



**TENDER NOTICE**

**TENDER NO. AMREF/01/07/2021/010**

**PRE-QUALIFICATION OF CONSULTANCY AND PROFESSIONAL SERVICES FOR  
TPERIOD 2022-2023**

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**CLOSING DATE: THURSDAY 15<sup>TH</sup> JULY 2021 AT 12NOON**

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NO.	CONSULTANT CONTACT DETAILS	
1.	Name of Consultant	
2.	Postal Address	
3.	Physical Location of the office	
4.	Name of contact person	
5.	Official email Address	
6.	Office telephone /Mobile number	
7.	Website address	
8.	Categories(s) numbers applied for	



**TENDER NOTICE**  
**TENDER NO: AMREF/02/07/2021/010**

**PRE-QUALIFICATION OF CONSULTANCY AND PROFESSIONAL SERVICES**

**Amref Health Africa** invites applications from interested vendors (including current suppliers/Consultants) for prequalification for the supply of consultancies and professional services for 2 years from **1<sup>st</sup> January 2022 to 31<sup>st</sup> December 2023**.

**CATEGORY: CONSULTANCY & PROFESSIONAL SERVICES**

<b><u>CONSULTANCY PREQUALIFICATION FOR PERIOD 2022-2023</u></b>	
<b><u>Category Code</u></b>	<b><u>Category Description</u></b>
AHA/CS/001/2022-2023	Project/Programme research evaluations
AHA/CS/002/2022-2023	Proposal Development (USAID, CDC, BMGF)
AHA/CS/003/2022-2023	Environmental Impact Assessment and Audit
AHA/CS/004/2022-2023	Hydrological/Geophysical Surveys
AHA/CS/005/2022-2023	CSOs/SRs Capacity assessment
AHA/CS/006/2022-2023	Artistic Works, Layout Designs & Illustrations
AHA/CS/007/2022-2023	Project Documentation, writing, layout and editing
AHA/CS/008/2022-2023	Medical and Laboratory ISO Accreditation
AHA/CS/009/2022-2023	Research design
AHA/CS/010/2022-2023	Strategy development and review
AHA/CS/011/2022-2023	Production of Radio and TV Programs, Documentaries, photography and films
AHA/CS/012/2022-2023	Curriculum Development
AHA/CS/013/2022-2023	Team Building & Performance Improvement
AHA/CS/014/2022-2023	Events Planning and Coordination
AHA/CS/015/2022-2023	Audit and Tax Consultancy Services
AHA/CS/016/2022-2023	IT Audit and IT Security
AHA/CS/017/2022-2023	Artistic Works, Layout Designs & Illustrations
AHA/CS/018/2022-2023	Fire/Safety Services
AHA/CS/019/2022-2023	Psychometric services
AHA/CS/020/2022-2023	Recruitment Services
AHA/CS/021/2022-2023	Asset Valuations
AHA/CS/022/2022-2023	Provision of IT Services, Software developers
AHA/CS/023/2022-2023	Mapping & Survey Services
AHA/CS/024/2022-2023	Media monitoring
AHA/CS/025/2022-2023	Statisticians

<b>CONSULTANCY PREQUALIFICATION FOR PERIOD 2022-2023</b>	
<b>Category Code</b>	<b>Category Description</b>
AHA/CS/026/2022-2023	Health Economists
AHA/CS/027/2022-2023	Technical Editors and copy writing (Both American and British English)
AHA/CS/028/2022-2023	Visual graphics
AHA/CS/029/2022-2023	Contract Management
AHA/CS/030/2022-2023	Quality Assurance
AHA/CS/031/2022-2023	Legal and arbitration services
AHA/CS/032/2022-2023	Digital Media services
AHA/CS/033/2022-2023	Medical Diagnosis and treatment (Medical Specialists
AHA/CS/034/2022-2023	Transcription and Translation services (English, Swahili, local languages in Kenya, sign language)
AHA/CS/035/2022-2023	Geographic Information System
AHA/CS/036/2022-2023	Rapporteur and Facilitation
AHA/CS/037/2022-2023	Interior Design – (space branding and concept design)
AHA/CS/038/2022-2023	French Translation Services
AHA/CS/039/2022-2023	Public Relations
AHA/CS/040/2022-2023	Videography and Photography
AHA/CS/041/2022-2023	Animations and Illustrations
AHA/CS/042/2022-2023	Photo and Video Licensing
AHA/CS/043/2022-2023	Graphic Designs Services and Illustrators (Comics)
AHA/CS/044/2022-2023	Digitizing Services
AHA/CS/045/2022-2023	Sound animators and Graphic Animators
AHA/CS/046/2022-2023	Copy Editors for Proposal Writing
AHA/CS/047/2022-2023	Provision of Actuarial and Financial Modelling Services

