



**TENDER NOTICE**

**PRINTING OF MALARIA FACILITY REPORTING TOOLS**

**Amref Health Africa in Kenya**

**TENDER NO. AMREF/08/07/2025/018**

**LOT NUMBER ONE (1)**

**(MOH 645 – HEALTH FACILITY DAILY ACTIVITY REGISTER FOR  
MALARIA COMMODITIES)**

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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 Printing of Malaria Facility Reporting Tools in lots as listed below;

| LOT NO | ITEM DESCRIPTION   | QUANTITY | UNIT OF MEASURE |
|--------|--|----------|-----------------|
| 1      | MoH 645 booklets (Health Facility Daily Activity Register for Malaria commodities) | 12,300   | Booklets        |
| 2      | MoH 743 booklets (Health Facility Summary Report for Malaria Commodities)          | 7,000    | Booklets        |

2. This tender document is only for **Lot Number One (1)**.
3. Interested eligible bidders may obtain further information from the **Amref Health Africa website** [www.amref.org](http://www.amref.org)
4. Complete sets of tender documents can be downloaded from Amref Health Africa website; <http://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 or via MPesa Paybill: 890750, Account: AMREF/8/7/2025/018.**
5. Candidates will then attach the copy of the mobile money receipt or the banking/deposit slip to the tender documents as proof of purchase. Candidates interested in buying more than one lot **Must** pay for the lots separately and then attach the copy of the mobile money receipts or banking deposit slips respectively to the tender documents as proof of purchase.
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, tender name, vendors name and vendors contact details. 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).**
7. Tenders must be delivered to the address below not later than **Tuesday 22<sup>nd</sup> July 2025 at 12.00 noon** and must be accompanied by a tender security of **KES 175,000** in the Currency specified in the tender document in the form of a bank guarantee from a reputable bank and must be delivered with the Tender Documents in the technical bid, (**bid bonds from insurance companies will NOT be accepted**). The tender security validity period from date of closing tender should also be indicated.
8. Interested eligible bidders are also invited to a pre-bid conference on **Friday 11<sup>th</sup> July 2025 starting at 10.00 a.m.** To access the link for registration of pre-tender conference, log onto the Amref Health Africa website; <https://amref.org/tenders/>

9. Tenders should be dropped at the **Amref Health Africa-KCO Big Tender Box** at the **Main Reception**. Tenders will be opened at 12 noon on the closing date in the presence of the Tenderers' representatives who choose to attend at the Amref Health Africa Large Lecture room. Electronic bidding will not be permitted. **No bids will be accepted after 12 noon on the closing day.**
10. 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 in your financial quotation should be broken down as follows: (Do not key in your financial quotation in this section)
- (i) Unit price
  - (ii) 16% VAT
  - (iii) Other applicable taxes
  - (iv) TOTAL Cost
- NOTE: Global Fund grants are tax exempt. Bidders will be required to submit quotations inclusive of 16% VAT. Payment(s) to the successful bidder(s) shall be made in total exclusive of VAT and tax exemption certificate will be issued accordingly. Successful applicants shall be required to submit proforma invoice and valid tax compliance certificate upon receipt of LPO for processing of specific VAT exemption certificate.**
11. Samples will **ONLY** be requested from respective vendors who shall pass mandatory requirements and will form part of the technical evaluation.

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

## **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.

### **2.2 Cost of tendering.**

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

### **2.3 Specific Instructions**

- 2.3.1 Bidders must quote for all items and quantities as indicated per Lot in order to qualify for evaluation.
- 2.3.2 The final bound tender document must be serially paginated (All pages in the document from top page (immediately after top cover) to the last page (one before back cover) including table of content, separators, brochures, bank deposit slip and any other attachments) in a continuous ascending order from the first page to the last in this format; 1,2,3.....n where n indicates the last numerical page number.  
Should the reverse side of any leaf have content, it will also be considered as a page and should also be paginated.
- 2.3.3 Any alterations to the page numbering in the bid document must be clearly countersigned by the bidder. Failure to countersign such modifications shall render the bid non-compliant to the pagination requirement clause 2.3.2.
- 2.3.4 Any secondary attachment to a page (such as bank deposit slips/receipts etc.) should be glued onto that page. Stapling of secondary attachments is not allowed and may render your bid non-responsive.
- 2.3.5 Bids will be evaluated on Lot by Lot basis.

