KIBABII UNIVERSITY

PREQUALIFICATION OF SUPPLIERS: - HEALTH SERVICES PROVIDERS

HOSPITAL NAME: ……..

CATEGORY NO: PREQ/KIBU/01/2023-2025

CATEGORY DESCRIPTION: PROVISION OF HEALTH SERVICES: - HOSPITALS AND SPECIALISTS

TO:

KIBABII UNIVERSITY

TEL NO: 0734 831 729 or 0708 085 934

EMAIL: tenders@kibu.ac.ke

WEBSITE: www.kibu.ac.ke

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SECTION 1- INVITATION FOR PREQUALIFICATION

Kibabii University intends to prequalify Health Service providers. Interested eligible providers (Hospitals and Specialists) are invited to apply for prequalification.

Documents containing detailed instructions and requirements may be downloaded from the Kibabii University website www.kibu.ac.ke free of charge. Applicants who downloads the prequalification document **MUST** email their names, contact details and tender number to: tenders@kibu.ac.ke

Completed registration documents in a plain sealed envelope, clearly marked "**PREQUALICATION OF HEALTH SERVICE PROVIDERS"** and bearing the respective **REFERENCE NUMBER & CATEGORY** but no indication of the applicants' name, should be deposited in the Tender Box at the **University Administration Entrance** or sent by post to

The Vice Chancellor
Kibabii University
P.O. Box 1699 – 50200
BUNGOMA

So as to be received on or before **30th June, 2023 at 10:00 am**
PROCUREMENT OFFICE
For: VICE CHANCELLOR, KIBABII UNIVERSITY

SECTION 2 – INSTRUCTION TO APPLICANTS

2.1 Introduction

Kibabii University referred to as the procuring entity intends to prequalify suppliers for health service provider and medical specialist.

2.1.2 Prequalification is open to eligible medical specialists private hospitals and level four (4) and above government hospitals as indicated in appendix instruction to applicants. Provider registered with Registrar of companies under the laws of Kenya in respective services are invited to submit their Prequalification documents to the Vice Chancellor Kibabii University so that they may be Prequalified for provision of medical services.

2.1.3 Prospective providers must have carried out successful delivery of similar services to Government/Corporate/institutions of similar size. Potential provider must demonstrate the willingness and commitment to meet the Prequalification criteria.

2.2 Submission of application

2.2.1 Applications for Prequalification shall be submitted in a sealed envelope marked with the category name and reference number and deposited in the Tender Box located at the Administration Block, Kibabii University Main Campus OR be addressed and posted to:

The Vice Chancellor
Kibabii University
P.O. Box 1699 – 50200
BUNGOMA

So as to be received on or before **30th June, 2023 at 10:00 am**

2.2.2 The tender prepared by the tenderer, as well as all correspondence and documents relating to the tender, exchanged by the tenderer and the Procuring entity, shall be written in English language. Any printed literature furnished by the tenderer may be written in another language provided they are accompanied by an accurate English translation of the relevant passages in which case, for purposes of interpretation of the tender, the English translation shall govern.

2.3 Eligibility of applicants

2.3.1 This invitation for Prequalification is open to all candidates who are eligible as defined in the Kenya Public Procurement Law and regulations.

2.3.2 The Kibabii University employees, committee members, board members and their relatives' (spouse and children) are not eligible to participate.

2.3.3 Any public owned sector or hospital may be eligible to qualify if in addition to meeting all the above requirements, it is also legally and financially autonomous, it operates under commercial law, and it is not a dependent agency of another public entity

2.4 Qualification Criteria

2.4.1 The attached questionnaire forms described are to be completed by prospective providers who wish to be Prequalified for submission of tender for Health Service

2.4.2 The Prequalification application forms which are not filled out completely and submitted in the prescribed manners will not be considered. All the documents that form part of the proposal must be written in English and indelible.

