KIBABII UNIVERSITY

PREQUALIFICATION FOR PROVISION OF HEALTH SERVICES AND SPECIALISTS

KIBU/PREQ/01/2025-2026

Date of Tender Closing/Opening: Thursday 2nd April, 2026 at 10.00 a.m. EAT

Time:1000hrs East Africa Time

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INVITATION TO APPLY FOR PREQUALIFICATION

PROCURING ENTITY	**KIBABII UNIVERSITY**
CONTRACT NAME AND DESCRIPTION	**PREQUALIFICATION FOR PROVISION OF HEALTH SERVICES AND SPECIALISTS**
TENDER No	**KIBU/PREQ/01/2025-2026**

1. The **Kibabii University** intends to prequalify contractors/Suppliers/Service Providers for **Provision of Health Services and Specialists.**

2. It is expected that the Invitation to Tender will be made in March 2026. Tendering will be conducted through *national competitive tendering* procedures using a standardized tender document and will be open to all applicants who prequalify.

3. Qualified and interested applicants may obtain further information and inspect the Prequalification Document during office hours *0900 to 1500 hours* at the address given below.

4. A complete set of Prequalification Document in English may be purchased or obtained by interested applicants upon payment of a non-refundable fees of Kenya shillings_____in cash or Banker's Cheque and payable to the address given below. Tender documents obtained electronically will be free of charge.

5. Prequalification Document may be viewed and downloaded for free from the website ***www.kibu.ac.ke*** ***or tenders.go.ke.*** Applicants who download the Prequalification Document must forward their particulars immediately to **procurement@kibu.ac.ke** to facilitate any further clarification or addendum.

6. Applications for prequalification should be submitted by postal service, or hand/courier delivery, clearly marked envelopes and delivered to the address given below by **Thursday 2nd April, 2026 At 10.00am EAT**

7. Alternatively, documents may be sent electronically to the email address to **procurement@kibu.ac.ke**

8. Late applications a reliable to be rejected.

9. Address where to submit Applications

VICE CHANCELLOR
KIBABII UNIVERSITY
P.O.BOX 1699-50200
BUNGOMA
MAIN CAMPUS
ADMINISTRATION BLOCK, GROUND FLOOR, TENDER BOX

THE DEADLINE FOR TENDER SUBMISSION IS:
THURSDAY 2ND APRIL, 2026 AT 10.00AM EAT

PART 1 - APPLICATION PROCEDURES

SECTION I - INSTRUCTIONS TO APPLICANTS (ITA)

A. General

1. Scope of Application

1.1 The name of the Procuring Entity inviting for applications is defined in the **PDS.** The particular type of contract (works, goods or Non-Consulting Services required) and its name and description of the contract(s) and its reference number are defined in the **PDS.** If the scope of contract so defined is in multiple contracts, it will be specified in the **PDS** if prequalification will be based on individual contracts or multiple contracts. The Full scope of Works or Goods or Non-Consulting Services are described in Section V (Scope of Works or goods contract).

2 Source of Funds to be specified in the PDS, if deemed necessary.

3. Fraud and Corruption

3.1 The Government of Kenya requires compliance with its Anti-Corruption laws and its prevailing sanctions policies and procedures.

3.2 In further pursuance of this policy, Applicants shall permit and shall cause their agents (where declared or not), subcontractors, sub consultants, service providers, suppliers, and their personnel, to permit the Public Procurement Regulatory Authority (PPRA) to inspect all accounts, records and other documents relating to any initial selection process, prequalification process, tender submission(incase prequalified),proposal submission, and contract performance (in the case of award), and to have them audited by auditors appointed by the PPRA.

4 Collusive practices

4.1 The Procuring Entity requires compliance with the provisions of the Competition Act 2010, regarding collusive practices in contracting. Any applicant found to have engaged in collusive conduct shall be disqualified and criminal and/or civil sanctions may be imposed. To this effect, applicants shall be required to complete and sign a Certificate of Independent Tender Determination" annexed to the Form of applicant.

5 Eligible Applicants

5.1 Applicants shall meet the eligibility criteria as per this ITA and ITA 5.1and 5.2. An Applicant may be a firm that is a private entity, a state-owned enterprise or institution subject to ITA 5.9 or any combination of such entities in the form of a joint venture ("JV") under an existing agreement or with the intent to enter into such an agreement supported by a letter of intent. In the case of a joint venture, all members shall be jointly and severally liable for the execution of the entire Contract in accordance with the Contract terms. The JV shall nominate a Representative who shall have the authority to conduct all business for and on behalf of any and all the members of the JV during the prequalification process, tendering (in the event the JV submits a Tender) and during contract execution (in the event the JV is awarded the Contract). Members of a joint venture may not also make an individual tender, be a subcontractor in a separate tender or be part of another joint venture for the purposes of the same Tender. The maximum number of JV members shall be specified in the PDS.

5.2 Public Officers of the Procuring Entity, their Spouses, Child, Parent, Brothers or Sister. Child, Parent, Brother or Sister of a Spouse, their business associates or agents and firms/organizations in which they have a substantial or controlling interest shall not be eligible to be prequalified. Public Officers with such relatives are also not allowed to participate in any procurement proceedings.

5.3 A firm may apply for prequalification both individually, and as part of a joint venture, or participate as a subcontractor. If prequalified, it will not be permitted to tender for the same contract both as an individual firm and as a part of the joint venture or as a subcontractor. However, a firm may participate as a subcontractor in more than one Tender, but only in that capacity. Tenders submitted in violation of this procedure will be rejected.

5.4 A firm and any of its affiliates (that directly or indirectly control, are controlled by or are under common control with that firm) may submit its application for prequalification either individually, as joint venture or as a subcontractor among them for the same contract. However, if prequalified, only one prequalified Applicant will be allowed to tender for the. All Tenders submitted in violation of this procedure will be rejected.