### **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 proposed to be purchased 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 after date of tender opening prescribed by Amref Health Africa, pursuant to paragraph 2.11. Tenders 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 Tuesday 22<sup>nd</sup> July 2025”**.

## **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 Tuesday 22<sup>nd</sup> July 2025**.

## **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 contacted 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.
- 2.10.2 A bidder who withdraws its tender after the deadline for submission will forfeit its bid security deposit.

## **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 Tuesday 22<sup>nd</sup> July 2025** 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 security 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, may 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 securities/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.
- 2.13.3 Amref Health Africa will notify bidders who will be required to provide samples in good time with specific sample submission details following finalization of the preliminary evaluation.

- 2.13.4 Amref Health Africa will ensure that the submitted samples are catalogued accordingly and correspond to the assigned bid number(s). The tenderers should ensure that all their samples have been captured correctly.

**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 Appeal Period**

- 2.15:1 Any vendor/service provider who wishes to appeal against the outcome of the tender shall do so in writing within 3 working days of the date of the notification/regret letter. Any letter received after the third day shall not be responded to and shall be treated as null and void. Amref Health Africa shall have dispensed with this procurement.

**2.16 Contacting Amref Health Africa**

- 2.16:1 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.
- 2.16:2 Any effort by a tenderer to influence Amref Health Africa in its decisions on tender evaluation, tender evaluation committee, or contract award will result in the rejection of the tenderer's tender.

**2.17 Leadtime and delivery details**

- 2:17:1 The supplier should be able to deliver the items in the Lot(s) they have quoted for as specified in this tender document.
- 2:17:2 The supplier should include delivery schedule with lead times.
- 2:17:3 On arrival the supplies should be free from damage. The supplier shall be liable for all losses due to insufficient of unsuitable packing and delivery arrangements, and shall be liable for the cost of returning any unacceptable supplies.
- 2:17:4 The supplies must be free from objectionable matter and any substances that would represent a hazard to health.

### **SECTION 3: Eligibility Requirements and Technical Specifications**

#### **LOT 1: Printing of MoH 645 – Health Facility Daily Activity Register for Malaria Commodities**

##### **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 OF MANDATORY REQUIREMENTS</b> |   |              |                  |                      |
|---|---|--------------|------------------|----------------------|
| <b>Mandatory Requirements</b>                           |   |              |                  |                      |
| <b>No.</b>  | <b>Particulars</b>  | <b>Marks</b> | <b>Compliant</b> | <b>Non-compliant</b> |
| 1.  | Copy of Certificate of Incorporation/Certificate of Registration.   | 1 or 0       |                  |                      |
| 2.  | Copy of valid KRA Tax Compliance certificate  | 1 or 0       |                  |                      |
| 3.  | Copy of CR12 generated within the last 12 months (not older than June 2024)   | 1 or 0       |                  |                      |
| 4.  | Must attach Mobile money deposit receipt/ banking deposit slip as proof of purchase of tender documents per LOT   | 1 or 0       |                  |                      |
| 5.  | Must provide a copy of Valid business Trading License   | 1 or 0       |                  |                      |
| 6.  | Must provide tender security from a reputable bank amounting to <b>Kshs 175,000</b> valid up to and including <b>January 17<sup>th</sup> 2026</b>   | 1 or 0       |                  |                      |
| 7.  | Must submit copies of 2 most recent sequential audited financial reports (from 2022) and each must be signed and dated by the auditor and the firms Directors. (Both reports must have unqualified/unmodified auditor's opinion). | 1 or 0       |                  |                      |
| 8.  | ENSURE that all pages are sequentially paginated in the format 1, 2,3 .... starting with 1 on top page (see details of pagination and binding on section 2.3.2 of the tender document).   | 1 or 0       |                  |                      |

**Note: All the above documents numbered 1 to 8 should be packaged and arranged in that order under the preliminary evaluation criteria section of the tender document.**