Interested eligible candidates may download Pre-qualification/Registration of supplier's document from Amref Health Africa website link (<http://amref.org/ways-to-give/tenders>) and pay a non-refundable fee of **Kshs. 1,000 OR USD 10 per category**.

The payment should be made through the Bank accounts as detailed below:

<b>Kenya Commercial Bank, Kipande House Branch, Account No: 1111429243 OR Bank &amp; Branch codes: 01101 Swift code: KCBLKENXXXX</b>	<b>OR</b>	<b>National Bank of Kenya, Wilson Branch, KES Account No: 01020058235400 USD Account No: 02020058235400 Bank &amp; Branch codes:12038 Swift code: NBKEKENXXXX</b>
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Completed Tender Documents and the original banking or deposit slips, clearly marked with the Category number, tender reference number should be submitted through the email address below;

[consultancy.kenya@amref.org](mailto:consultancy.kenya@amref.org), to be received on or before **Thursday 15th July 2021 at 12noon.**

***NB: Bids without copies of bank deposit receipts will be disqualified.***

**The email subject line should be: PRE-QUALIFICATION OF SUPPLIERS 2020-2021:  
TENDER NO:..... CATEGORY NO:.....**

Only electronic bids will be accepted and should be received not later than **Thursday 15th July 2021, at 12noon.**

**Bids will be opened immediately and Amref Health Africa shall communicate to all bidders whether successful or not within 60 days from the closing date.**

**Bidders/bidders representative who would like to attend the tender opening session can Register in advance using the link below;**

**<https://amref.zoom.us/meeting/register/tJckc-6qpzssHdWnLNTqUuCa4YlblGRn3Jjt>**

**After registering, you will receive a confirmation email containing information about joining the meeting.**

## **1.0 PRE-QUALIFICATION INSTRUCTIONS**

### **1.1 Introduction**

Amref Health Africa referred to as the “Company” would like to invite interested candidates who must qualify by meeting the set criteria as provided by the Amref Health Africa to perform the contract of provision of consultancy and professional services to the Company.

### **1.2 Pre-qualification Objective**

The main objective is to provide consultancy and professional services under relevant tenders/quotations to Amref Health Africa as and when required during the stated period.

### **1.3 Invitation of Pre-qualification**

**Suppliers/Consultants registered with Registrar of Companies under the Laws of Kenya in respective merchandise or services OR unregistered individuals operating consulting services** are invited to submit their Pre-Qualification documents to Group Chief Executive Officer –Amref Health Africa so that they may be pre-qualified for submission of quotations. Bids will be submitted in complete lots singly or in combination. The prospective suppliers are required to supply mandatory information for pre-qualification.

## **1.4 Experience**

Prospective suppliers and consultants must have carried out successful undertaking and delivery of services to Government/Corporation/ NGOs/ institutions of similar size and complexity. Potential suppliers/consultants must demonstrate the willingness and commitment to meet the pre-qualification criteria.

## **1.5 Pre-qualification Document**

This document includes questionnaire forms and documents required of prospective suppliers.