5.5 An Applicant may have the nationality of any country, subject to the restrictions pursuant to ITA 5.1 and 5.2. An Applicant shall be deemed to have the nationality of a country if the Applicant is constituted, incorporated

or registered in and operates in conformity with the provisions of the laws of that country, as evidenced by its articles of incorporation (or equivalent documents of constitution or association) and its registration documents, as the case may be. sub-contractors or suppliers for any part of the Contract including related Non-Consulting Services.

5.6 Applicants shall not have a conflict of interest. Applicants shall be considered to have a conflict of interest, if they, or any of their affiliates, participated as a consultant in the preparation of the design or technical specifications or have been hired or proposed to be hired by the Procuring Entity as Engineer for contract implementation of the contract(s) that are the subject of this prequalification. In addition, Applicants may be considered to have a conflict of interest if they have a close business or family relationship with a professional staff of the Procuring Entity who:

a are directly or indirectly involved in the preparation of the prequalification Document or Invitation to Tender (ITT), Document or specifications of the Contract, and/or the Tender evaluation process of such Contract; or

b would be involved in the implementation or supervision of such Contract, unless the conflict stemming from such relationship has been resolved in a manner acceptable to the Procuring Entity throughout the prequalification, ITT process and execution of the Contract.

5.7 An Applicant that has been debarred shall be ineligible to be initially selected for, prequalified for, tender for, propose for, or be awarded a contract during such period of time as the PPRA shall have determined. The list of debarred firms and individuals is available at www.ppra.go.ke

5.8 Applicants that are state-owned enterprise or institutions in Kenya may be eligible to prequalify, compete and be awarded a Contract(s) only if they can establish, in a manner accept able to the Procuring Entity, that they (i) are legally and financially autonomous (ii) operate under commercial law, and (iii) are not under supervision of any public entity.

5.9 An Applicant shall not be under sanction of debarment from Tendering by the PPRA as the result of the execution of a Tender/Proposal–Securing Declaration.

5.10 An Applicant that is a Kenyan firm or citizen shall provide evidence of having fulfilled his/her tax obligations by producing a current tax clearance certificate or tax exemption certificate issued by the Kenya Revenue Authority.

5.11 An Applicant shall provide any other such documentary evidence of eligibility satisfactory to the Procuring Entity, as the Procuring Entity shall reasonably request.

6 Eligibility

6.1 Firms and individuals may be ineligible if they are nationals of ineligible countries as indicated herein. The countries, persons or entities are in eligible if:

a. As a matter of law or official regulations, Kenya prohibits commercial relations with that country, or

b. By an act of compliance with a decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations, Kenya prohibits any import of goods or contracting of works or Non- Consulting Services from that country, or any payments to any country, person, or entity in that country.

6.2 When the Works, supply of Goods or provision of non-consulting services are implemented a cross jurisdictional boundary (and more than one country is a Procuring Entity, and is involved in the procurement), then exclusion of a firm or individual on the basis of ITA 5.1 (a) above by any country may be applied to that procurement a cross other countries involved, if the Procuring Entities involved in the procurement so agree.

6.3 Any goods, works and production processes with characteristics that have been declared by the relevant national environmental protection agency or by other competent authority as harmful to human beings and to the environment shall not be eligible for procurement.

B. Contents of the Prequalification Documents

7 Sections of Prequalification Document

7.1 This Prequalification Document consists of parts1 and 2 which comprise all the sections indicated below, and which should be read in conjunction with any Addendum issued in accordance with IT A8.

PART 1 - Prequalification Procedures

i) Section I- Instructions to Applicants (ITA)
ii) Section II - Prequalification Data Sheet (PDS)
iii) Section III - Qualification Criteria and Requirements
iv) Section IV- Application Forms

PART 2 - Works, Goods, or Non-Consulting Services Requirements

i) Section VII- Scope of Works, Goods, or Non-Consulting Services

7.2 Unless obtained directly from the Procuring Entity, the Procuring Entity accepts no responsibility for the completeness of the document, responses to requests for clarification, the minutes of the pre-Application meeting (if any), or Addenda to the Prequalification Document in accordance with ITA 8. In case of any discrepancies, documents issued directly by the Procuring Entity shall prevail.

7.3 The Applicant is expected to examine all instructions, forms, and terms in the Prequalification Document and to furnish with its Application all information or documentation as is required by the Prequalification Document.

8 Clarification of Prequalification Documents, site visit(s) and Pre-Application Meeting

8.1 An Applicant requiring any clarification of the Prequalification Document shall contact the Procuring Entity in writing at the Procuring Entity's address indicated in the **PDS.** The Procuring Entity will respond in writing to any request for clarification provided that such request is received no later than fourteen (14) days prior to the deadline for submission of the applications. The Procuring Entity shall forward a copy of its response to all prospective Applicants who have obtained the Prequalification Document directly from the Procuring Entity, including a description of the inquiry but without identifying its source. If so indicated in the **PDS**, the Procuring Entity shall also promptly publish its response at the webpage identified in the **PDS**. Should the Procuring Entity deem it necessary to amend the Prequalification Document as a result of a clarification, it shall do so following the procedure under ITA 8. And in accordance with the provisions of ITA 17.2.

8.2 The Applicant, at the Applicant's own responsibility and risk, is encouraged to visit and examine and inspect the Site of the required contracts and obtain all information that may be necessary for preparing the application. The costs of visiting the Site shall be at the Applicant's own expense. The Procuring Entity shall specify in the **PDS** if a pre-application meeting will be held, when and where. The Procuring Entity shall also specify in the **PDS** if a pre-arranged Site visit will be held and when. The Applicant's designated representative is invited to attend a pre- application meeting and a pre-arranged site visit. The purpose of the meetings will be to clarify issues and to answer questions on any matter that may be raised at that stage.

8.3 The Applicant is requested to submit any questions in writing, to reach the Procuring Entity not later than the period specified in the **PDS** before the submission date of applications.

8.4 Minutes of a pre-arranged site visit and those of the pre-application meeting, if applicable, including the text of the questions asked by Applicants and the responses given, together with any responses prepared after the meeting, will be transmitted promptly to all Applicants who have acquired the prequalification documents. Minutes shall not identify the source of the questions asked.