**B: Technical Evaluation Criteria**

| Requirement   | Max       | Score |
|---|-----------|-------|
| <b>Specifications for MoH 645 - Health Facility Daily Activity Register for Malaria Commodities;</b> <ul style="list-style-type: none"> <li>○ Booklet: <b>MoH 645</b></li> <li>○ Size/ Dimensions: <b>A3</b></li> <li>○ Orientation: <b>Landscape</b></li> <li>○ Page Count: <b>400 data collection pages</b> (<i>200 printed leaves excluding the cover</i>)</li> <li>○ Paper Type: <ul style="list-style-type: none"> <li>• Front Cover: <b>450gsm dark grey rexine binding cloth</b></li> <li>• Inside Front Cover: <b>Art paper, printed, and pasted on the cover</b></li> <li>• Instruction Pages: <b>Bond 120gsm; Single-Colour print to start from inside front cover</b></li> <li>• Data Collection Pages: <b>Bond 120gsm; Single-Colour, Double-sided Print</b></li> <li>• Back Cover: <b>450gsm; Strawboard</b></li> </ul> </li> <li>○ Binding: <b>Thread sewn; Case/Hard cover; Tape binding</b> (<i>dark grey rexine binding cloth</i>) <b>on short edge</b></li> <li>○ Finishing: <b>Trim-to-size</b></li> </ul> <p>Submission of sample: Bidders who meet the mandatory requirements will be given three (3) days' notice to submit a sample of one (1) booklet for evaluation.</p> | 20 or 0   |       |
| Provide proof of supply of booklets or similar printed material in the recent past (from 2020 to date) ( <b>Attach Purchase orders, contracts or invoices only</b> ) specifying the value <ul style="list-style-type: none"> <li>• Not provided/ Irrelevant – 0mk</li> <li>• Orders below Kshs 3M - 2mks</li> <li>• Kshs 3M and above - but below Kshs 5M- 5mks</li> <li>• Kshs 5M and above - 10mks</li> </ul>   | 10        |       |
| <b>TOTAL</b>  | <b>30</b> |       |
| <b>Only bidders who will score at least 25marks shall proceed to the next stage of evaluation</b>   |           |       |

**Note: Bidders who will not meet the passmark above will be considered non-responsive and will not proceed to the next stage of evaluation.**

#### **SECTION 4: Confidential Business Questionnaire**

You are requested to give the particulars indicated in part 1 and either part 2(a), 2(b) or 2(c) whichever applies to your type of business.

##### **PART 1- GENERAL**

Business Name .....

Location of Business premises:

Country/Town.....

Postal Address .....

Code ..... Town.....

Tel No.....

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

Nature of Business .....

##### **Part 2 (a) – INDIVIDUALS**

Your Name in full .....

Nationality ..... Country of Origin .....

Citizenship details .....

##### **PART 2 (b) – PARTNERSHIP**

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

##### **PART 2 (c) – REGISTERED COMPANY**

Private or Public .....

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

Nominal Ksh .....

Issued Ksh .....

Give details of all directors as follows:

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

## **SECTION 5: Tender security form**

Tender no. Amref .....

### **PRINTING OF MOH 645 -Health Facility Daily Activity Register for Malaria Commodities**

**To:** Amref Health Africa

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 *Saturday January 17<sup>th</sup> 2025*, and any demand in respect thereof must reach the Bank not later than the above date.

**Note: A bidder who withdraws its tender after the deadline for submission will forfeit its bid security deposit**

For and on behalf of the Bank

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION 6: References**

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

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

**SECTION 7: Delivery schedule of goods**

| <b>LOT NO</b> | <b>DESCRIPTION</b>  | <b>QTY</b> | <b>UNIT OF MEASURE</b> | <b>DELIVERY LOCATION</b>  |
|---------------|---|------------|------------------------|---|
| <b>1</b>      | Printing of MoH 645 (Daily Activity Register for Malaria Commodities) | 12,300     | Booklets               | Within Nairobi Metropolitan (Exact delivery location to be communicated to the successful bidder after award) |