**1.6** In order to be considered for pre-qualification, prospective suppliers/consultants must submit all the information herein requested and any bidder who does not meet all the relevant **mandatory requirements** will be disqualified

## **1.7 Distribution of Pre-Qualification Documents**

A copy of the completed pre-qualification data and other requested information shall be submitted through email not **later than Thursday 15<sup>th</sup> 2021, at 12noon**

## **1.8 Questions Arising from Documents**

Questions that may arise from the pre-qualification documents should be directed to the Tender Committee on the following address: [consultancy.kenya@amref.org](mailto:consultancy.kenya@amref.org)

## **2.0 BRIEF CONTRACT REGULATIONS/GUIDELINES**

### **2.1 Payments**

All local purchase shall be on credit of a minimum of thirty (60-90) days or as may be stipulated in the Contract Agreement.

## **3.0 PRE-QUALIFICATION DATA INSTRUCTIONS**

### **3.1 Pre-qualification data forms**

The attached questionnaire forms PQ-1, PQ-2, PQ-3, PQ-4, PQ-5, PQ-6, are to be completed by prospective suppliers/consultants who wish to be pre-qualified for submission of tender for the various categories.

**3.1.1** The pre-qualified application forms which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the proposal must be written in English.

### **3.2 Qualification**

**3.2.1** It is understood and agreed that the pre-qualification data on prospective bidders is to be used by Amref Health Africa in determining, according to its sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the Tender Category as described by the client.

**3.2.2** Prospective bidders will not be considered qualified unless in the judgment of Amref Health Africa they possess capability, experience, qualified personnel available and suitability of equipment and net current assets or working capital sufficient to satisfactorily execute the contract for goods/services.

### **3.3 Essential Criteria for Pre-qualification**

**3.3.1 (a) Experience:** Prospective bidders shall have at least 2 years' experience in the delivery of services and potential supplier/consultant should show competence, willingness and capacity to service the contract.

(b) Prospective supplier/consultant requires special experience and capability to organize the execution and delivery of services at short notice.

#### **3.3.2 Personnel**

The names pertinent information and CV of the key personnel for individual or group to execute the contract must be indicated in form PQ-2.

#### **3.3.3 Past Performance**

Past performance will be given due consideration in pre-qualifying bidders. Letter of reference from past customers should be included in Form PQ-4 (at least from three organizations- attach copy of LPO/LSO/Contract)

### **3.4 Statement**

Application must include a sworn statement Form PQ-6 by the Tenderer ensuring the accuracy of the information given.

### **3.5 Withdrawal of Prequalification.**

Should a condition arise between the time the firm is pre-qualified to bid and the bid opening date which could substantially change the performance and qualification of the bidder or the ability to perform such as but not limited to bankruptcy, change in ownership or new commitments, then Amref Health Africa reserves the right to reject the tender from such a bidder even though they have been initially pre-qualified.

**3.6.1** The firm/consultant must declare any conflict of interest in relation to any member of staff. Amref Health Africa will not seek services from suppliers/consultants where the employees have not declared conflict of interest



**3.6.2** Amref Health Africa will carry out a source audit exercise for the shortlisted prequalified suppliers/consultants.

**3.6.3** Any effort by the tenderer to influence Amref Health Africa in the tender evaluation, tender comparison or contract award decisions will result in the rejection of the tenderers' tender.

**3.7 Prequalification Criteria**

<b>Required Information</b>	<b>Form Type</b>	<b>Points Score</b>
1. Pre-qualification/Consultancy Data	PQ-1	10
2. Supervisory Personnel	PQ-2	10
3. Confidential Report	PQ-3	9
4. Past Experience	PQ-4	10
5. Litigation History	PQ-5	10
<b>6. Sworn statement</b>	<b>PQ6</b>	<b>5</b>
	<b><u>TOTAL</u></b>	<b><u>54</u></b>

**The qualification is 70% and above. Bids scoring below 70% will be considered non-responsive.**

**FORM PQ-1 - PRE-QUALIFICATION DATA**

**REGISTRATION FOR OTHER PROFESSIONAL SERVICES APPLICATION FORM**

<b>CONSULTANT BIOGRAPHICAL DATA SHEET</b>	
<b>1. Name of lead consultant (Last, First, Middle) and/or consultancy firm</b>	<b>2. Contractor's Name</b>
Name (Last, First, Middle):	Amref Health Africa
Consultancy firm:	
<b>3. Consultant's Address (include ZIP Code)</b>	<b>4. Consultant's email address</b>