8.5 The Procuring Entity shall also promptly publish anonymized (*no names*) Minutes of the pre-arranged site visit and those of the pre-proposal meeting at the web page identified **in the PDS**. Any modification to the Prequalification Documents that may become necessary as a result of the pre-arranged site visit and those of the pre-application meeting shall be made by the Procuring Entity exclusively through the issue of an Addendum pursuant to PDS 8 and not through the minutes of the pre-application meeting. Non-attendance at the pre-arranged site visit and the pre-tender meeting will not be a cause for disqualification of a Tenderer.

9 Amendment of Prequalification Document

9.1 At any time prior to the deadline for submission of Applications, the Procuring Entity may amend the Prequalification Document by issuing an Addendum.

9.2 Any Addendum issued shall be part of the Prequalification Document and shall be communicated in writing to all Applicants who have obtained the Prequalification Document from the Procuring Entity. The Procuring Entity shall promptly publish the Addendum at the Procuring Entity's webpage identified in the PDS.

9.3 To give Applicants reasonable time to take an Addendum into account in preparing their Applications, the Procuring Entity may, at its discretion, extend the deadline for the submission of Applications in accordance with ITA 17.2.

C. Preparation of Applications

10 Cost of Applications

10.1 The Applicant shall bear all costs associated with the preparation and submission of its Application. The Procuring Entity will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the prequalification process.

11 Language of Application

11.1 The Application as well as all correspondence and documents relating to the prequalification exchanged by the Applicant and the Procuring Entity, shall be written in English Language. Supporting documents and printed literature that are part of the Application may be in another language, provided they are accompanied by an accurate translation of the relevant passages in the English language, in which case, for purposes of interpretation of the Application, the translation shall govern.

12 Documents Comprising the Application

12.1 The Application shall comprise the following:

a. Application Submission Letter, in accordance with ITA 13.1;

b. Eligibility: documentary evidence establishing the Applicant's eligibility, in accordance with ITA 14.1;

c. Qualifications: documentary evidence establishing the Applicant's qualifications, in accordance with ITA 15; and

d. Any other document required as specified in the PDS.

12.2 The Applicant shall furnish information on commissions and gratuities, if any, paid or to be paid to agents or any other party relating to this Application.

13 Application Submission Letter

13.1 The Applicant shall complete an Application Submission Letter as provided in Section IV (Application Forms). This Letter must be completed without any alteration to its format.

14 Documents Establishing the Eligibility of the Applicant

14.1 To establish its eligibility in accordance with ITA 4, the Applicant shall complete the eligibility declarations in the Application Submission Letter and Forms ELI (eligibility) 1.1 and 1.2, included in Section IV (Application Forms).

15 Documents Establishing the Qualifications of the Applicant

15.1 To establish its qualifications to perform the contract(s) in accordance with Section III, Qualification Criteria and Requirements, the Applicant shall provide the information requested in the corresponding Information Sheets included in Section IV (Application Forms).

15.2 Wherever an Application Form requires an Applicant to state a monetary amount, Applicants should indicate the Kenya Shilling equivalent using the rate of exchange determined as follows:

a For construction turnover or financial data required for each Year-Exchange rate prevailing on the last day of the respective calendar year (in which the amounts for that year is to be converted).

b Value of single Contract-Exchange rate prevailing on the date of the contract.

15.3 Exchange rates shall be taken from the publicly available source identified in the PDS. Any error in determining the exchange rates in the Application may be corrected by the Procuring Entity.

15.4 Applicants shall be asked to provide, as part of the data for qualification, such information, including details of ownership, as shall be required to determine whether, according to the classification established by the Procuring Entity, a particular contractor or group of contractors qualifies for a margin of preference. Further the information will enable the Procuring Entity identify any actual or potential conflict of interest in relation to the

procurement and/or contract management processes, or a possibility of collusion between Applicants, and thereby help to prevent any corrupt influence in relation to the procurement processor contract management.

15.5 The purpose of the information described in ITT 6.2 above overrides any claims to confidentiality which an Applicant may have. There can be no circumstances in which it would be justified for an Applicant to keep information relating to its ownership and control confidential where it is tendering to undertake public sector work and receive public sector funds. Thus, confidentiality will not be accepted by the Procuring Entity as a justification for an Applicant's failure to disclose, or failure to provide required in formation on its ownership and control.

15.6 The Applicant shall provide further documentary proof, information or authorizations that the Procuring Entity may request in relation to ownership and control which information on any changes to the information which was provided by the Applicant under ITT 6.3. The obligations to require this information shall continue for the duration of the procurement process and contract performance and after completion of the contract, if any change to the information previously provided may reveal a conflict of interest in relation to the award or management of the contract.

15.7 All information provided by the Applicant pursuant to these requirements must be complete, current and accurate as at the date of provision to the Procuring Entity. In submitting the information required pursuant to these requirements, the Applicant shall warrant that the information submitted is complete, current and accurate as at the date of submission to the Procuring Entity.

15.8 If an Applicant fails to submit the information required by these requirements, its application will be rejected. Similarly, if the Procuring Entity is unable, after taking reasonable steps, to verify to a reasonable degree the information submitted by an Applicant pursuant to these requirements, then the application will be rejected.

15.9 If information submitted by an Applicant pursuant to these requirements, or obtained by the Procuring Entity (whether through its own enquiries, through notification by the public or otherwise), shows any conflict of interest which could materially and improperly benefit the Applicant in relation to the procurement or contract management process, then:

a. If the procurement process is still ongoing, the Applicant will be disqualified from the procurement process,
b. If the contract has been awarded to that Applicant, the contract award will be set aside,

15.10 the Applicant will be referred to the relevant law enforcement authorities for investigation of whether the Applicant or any other persons have committed any criminal offence.

15.11 If an Applicant submits information pursuant to these requirements that is incomplete, in accurate or out-of-date, or attempts to obstruct the verification process, then the consequences ITT 6.7 will ensue unless the Applicant can show to the reasonable satisfaction of the Procuring Entity that any such act was not material, or was due to genuine error which was not attributable to the intentional act, negligence or recklessness of the Applicant.