**PART B: FINANCIAL REQUIREMENTS****PLEASE PROVIDE THIS IN A DIFFERENT ENVELOPE****SECTION 1 Price schedule**

| LOT NO | TENDERERS<br>NAME | SPECIFICATIONS | TENDER NUMBER | QTY | UNIT<br>PRICE | VAT | TOTAL | REMARKS |
|--------|-------------------|----------------|---------------|-----|---------------|-----|-------|---------|
| 1      |                   |                |               |     |               |     |       |         |
|        |                   | <b>TOTAL</b>   |               |     |               |     |       |         |

**SECTION 2 Delivery leadtime**

| LOT<br>NO | TENDERERS<br>NAME | SPECIFICATIONS | TENDER NUMBER | QTY | DELIVERY<br>LEAD TIME | REMARKS |
|-----------|-------------------|----------------|---------------|-----|-----------------------|---------|
| 1         |                   |                |               |     |                       |         |
|           |                   | <b>TOTAL</b>   |               |     |                       |         |

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

|                           |                       |                     |
|---------------------------|-----------------------|---------------------|
| Currency                  | GRAND TOTAL BID PRICE | In Figures          |
|                           |                       | In Words            |
| Bidder's Name and Address | Date                  | Signature and Stamp |

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

**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, and that any inaccuracy in the information filled herein will lead to disqualification of the tenderer.

For and behalf of: .....

Name: .....

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

**DELIVERY COMMITMENT FORM**

I/We [*insert: tenderers name*] acknowledge the delivery schedule above for the procurement of [*insert: description and the lot number*] and do hereby commit ourselves that we shall deliver these goods within [*insert: timelines*] as stipulated in this tender document.

For and behalf of: .....

Name: .....

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



## **ANNEX 1 Stages of Tender**

### **PART A**

#### **A. Preliminary Evaluation**

Tenderers are required to comply with mandatory requirements

- ✓ Bidders who shall not provide any of the documents shall be considered non-responsive and shall not proceed to the next stage(s) of evaluation

#### **B. Technical Evaluation**

##### **i. Documents Examination**

- ✓ Bidders who will not meet the passmark(s) as specified shall be considered non-responsive and shall not proceed to the next stage(s) of evaluation

##### **ii. Product Evaluation**

- ✓ The technical evaluation shall involve the product evaluation and or samples where applicable

### **PART B**

- Financial Evaluation & Delivery lead time evaluation

- ✓ Tenderers who are successful at preceeding stages shall have their prices and delivery period compared and award recommended to the lowest evaluated responsive bid.

- Contracting

- ✓ If accepting of the offer, the successful bidder shall be contracted per the sample standard agreement accessible on the Amref website.

## ANNEX 2 Artwork



REPUBLIC OF KENYA

MINISTRY OF HEALTH

# Health Facility Daily Activity Register for Malaria Commodities - MOH 645

|                      |  |           |  |
|----------------------|--|-----------|--|
| County:              |  |           |  |
| Sub-County:          |  |           |  |
| Health Facility:     |  |           |  |
| KMHFL Code           |  |           |  |
| Facility KEPH Level: |  |           |  |
| Start date:          |  | End date: |  |

Version 2024"

## Malaria Commodities Daily Activity Register Instructions for Use

### Purpose for filling the malaria commodities Daily Activity Register (DAR)

- To record the quantities of Artemether–Lumefantrine (AL), Artesunate injectable and Rapid Diagnostic Test (RDTs) used each day (this is needed to monitor malaria commodity utilization and help detect inappropriate use), **regardless of source**.
- To calculate consumption of AL, Artesunate and RDTs over a chosen period (for estimating order requirements).
- To compare AL, Artesunate and RDTs records with stock (use stock control/ bin cards and physical inventory checks) to identify discrepancies between quantities issued from store and those actually used.

### Entering AL, Artesunate and RDT records

1. On a new page, **go to the row "Balance from previous page" and enter the closing balance/ stock balance brought forward for the AL, Artesunate and RDTs from the previous filled page. Obtain these figures from the row "balance end of this page" on the previously filled page.**
2. If new stock of AL, Artesunate and RDTs are received from the facility store, record the following information for each receipt of AL, Artesunate or RDTs:
  - a. Receipt date= date of the receipt of AL, Artesunate and RDTs from all stores.
  - b. Reference number= the reference number of the receipt of AL, Artesunate and RDTs, e.g. the S11 number.
  - c. Quantities received from store (B) = the actual quantity received (in DOSES, VIALS & TESTS) for each receipt of AL, Artesunate and RDTs, respectively.
  - d. Add the received amount to the "Balance from previous page (A)" figure to get the "Total stock available" ((C) = (A) + (B)).