	<b>5. Consultancy Category Number applied for</b>	<b>6. Proposed daily consultancy rate (US\$)</b>

<b>7. Telephone and cell phone numbers</b> <i>(include area code)</i>	<b>8. Place of Birth</b>	<b>9. Citizenship (s)</b>

<b>10. EDUCATION</b> <i>(include all college or university degrees)</i>					<b>11. LANGUAGE PROFICIENCY</b> <i>(see instructions on reverse)</i>		
NAME AND LOCATION OF INSTITUTION	MAJOR	DEGREE	YEAR	LANGUAGE	Proficiency Speaking	Proficiency Reading	

**12. EMPLOYMENT HISTORY** Give last three (3) years. List salaries separate for each year. Continue on separate page if necessary.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Employment Period: <i>(most recent first)</i>		Annual Salary in US\$:
		From	To	

**13. SPECIFIC RELEVANT CONSULTANCY SERVICES** *(give last five (5) years)*

SERVICES PERFORMED	COMPANY'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE NO.	Dates of Service <i>(MM/DD/YY)</i>		Daily Rate <i>(dollars)</i>	Days at Rate
		From	To		

**14. CERTIFICATION:**

Consultant certifies in submitting this form that consultant has taken reasonable steps to ensure the accuracy of the information contained in this form. Consultant understands that Amref Health Africa will make necessary contacts to verify the information. Consultant understands that Amref Health Africa may rely on the accuracy of such information in negotiating a rates and/or salary with the consultant. Applicant understands that the making of certifications that are false, fictitious, or fraudulent may result in appropriate remedial action by Amref Health Africa, taking into consideration all of the pertinent facts and circumstances, which may include immediate termination of any relationship with Amref Health Africa

Signature:

Date

### ***INSTRUCTIONS***

Consultant to complete blocks 1, 3-13, and sign and date block 14.

Indicate your language proficiency in block 11 using the following numeric Interagency Language Roundtable levels (Foreign Service Institute levels). Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5. "S" indicates speaking ability and "R" indicates reading ability.

**2 Limited working proficiency**

**S Able to satisfy routine social demands and limited work requirements.**

**R Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects.**

**3 General professional proficiency**

**S Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations.**

**R Able to read within a normal range of speed and with almost complete comprehension.**

**4 Advanced professional proficiency**

**S Able to use the language fluently and accurately on all levels.**

**R Nearly native ability to read and understand extremely difficult or abstract prose, colloquialisms and slang.**

**5 Functional native proficiency**

**S Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker.**

**R Reading proficiency is functionally equivalent to that of the well-educated native reader.**

### **PAPERWORK REDUCTION ACT INFORMATION**

The information requested by this form is necessary for prudent management and administration of

public funds. The educational information provides an indication of qualifications; the salary information is used as a means of cost monitoring and to help determine reasonableness of proposed salary/rate.

**PAPERWORK REDUCTION ACT NOTICE**

Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

**AMREF HEALTH AFRICA  
Monitoring, Evaluation and Research Unit  
P.O Box 30125-00100  
Nairobi Kenya**

**For others**

I/We ..... hereby apply for registration as supplier(s)  
*(Name of Company/Firm)*

of .....  
(Item Description)

.....  
(Category No.)

Post Office Address .....

Town .....

Street .....

Name of building .....

Room /Office No. .... Floor No. ....

Telephone Nos. ....

**Email address (MUST) .....**

Full Name of applicant .....

Other branches location .....

Organization & Business Information

Management Personnel .....

Chief Executive .....  
Secretary .....  
General Manager .....  
Treasurer .....  
Other.....

Partnership (if applicable)

Names of Partners

3. Business founded or incorporated .....

4. Under present management since .....

5. Net worth equivalent

Kshs.....

6. Bank reference and address .....

7. Enclose copy of organization chart of the firm indicating the main fields of activities

.....

**PQ-2 SUPERVISORY PERSONNEL**

Name .....

Age .....

Academic Qualification .....