16 Signing of the Application and Number of Copies

16.1 The Applicant shall prepare one original of the documents comprising the Application as describedinITA11 and clearly mark it “ORIGINAL”. The original of the Application shall be typed or written in indelible ink and shall be signed by a person duly authorized to sign on behalf of the Applicant. In case the Applicant is a JV, the Application shall be signed by an authorized representative of the JV on behalf of the JV and so as to be legally binding on all the members as evidenced by a power of attorney signed by their legally authorized signatories.

16.2 The Applicant shall submit copies of the signed original Application, in the number specified in the PDS, and clearly mark them “COPY”. In the event of any discrepancy between the original and the copies, the original shall prevail.

D. Submission of Applications

17 Sealing and Marking of Applications

17.1 The Applicant shall enclose the original and the copies of the Application in a sealed envelope that shall:

a Bear the name and address of the Applicant;
b Be addressed to the Procuring Entity, in accordance with ITA 17.1; and
c Bear thespecificidentificationofthisprequalificationprocessindicatedinthePDS1.1.

17.2 The Procuring Entity will accept no responsibility for not processing any envelope that was not identified as

required in ITA 16.1 above.

18 Deadline for Submission of Applications

18.1 Applicants may either submit their Applications by mail or by hand. Applications shall be received by the Procuring Entity at the address and no later than the deadline indicated in the PDS. When so specified in the PDS, Applicants have the option of submitting their Applications electronically, in accordance with electronic Application submission procedures specified in the **PDS.**

18.2 The Procuring Entity may, at its discretion, extend the deadline for the submission of Applications by amending the Prequalification Document in accordance with ITA 8, in which case all rights and obligations of the Procuring Entity and the Applicants subject to the previous deadline shall thereafter be subject to the deadline as extended.

19 Late Applications

19.1 The Procuring Entity reserves the right to accept applications received after the deadline for submission of applications, unless otherwise specified in the **PDS.** If late applications will be accepted, they must be received not later than the date specified in the **TDS** after the deadline for submission of applications.

20. Opening of Applications

20.1 The Procuring Entity shall open all Applications at the date, time and place specified in the **PDS.** Late Applications shall be treated in accordance with ITA 19.1.

20.2 Applications submitted electronically (if permitted pursuant to ITA 17.1) shall be opened in accordance with the procedures specified in the **PDS**.

20.2 The Procuring Entity shall prepare a record of the opening of Applications to include, as a minimum, the name of the Applicants. A copy of the record shall be distributed to all Applicants.

E. Procedures for Evaluation of Applications

21 Confidentiality

21.1 Information relating to the Applications, their evaluation and results of the prequalification shall not be disclosed to Applicants or any other persons not officially concerned with the prequalification process until the notification of prequalification results is made to all Applicants in accordance with ITA 28.

21.2 From the deadline for submission of Applications to the time of notification of the results of the prequalification in accordance with ITA 28, any Applicant that wishes to contact the Procuring Entity on any matter related to the prequalification process may do so only in writing.

22 Clarification of Applications

22.1 To assist in the evaluation of Applications, the Procuring Entity may, at its discretion, ask an Applicant for a clarification (including missing documents) of its Application, to be submitted within a stated reasonable period of time. Any request for clarification from the Procuring Entity and all clarifications from the Applicant shall be in writing.

22.1 If an Applicant does not provide clarifications and/or documents requested by the date and time set in the Procuring Entity's request for clarification, its Application shall be evaluated based on the information and documents available at the time of evaluation of the Application.

23 Responsiveness of Applications

23.1 The Procuring Entity may reject any Application which is not responsive to the requirements of the Prequalification Document. In case the information furnished by the Applicant is incomplete or otherwise requires clarification as per ITA 21.1, and the Applicant fails to provide satisfactory clarification and/or missing information, it may result in disqualification of the Applicant.

24 Margin of Preference

24.1 Unless otherwise specified in the **PDS**, a margin of preference shall not apply in the Tendering process resulting

from this prequalification.

25 Nominated Subcontractors

25.1 Unless otherwise stated in the PDS, the Procuring Entity does not intend to execute any specific elements of the works by sub-contractors selected in advance by the Procuring Entity (so-called "Nominated Subcontractors").

25.2 The Applicant shall not propose to subcontract the whole of the Works or Goods. The maximum limit of subcontracting permitted under the contract may be specified by the Procuring Entity in the Tendering Document. The Procuring Entity, in ITA 25.2, may permit the Applicant to propose subcontractors for certain specialized parts of the contract as indicated there in as ("Specialized Subcontractors"). Applicants planning to use such Specialized Subcontractors shall specify, in the Application Submission Letter, the activity(ies) or parts of the Works proposed to be subcontracted along with details of the proposed subcontractors including their qualification and experience.

F. Evaluation of Applications and Prequalification of Applicants

26 Evaluation of Applications

26.1 The Procuring Entity shall use the factors, methods, criteria, and requirements defined in Section III, Qualification Criteria and Requirements, to evaluate the qualifications of the Applicants, and no other methods, criteria, or requirements shall be used. The Procuring Entity reserves the right to waive min or deviations from the qualification criteria if they do not materially affect the technical capability and financial resources of an Applicant to perform the Contract.

26.2 Subcontractors proposed by the Applicant shall be fully qualified and meet the minimum specific experience criteria as specified for their parts of the proposed contract for Works or Goods or non-consulting services. The subcontractor's qualifications shall not be used by the Applicant to qualify for the Works or Goods or non-consulting services unless their parts of the Works or Goods or non-consulting services were previously designated by the Procuring Entity in the PDS as can be met by Specialized Subcontractors, in which case:

i) The Specialized Subcontractors shall meet the minimum qualification requirements specified in Section III, and

ii) the qualifications with respect to specific experience of the Specialized Subcontractor proposed by the Applicantmaybeaddedtothequalificationsoftheapplicantforthepurposeoftheevaluation.
Unless the Applicant has been determined prequalified on its own without taking into account the qualification and experience of the proposed specialized sub-contractor, the tender submitted by the Applicant shall include the same specialized sub-contractor failing which, such tender may be rejected unless a change in the specialized sub-contractor was requested by the Applicant and approved by the Procuring Entity subsequent to prequalification but before the tender submission deadline in accordance with ITA 30.