**NB: Stock received from KEMSA/ MEDS/ Central Stores should not be entered here, they should be entered in the STOCK CONTROL/ BIN CARD.**

3. Record the following information for each patient:
  - a. Date = date of the patient's visit/date of testing.
  - b. IP? OP Number= Inpatient or Outpatient Number, that references the In-Patient or Out-Patient Registers.

### TESTING SECTION

4. Record diagnostic test (microscopy/ RDT) result for each patient:
  - a. Test results obtained from the microscopy or RDT based on the weight category of the patient. If a test was not done, also tick the appropriate section.
  - b. For an invalid test, record that by ticking on the given column and repeat the test.
  - c. If a malaria test was not done, tick in the column reading "no malaria test done"
  - d. For an RDT test done, write the number of RDTs used in the column reading "Qty of RDTs used". Do not tick.

### TREATMENT SECTION 1

5. For patients tested positive and require an AL dose, tick the weight band/ age for each patient in the appropriate column.
6. Record the quantity of the AL dispensed according to the patient's by weight band. Remember to indicate the multiple or fraction quantities you dispense in case you must combine or split the AL doses respectively.

### TREATMENT SECTION 2

7. For patients tested positive with signs of severe malaria and require Artesunate injectable, issue Artesunate vials as per the quantity required according to the 'Guideline for the diagnosis treatment and prevention of malaria 6th edition treatment guideline version 2020'.
8. Tick the appropriate column that meets the weight of the patient and record the quantity of Artesunate inj vials issued.

### Calculating page summaries:

9. Run down each column per weight band and carefully add up the totals in the row marked "E". Add up all the columns, i.e. age group, microscopy, RDTs, no malaria test done, quantity of RDTs used, patient weight/ age category requiring AL, quantity of AL dispensed, patient weight/ age category requiring Artesunate inj, quantity of Artesunate inj issued.
10. Record any losses occurred. A loss could be damage/ pilferage/ unaccounted.
11. Calculate the closing **balance for the page for RDTs, ALs and Artesunate inj**, "Balance end of this page= Total stock available -Total quantity dispensed -Losses" as follows: **(G)= (C)- (E)- (F)**. **Enter this figure into the row balance end of this page for each AL dose, Artesunate and mRDTs.**  
*Note: This is also the stock balance carried forward to the next page and recorded in the "Balance b/f (A)" section.*
12. In the row marked "H" "Cumulative dispensed total", aggregate the total (E) in each page from the beginning of the month in each page to the end of the month such that the last page for the month has the cumulative total dispensed/ used/ issued for that month

**At the end of the Month:** For a health facility with multiple testing and dispensing points and outpatient/ observation/ inpatient wards, the health facility in charge should obtain **ALL the AL dispensed, Artesunate issued and RDT used from ALL DARs** in the health facility, and together with the stock control/ bin cards from the store and compile **ONE** health facility summary form.