Under graduate.....

Post graduate.....

Diploma.....

High School.....

Professional Qualification .....

.....

*(Attach Certificates)*

Length of service with Contractor or Supplier position held

.....

*(Attach copies of certificates of at least 2 key personnel in the organization)- 5marks each*

**(10 Points)**

**PQ-3 REPUBLIC OF KENYA**

**CONFIDENTIAL BUSINESS QUESTIONNAIRE**

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

You are advised that it is a serious offence to give false information on this form

\*if Kenya Citizen, indicate under "Citizenship Details" whether by Birth, Naturalization or Registration.

***Part I- General :***

Business Name .....

Location of business premises.....

Plot No. .... Street/Road.....

Postal Address.....Tel. No.....

Email address (MUST).....

Nature of business.....

Current Trade Licence. No.....Expiring date.....

Maximum value of business which you can handle at any one time:

Kshs.....

Name of your bankers.....Branch

Account No.....Branch.....

Swift code.....Branch code.....

Bank Currency.....

**Part 2 (b) Partnership**

Given details of partners as follows:

<b>Name</b>	<b>Nationality</b>	<b>Citizenship Details</b>
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**Shares**

.....  
.....  
.....  
.....

*Part 2 (c) – Registered Company:*

Private or Public.....

State the nominal and issued capital of company-

Nominal Kshs.....

Issued Kshs.....

Given details of all directors as follows:-

<b>Name</b>	<b>Nationality</b>	<b>Citizenship Details</b>
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**Shares**

.....  
.....  
.....  
.....

**Date:** .....

**Signature of Candidate:** .....

**(9 Points)**

**FORM PQ-4 PAST EXPERIENCE**

**NAMES OF THE APPLICANTS CLIENTS IN THE LAST TWO YEARS**

**NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS**

- i) Name of Client (organization)  
.....
- ii) Address of Client (organization)  
.....
- iii) Name of Contact Person at the client (organization)  
.....
- iv) Telephone No. of Client  
.....
- v) Value of Contract  
.....
- vi) Duration of Contract (date)  
.....  
(Attach documental evidence of existence of contract)

2. Name of 2<sup>nd</sup> Client (organization)

- i) Name of Client (organization)  
.....
- ii) Address of Client (organization)  
.....
- iii) Name of Contact Person at the client (organization)  
.....
- iv) Telephone No. of Client  
.....
- v) Value of Contract  
.....
- vi) Duration of Contract (date)  
.....  
(Attach documental evidence of existence of contract)

3. Name of 3<sup>rd</sup> Client (organization)



- i) Name of Client (organization)  
.....
  - ii) Address of Client (organization)  
.....
  - iii) Name of Contact Person at the client (organization)  
.....
  - iv) Telephone No. of Client  
.....
  - v) Value of Contract  
.....
  - vi) Duration of Contract (date)  
.....
- (Attach documental evidence of existence of contract)

4. Others

.....

**(10 Points)**

**3 marks each and an additional point for one other**

**FORM PQ-5 LITIGATION HISTORY**

**Name of Contract Supplier**

Contractors/Suppliers should provide information on any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution.

<b>YEAR</b>	<b>AWARD FOR OR AGAINST</b>	<b>NAME OF CLIENT CAUSE OF LITIGATION AND MATTER IN DISPUTE</b>	<b>DISPUTED AMOUNT (CURRENT VALUE, KSHS. EQUIVALENT)</b>

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**(10 Points)**

**FORM PQ-6 SWORN STATEMENT**

Having studied the pre-qualification information for the above project we/I hereby state:

- a. The information furnished in our application is accurate to the best of our knowledge.
- b. That in case of being pre-qualified we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.
- c. We enclose all the required documents and information required for the pre-qualification evaluation.

**Date:**

.....  
 .....

**Applicant's Name:**

.....

**Represented by:**

.....

**Signature:**

.....

**(Full name and designation of the person signing and stamp or seal) (5points)**

**Amref Health Africa reserves the right to accept or reject any or all bids and is not bound to give reasons for its decision. Late bids will be rejected**