26.3 In case of multiple contracts, Applicants should indicate in their Applications the individual contract or combination of contracts in which they are interested. The Procuring Entity shall prequalify each Applicant for each lot and for a combination of contracts for which the Applicant has thereby indicated its interest and for which the Applicant meets the appropriate aggregate requirements the Eligibility and Qualification Criteria.

26.4 Further, in the case of multiple contracts, the Procuring Entity will prepare the Eligibility and Qualification Criteria Form for items 3.1, 3.2, 4.2(a) and 4.2(b) for each Lot, to be completed by applicants.

26.5 Only the qualifications of the Applicant shall be considered. The qualifications of other firms, including the Applicant's subsidiaries, parent entities, affiliates, subcontractors (other than Specialized Subcontractors in accordance with ITA 25.2 above) or any other firm(s) different from the Applicant shall not be considered.

27 Procuring Entity's Right to Accept or Reject Applications

27.1 The Procuring Entity reserves the right to accept or reject any Application, and to annul the prequalification process and reject all Applications at any time, without thereby incurring any liability to the Applicants.

28 Prequalification of Applicants

28.1 All Applicants whose Applications substantially meet or exceed the specified qualification requirements will

be prequalified by the Procuring Entity. The Procuring Entity shall notify all Applicants in writing of the names of those Applicants who have been prequalified or conditionally prequalified. In addition, those Applicants who have been disqualified will be informed separately.

28.32 Applicants that have not been prequalified may write to the Procuring Entity to request, in writing, the grounds on which they were disqualified.

28 Invitation to Tender

29.1 Promptly after the notification of the results of the prequalification, the Procuring Entity shall invite Tenders from all the Applicants that have been prequalified or conditionally prequalified.

28.2 Applicants may be required to provide a Tender Security or a Tender-Securing Declaration acceptable to the Procuring Entity in the form and an amount to be specified in the tendering document.

28.3 The successful Applicant shall be required to provide a Performance Security as specified in the tendering document.

29 Changes in Qualifications of Applicants

30.1 Any change in the structure or formation of an Applicant after being prequalified in accordance with ITA 27 and invited to tender (including, in the case of a JV, any change in the structure or formation of any member and also including any change in any specialized subcontractor whose qualifications were considered to prequalify the Applicant) shall be subject to the written approval of the Procuring Entity prior to the deadline for submission of Tenders. Such approval shall be denied if (i) a prequalified applicant proposes to associate with a disqualified applicant or in case of a disqualified joint venture, any of its members; (ii) as a consequence of the change, the Applicant no longer substantially meets the qualification criteria set forth in Section III (Qualification Criteria and Requirements); or (iii)in the opinion of the Procuring Entity, the change may result in a substantial reduction in competition. Any such change should be submitted to the Procuring Entity not later than fourteen (14) days after the date of the Invitation to Tender.

31 Procurement Related Complaints and Administrative Review

31.1 The procedures for making a Procurement-related Complaint are as specified in the PDS**.**

31.2 A request for administrative review shall be made in the form provided.

SECTION II - PREQUALIFICATION DATA SHEET (PDS)

Reference to ITC Clause	PARTICULARS OF APPENDIX TO INSTRUCTIONS TO TENDERS
A. General	
ITA 1.1	The Procuring Entity is: Kibabii University The identification of the Invitation for Prequalification is: **KIBU/SCM/PREQ/01/2025-2026** The particular type of contract is Provision of Health Services and Specialists. The application is for: 1.**Prequalification of Health Facilities to offer General Medical and Surgical Services** **2.Prequalification of Specialized Medical Practitioners/Clinics or Medical Centers; Internal Medicine, Pediatrics, Obstetrics and Gynecology, General and Orthopedic Surgeons etc.** **3.Prequalification of Dental and Optical Service Providers** Prequalification will be based on Individual Contracts
ITA 2	The Source of funds shall be Government of Kenya_____
ITA 5.2	Maximum number of members in the JV shall be: four
B. Contents of the Prequalification Document	
ITA 8.1	For clarification purposes, the Procuring Entity's address is: **CHIEF SUPPLY CHAIN MANAGEMENT OFFICER** **KIBABII UNIVERSITY** **P.O BOX 1699-50200, BUNGOMA, KENYA** **Email: procurement@kibu.ac.ke** The procuring entity will publish its responses at the website: **https://www.kibu.ac.ke** Requests for clarification should be received by the Procuring Entity no later than not less than 3 days before opening date Electronic mail address: *Not Allowed* Web page: ***www.kibu.ac.ke or tenders.go.ke***
ITA 8.2	A pre-application meeting will be held on NOT APPLICABLE A pre-arranged Site visit will be held on NOT APPLICABLE
ITA 8.3	Questions and requests for clarification made in writing or by email shall reach the Procuring Entity not later than 3 days before opening date.
ITA 8.5	Minutes of the pre-arranged site visit and those of the pre-proposal meeting at the web page ***www.kibu.ac.ke or tenders.go.ke***
ITT 9.2	Addendum issued shall be published at the website ***www.kibu.ac.ke***
ITA 8.2	Pre-Application Meeting will be held: NOT BE HELD
C. Preparation of Applications	
ITA 12.1 (d)	The Applicant shall submit with its Application, the following additional documents: *NON*