## Standard Operating Procedure for Recording Malaria fields in the MOH Register tools

## Purpose

| Tool    | Column to be filled  | Data Element contained in the column                       | How the Data element will be filled?  | Steps to fill the data | Responsible person   | Remark   |
|---------|--|--|---|------------------------|--|--|
| MOH 645 | >Name of the health facility<br>>Type of malaria test done | >Name of the health facility<br>>Type of malaria test done | >Fill in the name of the health facility at the top left corner of the DAR<br>>Fill in the date when the commodities are used/ dispensed<br>>Fill in the IP/OP number from 204A/B<br>>From 204A/B and 240, identify whether microscopy/ mRDT was performed for each patient<br>>For microscopy, indicate the test result as POS or NEG using a tick (✓)<br>>For mRDT, indicate the test result as POS, NEG or INV using a tick (✓)<br>>If neither microscopy nor mRDT was performed, indicate no test done using a tick (✓)<br>>At the bottom of this section, indicate the total numbers for each column of microscopy- POS and NEG; mRDT- POS, NEG and INV; and no test done  |                        | Facility staff- clinician, nurse, pharmacy staff, laboratory staff | >DAR should be available wherever mRDTs, ALs or Inj Artesunate are used/ dispensed such that a health facility can have multiple DARs in use; and at end month while summarizing information from DARs is consolidated<br>>DAR may be available at the testing point (mRDT), dispensing point (ALs) and in the ward (Inj Artesunate)<br>>If a weighing scale is not available, assumption for age and weight is done |
| MOH 645 | Weight category of the patient for dispensing AL           | Weight category of the patient for dispensing AL           | >With a positive malaria test, the patient deserves to be dispensed an AL dose based on their weight<br>>Using a tick (✓), indicate the weight of the patient in the corresponding weight category columns of 5 to <15kg, 15 to <25kg, 25 to <35kg and 35+kg<br>>Weight is indicated only for patients dispensed AL<br>>At the bottom of this section, indicate the total numbers for each column of weight category of 5 to <15kg, 15 to <25kg, 25 to <35kg and 35+kg  |                        | Facility staff- clinician, nurse, pharmacy staff, laboratory staff | >DAR should be available wherever mRDTs, ALs or Inj Artesunate are used/ dispensed such that a health facility can have multiple DARs in use; and at end month while summarizing information from DARs is consolidated<br>>DAR may be available at the testing point (mRDT), dispensing point (ALs) and in the ward (Inj Artesunate)<br>>If a weighing scale is not available, assumption for age and weight is done |
| MOH 645 | Quantity of RDTs/ ALs/ Inj Artesunate issued/ dispensed    | Quantity of RDTs/ ALs/ Inj Artesunate issued/ dispensed    | >For mRDTs, indicate the number of RDT (tests) used for each patient for whom mRDT was performed. This column will remain blank if a microscopy test is performed<br>>When AL doses are dispensed, indicate the number of ALs dispensed based on the weight category<br>>If all weight bands are available, then one AL 6 dose is dispensed to a weight of >5kg to<15kg, one AL 12 dose is dispensed to a weight of >15kg to <25kg, one AL 18 dose is dispensed to a weight of >25kg to <35kg and one AL 24 dose is dispensed to a weight of >35kg<br>>Incase not all AL weightbands are available, based on the available AL weight band and patient weight, corresponding number of AL tabs will be dispensed. For instance (a) in a situation where only AL 12 weightband is available and with a patient of 51kg (who would need one dose of AL 24), two AL 12 doses will be dispensed; (b) in a situation where only AL 24 weightband is available and with a patient of 30 kgs (who would need one dose of AL 18), three-fourth (3/4th) i.e. 18 tabs of an AL 24 dose will be dispensed |                        | Facility staff- clinician, nurse, pharmacy staff, laboratory staff | >DAR should be available wherever mRDTs, ALs or Inj Artesunate are used/ dispensed such that a health facility can have multiple DARs in use; and at end month while summarizing information from DARs is consolidated<br>>DAR may be available at the testing point (mRDT), dispensing point (ALs) and in the ward (Inj Artesunate)<br>>If a weighing scale is not available, assumption for age and weight is done |
| MOH 645 | Quantity of RDTs/ ALs/ Inj Artesunate issued/ dispensed    | Quantity of RDTs/ ALs/ Inj Artesunate issued/ dispensed    | >At the top of this section, indicate the balance brought forward (from previous page) (A), quantity received (B), total stock available (C) (=A+B), receipt date when quantity was received and reference number of this receipt for mRDT, AL 6, AL12, AL 18, AL 24 and Inj Artesunate<br>>At the bottom of this section, indicate the total dispensed (E), loss (D) and balance at end of the page (which is calculated as C - E - D)<br>>Ending balance then becomes the balance brought forward on the next page  |                        | Facility staff- clinician, nurse, pharmacy staff, laboratory staff | >DAR should be available wherever mRDTs, ALs or Inj Artesunate are used/ dispensed such that a health facility can have multiple DARs in use; and at end month while summarizing information from DARs is consolidated<br>>DAR may be available at the testing point (mRDT), dispensing point (ALs) and in the ward (Inj Artesunate)<br>>If a weighing scale is not available, assumption for age and weight is done |