2.4.3 **The audited accounts**: The supplier's financial condition will be determined by the last two years audited financial statement submitted with the application documents as well as letters of reference from previous performances. Potential providers will be prequalified on the satisfactory information given.

Special consideration will be given to the financial resources available as working capital, taking into account the amount of uncompleted orders on contract and now in progress. Potential bidders shall provide evidence to execute the contract.

2.4.5 **Litigation history**: the applicant should provide accurate information about ligation or arbitration resulting from contracts completed or uncompleted under its execution.

2.4.6 Past Performance: will be given due consideration in Prequalification of suppliers.

2.4.7 Statement: Application must include a sworn statement by the provider ensuring the accuracy of the information given.

2.4.8 Withdrawal of Prequalification: Should a condition arise between the time the firm is applying to Prequalify 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 of ownership or new commitments, the Kibabii University reserves the right to reject the tender from such a bidder even though they have been initially Prequalified

2.4.9 Business premises: The firm must have a fixed Business premise and must be registered in Kenya with certificate of Registration, Incorporation/Memorandum and articles of Association. Copies must be attached.

2.4.10 The firm must show proof that it has paid all it statutory obligations and have a Valid Tax Compliance Certificate.

SECTION 3: APPLICATION FORMS.

Form I LETTER OF PREQUALIFICATION

Prequalification category Ref: No PREQ/KIBU/01/2023-2025

To: The Vice Chancellor
Kibabii University
P.O. Box 1699 – 50200
BUNGOMA

Dear Sir:

1. Having examined the application documents including of which is hereby duly acknowledged, we the undersigned, offer to provide health services to Kibabii University staff, staff dependent and students and as may otherwise be directed.
2. We undertake if our application is acceptable to provide health service in accordance with the delivery schedule in the schedule of requirement or official order signed by authorized officer/s of the University.
3. We agree to abide by this application for the period of processing the applications and prepared and executed, this application together with written acceptance thereof shall constitute a binding agreement between us.
4. We understand
    a. That this is an application for consideration to be Prequalified as a Kibabii University provider of health service, during the period between **1st July 2023** and **30th June 2025**
    b. That you are not bound to accept this application or any other that you may receive**.**
5. We have attached to this application copies of original documents of:
        a) Registration/ incorporation certificate
        b) PIN Certificate
        c) VAT Certificate
        d) Valid tax compliance certificate
        e) Audited account for the last two (2) financial years OR
        f) Bank statement of the last six (6) months (special groups)
        g) Current operating license from professional body KMPDB or any other recognized medical Body
        h) Specialist practicing license
        i) Registration certificate from Professional Body

We make this application with full understanding that:

i. Bids by Prequalification applicants will be subject to verification of all information submitted.
ii. Kibabii university reserves the right to accept or reject any application, cancel the Prequalification process and reject all applications

The undersigned declare that the statements made and the information provided in the duly completed application are complete made, true and correct in every detail.

Sign and Stamped: …….

Witnessed by: ……...

Designation: …….

Date: ……

PROCLAMATION /SWORN STATEMENT/DECLARATION

I/We the undersigned, state that, ALL the information we have given provided in this document is correct/accurate to the best of our knowledge and that I/We give Kibabii University authority to seek any reference it may deem vital while carrying out their evaluation. I/We also hereby declare that the company is not debarred from participating in any public procurement proceeding.

Name of applicant:…….Designation: …… Signature:…….

Witnessed by:…….Desination: …… Signature: ……..

Official rubber stamp

State if you have any relationship with Kibabii University employee (which relationship)

……
……

Information submitted by……...

Title……

Signature ……...

Stamp…….

Mandatory requirement for open category

	Requirements	**Attached or not**	**Remarks**
I	Company registration certificate (registration certificate/certificate of incorporation) for hospitals		
ii.	VAT/PIN Registration certificate		
iii	Current/Valid tax compliance certificate		
iv	Availability of physical Office (evaluation team may visit to confirm) for hospitals		

NOTE: All copies of the above Documents MUST be attached for a firm to be qualified to proceed to the next level of evaluation.