Reference to ITC Clause	PARTICULARS OF APPENDIX TO INSTRUCTIONS TO TENDERS
A. General	
ITA 15.2(b)	The source for determining exchange rates is *NOT APPLICABLE*
ITA 16.2	In addition to the original, the number of copies to be submitted with the Application is: ***ONE COPY***
D. Submission of Applications	
ITA 17.1	THE DEADLINE FOR APPLICATION SUBMISSION IS: DATE: ***2ND APRIL, 2026*** TIME: ***10:00AM*** FOR APPLICATION SUBMISSION PURPOSES ONLY, THE PROCURING ENTITY'S ADDRESS IS: **VICE CHANCELLOR** **KIBABII UNIVERSITY** **P.O.BOX 1699-50200** **BUNGOMA** **MAIN CAMPUS** **ADMINISTRATION BLOCK, GROUND FLOOR, TENDER BOX** **THE DEADLINE FOR TENDER SUBMISSION IS:** **THURSDAY 2ND APRIL, 2026 AT 10.00AM EAT** THE ELECTRONIC TENDERING SUBMISSION PROCEDURES SHALL BE: **NOT APPLICABLE**
ITA 18.1	The Procuring Entity reserves the right to accept or reject late Applications.
ITA 19.1	The Procuring Entity will not accept late applications.
ITA 20.1	The opening of the Applications shall be at **VICE CHANCELLOR** **KIBABII UNIVERSITY** **P.O.BOX 1699-50200** **BUNGOMA** **MAIN CAMPUS** **Student Affairs Boardroom**
ITA 20.2	The electronic Application opening procedures shall be: *NOT APPLICABLE*
E. Procedures for Evaluation of Applications	
ITA 24.1	A margin of preference *shall not* apply.
ITA 25.1	At this time the Procuring Entity *does not intend* to execute certain specific parts of the Works by sub-contractors selected in advance.
ITA 25.2	The parts of the Works for which the Procuring Entity permits Applicants to propose Specialized Subcontractors are designated as follows: **None**
ITA 31.1	An Applicant wishes to make a Procurement-related Complaint, the Applicant should submit its complaint in writing (by the quickest means available, that is either by hand delivery or email), to: For the attention: **VICE CHANCELLOR**

Reference to ITC Clause	PARTICULARS OF APPENDIX TO INSTRUCTIONS TO TENDERS
A. General	
	KIBABII UNIVERSITY **P.O.BOX 1699-50200** **BUNGOMA, MAIN CAMPUS** **Email: vc@kibu.ac.ke**

SECTION III - QUALIFICATION CRITERIA AND REQUIREMENTS

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

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

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

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.

Mandatory requirement for specialists

	Requirements	**Attached or not**	**Remarks**
I	Company registration certificate (registration certificate/certificate of incorporation)		
ii.	VAT/PIN Registration certificate		
iii	Valid trading license/permit		
iv	Current/Valid tax compliance certificate		
v	Availability of physical Office(evaluation team may visit to confirm)		
vi	Dully filled health facility check list for respective specialists		
vii	Registration certificate with Professional Body		
viii	Specialist practicing license		

NOTE: All copies of the above Documents MUST be attached for the specialist to be pre-qualified.

Mandatory requirement for hospitals and general practitioners

	Requirements	**Attached or not**	**Remarks**
I	Company registration certificate (registration certificate/certificate of incorporation)		
ii.	VAT/PIN Registration certificate		
iii	Valid trading license/permit		
iv	Current/Valid tax compliance certificate		
v	Availability of physical Office(evaluation team may visit to confirm)		
vi	Current operating license from professional KMPDB or any other recognized medical Body (Level 4 and above hospitals)		
vii	Dully filled health facility check list		

All copies of the above Documents MUST be attached for the health service provider to be qualified to proceed to the next level of evaluation.

S/No	**REQUIREMENTS**	**POINTS**
1	Four Specialized Doctors; I. Internal Medicine…….5 II. Paediatrics……5 III. General Surgery…….5 IV. Obstetrics & Gynaecology……..5 Attach specialist registration certificate and license.	20
2	Reference from 3 main current clients (fully filled)	20

	Evidence from 1 client……...5 Evidence from 2 clients……10 Evidence from 3 clients ……20 Evidence not attached…….0	
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 on medical negligence	10
7	Disclosure of business ownership (company profile disclose directors, partners or sole proprietorship)	20
	TOTAL POINTS	100

THE PASS MARK FOR PREQUALIFICATION SHALL BE 60%

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

OFFICIAL STAMP OF THE TENDERER

SECTION IV- APPLICATION FORMS

1. Application Submission Letter

Date: .....*[insert day, month, and year]*
ITT No. and title: ..... *[insert ITT number and title]*

To: .....*[insert full name of Procuring Entity]* We, the undersigned, apply to be prequalified for the referenced ITT and declare that:

a) No reservations: We have examined and have no reservations to the Prequalification Document, including Addendum(s) No(s), issued in accordance with ITA 8: *[insert the number and issuing date of each addendum]*.

b) No conflict of interest: We have no conflict of interest in accordance with ITA 5.7;

c) Eligibility: We (and our subcontractors) meet the eligibility requirements as stated ITA 5, we have not been suspended by the Procuring Entity based on execution of a Tender/Proposal-Securing Declaration in accordance with ITA 5.8;

Suspension and Debarment: We, along with any of our subcontractors, suppliers, consultants, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the PPRA. Further, we are not ineligible under the Kenya laws or official regulations or pursuant to a decision of the United Nations Security Council;

State-owned enterprise or institution: [*select the appropriate option and delete the other*] [*We are not a state-owned enterprise or institution*] / [*We are a state-owned enterprise or institution but meet the requirements* of ITA5.9];

f) Subcontractors and Specialized Subcontractors: We, in accordance with ITA 24.2 and 25.2, plan to subcontract the following key activities and/or parts of the works or supply contracts: .....
[Insert any of the key activities identified in Section III-4.2 (a)or(b) or 4.3(a) or (b) which the Procuring Entity has permitted under the Prequalification Document and which the Applicant intends to subcontract along with complete details of the Specialized Subcontractors, their qualification and experience]

(g) Commissions, gratuities, fees: We declare that the following commissions, gratuities, or fees have been paid or are to be paid with respect to the prequalification process, the corresponding Tendering process or execution of the Contract:

Name of Recipient	Address	Reason	Amount
[insert full name for each occurrence]	*[insert street/ number/city/country]*	*[indicate reason]*	*[specify amount currency, value, exchange rate and KENYA SHILLING equivalent]*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[If no payments are made or promised, add the following statement: "No commissions or gratuities have been or are to be paid by us to agents or any third party relating to this Application]

(h) Not bound to accept: We understand that you may cancel the prequalification process at any time and thatyouareneitherboundtoacceptanyApplicationthatyoumayreceivenortoinvite the prequalified Applicants to Tender for the contract subject of this Prequalification process, without incurring any liability to the Applicants, in accordance with ITA 26.1.

