	10613	KINALE FOREST DISP	KINAL E	TIGONI HOSP	20KM	Once per week	wed	wed				
20	10610	KIMENDE ORTHODOX MISSIONAR Y	KIJABE	TIGONI HOSP	15KM	Once per week	wed	wed				
21	10440	KAMAE FOREST DISP	KINAL E	TIGONI HOSP	30KM	Once per week	wed	wed				
22	10518	IMMACULA TE HEART HOSP	KIJABE	TIGONI HOSP	17KM	Once per week	wed	wed				
23	10655	Lari L4 Hosp (COVID- 19/VL/EID/ CULTURE)		NIC/KEMRI/ ILRI	60	Twice per week	Tue & Thu	Tue & Thu				

	5	Limuru Sub County										
24	10661	Limuru h/c	Limuru central	Tigoni l4	7	ONCE A WEEK	Thursday	Thursday				
25	10831	Ndeiyah/c	Limuru ndeiya ward	Tigoni l4	15	ONCE A WEEK	Thursday	Thursday				
26	10859	Ngarariga h/c	bibirioni	Tigoni l4	8	ONCE A WEEK	Thursday	Thursday				
27	17244	Ngecha h/c	Ngecha	Tigoni l4	15	ONCE A WEEK	Thursday	Thursday				
28	11093	Thigio disp.	Ndeiya	Tigonil4	25	ONCE A WEEK	Thursday	Thursday				
29	11104	Tigoni L4 Hosp(COVID - 19/VL/EID/ CULTURE)		NIC/KEMRI/ILRI	50	Twice per week	Tue & Thu	Tue & Thu				
	6	Kiambu Town Sub County										
30	10957 -	Riabai dispensary	Riabai	Kiambu level 5 hospital	4 km	Once per week	Thursday	Thursday				
31	20819 -	Tinganga gok	Tnganga	Kiambu level 5 hospital	6 km	once per week	Thursday	Thursday				
32	17094	Tinganga catholic	Tnganga	Kiambu level 5 hospital	6 km	once per week	Thursday	Thursday				
33	20378	St Teresia hospital	Township	Kiambu level 5 hospital	4 km	once per week	Thursday	Thursday				
34	17124	Pefa mercy clinic	Township	kiambu level 5 hospital	7 km	once per week	Thursday	Thursday				
35	11023	St Ann Lioki	Riabai	Kiambu level 5 hospital	8 KM	Once per week	Thursday	Thursday				

36	10539	Kiambu L5 Hosp(COVID - 19/VL/EID/ CULTURE)		NIC/KEMRI/ILRI	20	Twice per week	Tue & Thu	Tue & Thu				
	7	JUJA Sub County										
37	18391	MUGUTHA	JUJA	RUIRU	5	Once per week	Thursday	Thursday				
38	10842	NDURURUM O	THETA	RUIRU	20	once per week	Thursday	Thursday				
39	10790	MUTHAARA DISPENSARY	WITEITHIE	THIKA	25	once per week	Thursday	Thursday				
40	10041	ATHI DISPENSARY	KALIMONI	RUIRU	25	once per week	Thursday	Thursday				
41	18556	PRE ESCORT	JUJA	THIKA	5	once per week	Thursday	Thursday				
42	20663	KIMBO H/C	MURERA	RUIRU	5	Once per week	Thursday	Thursday				
43	18608	Gachororo HC (COVID-19/VL/EID/ CULTURE)		NIC/KEMRI/ILRI	40	Twice per week	Tue & Thu	Tue & Thu				
	8	KIAMBAA Sub County										
44	17333	Mucatha disp	Mucatha	kiambu	15	once per week	Thursday	Thursday				
45	20025	Ndenderu disp	Ndenderu	Tigoni	15	once per week	Thursday	Thursday				
46	17219	Kasphat disp	Cianda	Kiambu	10	once per week	Thursday	Thursday				