GENERAL REQUIREMENTS

S/No	**REQUIREMENTS**	**POINTS**
1	Copies of audited accounts for the last 3 years…..20	20
2	Reference from 3 main current clients (fully filled) Evidence attached ……20 Evidence not attached……..0	20
3	Evidence of physical office – physical location……2pts Postal address……2pts Telephone number…… 2pts Email address…… …2pts Contact person……2pts	10
4	Credit Facility (what duration will your firm allow after invoicing to be paid) 30 Days ……2 60 Days……5 90 Days……10	10
5	Proclamation/sworn statement. Fully filled, signed and rubber stamped	10
6	Litigation history	10
7	Disclosure of business ownership (company profile disclose directors, partners or sole proprietorship)	20
	TOTAL POINTS	100

THE PASS MARK FOR REGISTRATION SHALL BE 70%

(The evaluation team will verify the information given by the tenderer and may visit the premises of the applicants for more proof as part of evaluation process)

OFFICIAL STAMP OF THE TENDERER

KIBABII UNIVERSITY

PREQUALIFICATION OF DENTAL SERVICES FORM

NAME OF SPECIALIST: PROF/DR/MR/MS _____

NAME OF HEALTH FACILITY (if any) _____

QUALIFICATIONS: DDS _____ DMD_____DENTAL.TCH._____ (tick)

PROFESSIONAL REGISTRATION NO: _____

PRACTICING LICENSE NO._____

A. Infrastructure		**Assessment**		**Comments**
i	An area or a room has been set aside for dental services.	Y ☐	N ☐	
ii	There are guidelines available on diagnosis, interpretation of Various dental conditions.	Y ☐	N ☐	
B. Equipment and Tools for Dental Healthcare Services		**Assessment**		**Comments**
iii	There is a policy in place for acquisition, usage, calibration, Maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	
iv	Available or access to an OPG machine	Y ☐	N ☐	
v	Dental Chair and unit in functional state.	Y ☐	N ☐	
vi	Operators chair and assistants' chair.	Y ☐	N ☐	
vii	Compressor.	Y ☐	N ☐	
viii	Suction machine.	Y ☐	N ☐	
ix	Autoclave.	Y ☐	N ☐	
x	Amalgamator.	Y ☐	N ☐	
xi	Light cure machine.	Y ☐	N ☐	
xii	Intra-oral x-ray machine.	Y ☐	N ☐	
xiii	Ultrasonic scalar.	Y ☐	N ☐	
xiv	High speed and slow speed hand pieces.	Y ☐	N ☐	
xv	Examination light.	Y ☐	N ☐	
xvi	Mouthwash.	Y ☐	N ☐	
xvii	Lockable Instrument cabinets.	Y ☐	N ☐	
xviii	Disposable bins with foot control (Plastic or Metallic).	Y ☐	N ☐	
xix	Amalgam filter.	Y ☐	N ☐	
xx	Working Refrigerator.	Y ☐	N ☐	
xxi	Emergency tray i.e. (Disposable syringes, adrenaline, Hydrocortisone, IV cannulas etc).	Y ☐	N ☐	
xxii	Full set of extraction forceps and elevators.	Y ☐	N ☐	
xxiii	Dental syringes.	Y ☐	N ☐	