(i) True and correct: All information, statements and description contained in the Application are in all respect true, correct and complete to the best of our knowledge and belief.

Signed.....*[insertsignature(s)ofanauthorizedrepresentative(s)oftheApplicant]*

Name .....*[insert full name of person signing the Application]*
In the capacity of ..... *[insert capacity of person signing the Application]*

Duly authorized to sign the Application for and on behalf of: Applicant's
Name..... *[insert full name of Applicant or the name of the JV]*

Address ..... *[insert street number/town or city/country address]*

Dated on .....*[insert day number]* day of *[insert month], [insert year]*

[For a joint venture, either all members shall sign or only the authorized representative, in which case the power of attorney to sign on behalf of all members shall be attached]

2. Form ELI -1.1 - Applicant Information Form

Date: ..... *[insert day, month, year*]

ITT No. and title: ..... *[insert ITT number and title]*

Page.....*[insert page number]* of *[insert total number]* pages

Applicant's name *[insert full name]*
In case of Joint Venture (JV), name of each member: *[insert full name of each member in JV]*
Applicant's actual or intended country of registration: *[indicate country of Constitution]*
Applicant's actual or intended year of incorporation: *[indicate year of Constitution]*
Applicant's legal address [in country of registration]: *[insert street/ number/ town or city/ country]*
Applicant's authorized representative information Name: *[insert full name]* Address: *[insert street/ number/ town or city/ country]* Telephone/Fax numbers: *[insert telephone/fax numbers, including country and city codes]* E-mail address: *[indicate e-mail address]*
1. Attached are copies of original documents of ☐ Articles of Incorporation (or equivalent documents of constitution or association), and/or documents of registration of the legal entity named above, in accordance with ITA 5.6. ☐ In case of JV, letter of intent to form JV or JV agreement, in accordance with ITA 5.3. ☐ In case of state-owned enterprise or institution, in accordance with ITA 5.9 documents establishing: Legal and financial autonomy Operation under commercial law Establishing that the Applicant is not under supervision of the Procuring Entity 2. Included are the organizational chart, a list of Board of Directors, and the beneficial ownership.

3. Form ELI-1.2 - Applicant's JV Information Form

[The following form is additional to Form ELI–1.1., and shall be completed to provide information relating to each JV member (incase the Applicant is a JV) as well as any Specialized Subcontractor proposed to be used by the Applicant for any part of the Contract resulting from this prequalification]

Date: ..... *[insert day, month, year]*

ITT No. and title: ..... *[insert ITT number and title]*

Page.....*[insert page number]* of *[insert total number]* pages

Applicant name: *[insert full name]*
Applicant's JV Member's name: *[insert full name of Applicant's JV Member]*
Applicant's JV Member's country of registration: *[indicate country of registration]*
Applicant JV Member's year of constitution: *[indicate year of constitution]*
Applicant JV Member's legal address in country of constitution: *[insert street/ number/ town or city/ country]*
Applicant JV Member's authorized representative information Name: *[insert full name]* Address: *[insert street/ number/ town or city/ country]* Telephone/Fax numbers: *[insert telephone/fax numbers, including country and city codes]* E-mail address: *[indicate e-mail address]*
1. Attached are copies of original documents of ☐ Articles of Incorporation (or equivalent documents of constitution or association), and/or registration documents of the legal entity named above, in accordance with ITA 5.6 ☐ In case of a state-owned enterprise or institution, documents establishing legal and financial autonomy, operation in accordance with commercial law, and they are not under the supervision of the Procuring Entity, in accordance with ITA 5.9. 2. Included are the organizational chart, a list of Board of Directors, and the beneficial ownership.

4. Form CON 2 - Historical Contract Non-Performance, and Pending Litigation and Litigation History

[The following table shall be filled in for the Applicant and for each member of a Joint Venture]
Applicant's Name: *[insert full name]*
Date: *[insert day, month, year]*
Joint Venture Member's Name: *[insert full name]*
ITT No. and title: *[insert ITT number and title]*
Page *[insert page number]* of *[insert total number]* pages

Non-Performed Contracts in accordance with Section III, Qualification Criteria and Requirements			
☐ Contract non-performance did not occur since 1st January *[insert year]* specified in Section III, Qualification Criteria and Requirements, Sub-Factor 2.1. ☐ Contract(s) not performed since 1st January *[insert year]* specified in Section III, Qualification Criteria and Requirements, requirement 2.1			
Year	Non- performed portion of contract	Contract Identification	Total Contract Amount (current value, currency, exchange rate and KENYA SHILLING equivalent)
[insert year]	*[insert amount and percentage]*	Contract Identification: *[indicate complete contract name/ number, and any other identification]* Name of Procuring Entity: *[insert full name]* Address of Procuring Entity: *[insert street/city/country]* Reason(s) for nonperformance: *[indicate main reason(s)]*	*[insert amount]*
Pending Litigation, in accordance with Section III, Qualification Criteria and Requirements			
☐ No pending litigation in accordance with Section III, Qualification Criteria and Requirements, Sub-Factor 2.3. ☐ Pending litigation in accordance with Section III, Qualification Criteria and Requirements, Sub-Factor 2.3 as indicated below.			
Year of dispute	Amount in dispute (currency)	Contract Identification	Total Contract Amount (currency), USD Equivalent (exchange rate)
insert year]	*[insert amount]*	Contract Identification: [indicate complete contract name, number, and any other identification] Name of Procuring Entity: *[insert full name]* Address of Procuring Entity: *[insert street/city/country]* Matter in dispute: *[indicate main issues in dispute]* Party who initiated the dispute: *[indicate "Procuring Entity" or "Contractor"]* Status of dispute: *[Indicate if it is being treated by the Adjudicator, under Arbitration or being dealt with by the Judiciary]*	*[insert amount]*
Litigation History in accordance with Section III, Qualification Criteria and Requirements			
☐ No Litigation History in accordance with Section III, Qualification Criteria and Requirements, Sub-Factor 2.4. ☐ Litigation History in accordance with Section III, Qualification Criteria and Requirements, Sub-Factor 2.4 as indicated below.			
Year of award	Outcome as percentage of Net Worth	Contract Identification	Total Contract Amount (currency), USD Equivalent (exchange rate)