47	23981	Kihara child & m other clinic	Kihara	Tigoni	15	once per week	Thursday	Thursd ay				
48	10591	Kihara L4 Hosp (COVID-19/VL/EID/CULTURE)		NIC/KEMRI/ILRI	30	Twice per week	Tue & Thu	Tue & Thu				
	9	RUIRU Sub County										
49	10973	RUIRU SUB COUNTY HOSPITAL	BIASHARA	PLAINSVIEW	5KM	DAILY	MONDAY TO FRIDAY	Every Tue & Thur				
50	16748	GITHUNGURI HEALTH CENTER	BIASHARA	PLAINSVIEW	5KM	TWICE A WEEK	TUESDAY AND THURSDAYS	Every Tue & Thur				
51	17490	NAZARETH HOSP RUIRU	BIASHARA	PLAINSVIEW	5KM	TWICE A WEEK	MONDAYS AND WEDNESDAYS	MONDAYS AND WEDNESDAYS				
52	18762	LANGATA GITHURAI HEALTH CENTRE	KIU	PLAINSVIEW	15KM	TWICE A WEEK	TUESDAY AND THURSDAYS	TUESDAY AND THURSDAYS				
53	19932	MUTONYA DISPENSARY	GATONGOR A	PLAINSVIEW	8KM	TWICE A WEEK	MONDAYS AND WEDNESDAYS	MONDAYS AND WEDNESDAYS				

								ESDAY S				
54	11010	SILOAM MEDICAL CENTER	KIU	PLAINSVIEW	15KM	TWICE A WEEK	TUESDA Y AND THURSD AYS	TUESD AY AND THURS DAYS				
55	10974	RUIRU PRIVATE	BIASH ARA	PLAINSVIEW	5KM	TWICE A WEEK	MONDA YS AND WEDNE SDAYS	MOND AYS AND WEDN ESDAY S				
56	10973	Ruiru L4 Hosp (COVID- 19/VL/EID/ CULTURE)		NIC/KEMRI/ ILRI	40	Twice per week	Tue & Thu	Tue & Thu				
	10	Gatundu south Sub County										
57	10581	KIGANJO H/C	KIGAN JO	GATUNDU L5	20	Once/we ek	WED	WED				
58	10776	MUNYUINI DISP	NDAR UGU	GATUNDU L5	10	once/we ek	WED	WED				
59	18658	MUNDORO DISP	KIGAN JO	GATUNDU L5	18	once /week	WED	WED				
60	10195	GACHIKA DISP	KIGAN JO	GATUNDU L5	20	once/we ek	WED	WED				
61	20401	MUTATI DISP	KIAM WANG I	GATUNDU L5	8	once/we ek	WED	WED				

62	10233	Gatundu L5 Hosp (COVID-19/VL/EID/CULTURE)		NIC/KEMRI/ILRI	70	Twice per week	Tue & Thu	Tue & Thu				
	11	Gatundu north Sub County										
63	10019	Iap Mangu DP		Gatundu L5	20	Once in a wk	Tue	Tue				
64	10711	Mbici DP		Gatundu L5	15	Once in a wk	Tue	Tue				
65	17837	Gituamba Dp		Gatundu L5	20	Once in a wk	Tue	Tue				
66	20218	Kanyoni DP		Gatundu L5	20	Once in a wk	Tue	Tue				
67	10338	Igegania L4h		Gatundu L5	15	Once in a wk	Tue	Tue				
68	10872	Ngorongo HC		Gatundu L5	20	Once in a wk	Tue	Tue				
69	10338	Igegania L4 Hospita(COVID-19/VL/EID/CULTURE)		NIC/KEMRI/ILRI	70	Twice per week	Tue & Thu	Tue & Thu				
	12	Thika Sub County										
70	16814	kiandutu h/c		Thika L5	5	Once in a wk	Tue	Tue				
71	10869	Ngoliba H/c		Thika L5	30	Once in a wk	Tue	Tue				

72	18432	makongeni H/c		Thika L5	10	Once in a wk	Tue	Tue				
73		st mulumba		Thika L5	10	Once in a wk	Tue	Tue				
74		Mary help		Thika L5	5	Once in a wk	Tue	Tue				
75		thika nursing		Thika L5	5	Once in a wk	Tue	Tue				
76		Munyu		Thika L5	25	Once in a wk	Tue	Tue				
77		immaculate heart		Thika L5	20	Once in a wk	Tue	Tue				
78	11094	Thika L 5 Hospital (COVID- 19/VL/EID/ CULTURE)		NIC/KEMRI/ ILRI	50	Twice per week	Tue & Thu	Tue & Thu				

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