Hospital Representative Names_____Signature_____Date_____

KIBU Officer Names_____Signature_____Date:_____

Equipment And Tools For Dental Healthcare Services		Self Assessment		Comments
xxiv	Amalgam restoration tray i.e. (Amalgam carrier, Amalgam Condenser, Curver, Burnisher, Matrix holder and bands, Wedges, Calcium Hydroxide applicator, Carie excavator & Rotary burs). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	
xxv	Composite restoration tray i.e. (Caries, excavator, Cement applicator, Enamel/Dentine Bonding agent, Acid etch set, Composite resin, Mylar strips, Composite polishing strips, Plastic applicators & Rotary burs). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	
xxvi	Endodontic tray- either rotary or hand instruments i.e. (Reamers and Files, Barbed Broaches, Gutter percha condenser, Gutta percha, Paper points, Root canal Disinfectant, Root canal Obturation Cement). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	
xxvii	Diagnostic tray i.e. (Mirror, Probe, Tweezers, Periodontal probe, Cotton rolls & Vitality test kit). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	
xxviii	Assorted impression trays i.e. (Upper edentulous, Lower edentulous, Lower dentate (No. 1-3), Upper dentate (No. 1-3), Paedo trays (upper and lower) & Impression material). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	
xxix	Surgical tray includes all the following: Periosteal elevator, Blade holder and blades, Tissue forceps Needle holder, Sutures, Surgical scissors, High speed evacuation tips, Lower molar forceps, Upper molar forceps (left and right),Lower premolar forceps, Lower anterior forceps, Lower root forceps, Upper anterior forceps, Upper root forceps, Criers elevator (left and right), Straight elevators (No. 1,2 and 3),Root tip elevator (left and right). **Tick Yes if all tools are available in the tray and No if any is missing*	Y ☐	N ☐	

Hospital Representative Names_____Signature_____Date_____

KIBU Officer Names _____Signature_____Date_____

C. Policies and Guidelines:		Assessment		Comments
xxx	Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental medication, materials, equipment & instruments in line With International standards and manufacturers guidelines.	Y ☐	N ☐	
xxxi	There are policies and procedures in place to govern the Management of dental materials.	Y ☐	N ☐	
xxxii	Infection prevention and control policies in place and used.	Y ☐	N ☐	
xxxiii	Appropriate staff in place in the unit.	Y ☐	N ☐	
D. Records Keeping		**Assessment**		**Comments**
xxxiv	There is a register available to show services and dental Procedures carried out.	Y ☐	N ☐	
xxxv	A well-kept register which is maintained for all services Available.	Y ☐	N ☐	
E. Dental X-Ray and Imaging		**Assessment**		**Comments**
xxxvi	There is a policy in place for acquisition, usage, calibration, Maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	
xxxvii	Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental radiographic materials equipment& instruments in line with International standards and Radiation Protection Board Guidelines.	Y ☐	N ☐	
xxxviii	There are policies and procedures into govern the management Of dental materials.	Y ☐	N ☐	
	TOTAL 76 (In this Section Yes has a value equivalent of 2)			

Hospital Representative Names_____Signature_____Date_____

KIBU Officer Names _____Signature_____Date_____

SECTION C: FOR OFFICIAL USE ONLY: FINDINGS AND RECOMMENDATIONS

KIBU ASSESSMENT TEAM

	Name	Designation	Signature
FACILITY REPRESENTATIVE(S)			

FACILITY DECLARATION

We.....and
.....
of
..... (Facility)

Certify that the information provided reflects the true status of the facility and that we shall take full
Responsibility of any variations herein provided.

Signature (1).....Signature (2).....

OFFICIAL STAMP

NOTE: OBSERVE THAT YOU:

i. Attach license from the Radiation Protection Board (facility with radiotherapy services)

ii. Attach license from the Pharmacy and Poisons Board, where applicable.

iii. Attach license from the Kenya Medical Laboratory & Technicians Board where applicable.

iv. Attach license from the Kenya Medical Practitioners and Dentist Board (for the facility and practitioners based in the facility.ie – Directors, in-charge of Departments and sections.

v. Copy of **Consultation fees structure** for services offered for Hospitals

vi. Copy of **Consultation Fees Structure** for specialized services (Dental, Eye, surgical, Obstetrics/Gynecology, Dermatology etc.)

vii. Copy of Fees Structures for Medical Laboratory Charges; include histology/cytology/Oncological etc

viii. All Hospitals to attach **bed charges including NHIF payment** for bed occupancy per day

ix. Copy of **services and fees** covered by **NHIF**

NOTE: Kindly tick and attach copies where applicable