[insert year]	*[insert percentage]*	Contract Identification: [indicate complete contract name, number, and any other identification] Name of Procuring Entity: *[insert full name]* Address of Procuring Entity: *[insert street/city/country]* Matter in dispute: *[indicate main issues in dispute]* Party who initiated the dispute: *[indicate "Procuring Entity" or "Contractor"]* Reason(s) for Litigation and award decision *[indicate main reason(s)]*	*[insert amount]*

5. Form FIN – 3.1 - Financial Situation and Performance

Financial Situation and Performance

[The following table shall be filled in for the Applicant and for each member of a Joint Venture]

Applicant's Name: ..... *[insert full name]*

Date: ..... *[insert day, month, year]*

Joint Venture Member Name: ..... *[insert full name]*

ITT No. and title: ..... *[insert ITT number and title]*

Page..... *[insert page number]* of *[insert total number]* pages

1. Financial data

Type of Financial information in (currency)	Historic information for previous _*[insert number] years, [insert in words]* (amount in currency, currency, exchange rate*, USD equivalent)				
	Year 1	Year 2	Year 3	Year4	Year 5
Statement of Financial Position (Information from Balance Sheet)					
Total Assets (TA)					
Total Liabilities (TL)					
Total Equity/Net Worth (NW)					
Current Assets (CA)					
Current Liabilities (CL)					
Working Capital (WC)					
Information from Income Statement					
Total Revenue (TR)					
Profits Before Taxes (PBT)					
Cash Flow Information					
Cash Flow from Operating Activities					

* Refer ITA 14 for the exchange rate

5.2 Sources of Finance

[The following table shall be filled in for the Applicant and all parties combined in case of a Joint Venture]

Specify sources of finance to meet the cash flow requirements on works currently in progress and for future contract commitments.

No.	Source of finance	Amount (Kenya shilling equivalent)
1		
2		
3		

5.3 Financial documents

The Applicant and its parties shall provide copies of financial statements for *[number]* years pursuant Section III, Qualifications Criteria and Requirements, Sub-factor 3.1. The financial statements shall:

a) reflect the financial situation of the Applicant or in case of JV member, and not an affiliated entity (such as parent company or group member).

b) Be independently audited or certified in accordance with local legislation.

c) Be complete, including all notes to the financial statements.

d) Correspond to accounting periods already completed and audited.

☐ Attached are copies of financial statements[1] for the *[number]* years required above; and complying with the requirements

[1] *If the most recent set of financial statements is for a period earlier than 12 months from the date of Application, the reason for this should be justified.*

PART 2 - NON - CONSULTING SERVICES REQUIREMENTS

SECTION V - SCOPE OF WORKS, Goods or Non-Consulting Services required

PREQUALIFICATION OF EYE SERVICES FORM

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

NAME OF HEALTH FACILITY (if any) _____

QUALIFICATIONS: MBChB (OPT&CAT.SUR) _____BS.OPTO_____OPHT.CO_____ (tick)

PROFESSIONAL REGISTRATION NO: _____

PRACTICING LICENSE NO._____

A. Policies		**Assessment**		**Comments**
i	The facility has in place a policy to identify, diagnose, interpreted and manage eye related problems	Y ☐	N ☐	
ii	Procurement, storage, requisition, dispensing before expiry, Labeling, installation, maintenance, administration & disposal of Ophthalmology medication, materials, equipment & instruments in line with International standards and manufacturers Guidelines.	Y ☐	N ☐	
B. Equipment				
	Basic Diagnostic equipment			
iii	Eye Chart (Snellen's chart)	Y ☐	N ☐	
iv	Slit Lamp	Y ☐	N ☐	
v	Direct Ophthalmoscope	Y ☐	N ☐	
vi	Tonometer	Y ☐	N ☐	
vii	Refraction Set	Y ☐	N ☐	
viii	Pen Torch	Y ☐	N ☐	
ix	Retinoscope	Y ☐	N ☐	
x	Indirect Ophthalmoscope	Y ☐	N ☐	
xi	Applanation	Y ☐	N ☐	
xii	Tonopen	Y ☐	N ☐	
xiii	Lenses(20D,78D,90D)	Y ☐	N ☐	
xiv	3 Mirror Lens	Y ☐	N ☐	
xv	Visual Perimetery apparatus	Y ☐	N ☐	
xvi	Ophthalmic Operating Microscope	Y ☐	N ☐	

Hospital Representative Names_____Signature_____Date

_____

C. Basic Surgical Equipment		Assessment		Comments
xvii	Keratometer	Y ☐	N ☐	
xviii	A-Scan	Y ☐	N ☐	
xix	Operating Instrument Sets,	Y ☐	N ☐	
xx	Basic Anterior Segment Set (Cataract And Glaucoma), Lid surgery, Squint, Orbital surgery , Vitreoretinal surgery	Y ☐	N ☐	
xxi	Operating room space,	Y ☐	N ☐	
xxii	Ophthalmic Operating table and chair, trolley, drip stand,	Y ☐	N ☐	
xxiii	sterilization equipment	Y ☐	N ☐	
xxiv	Anterior Vitrector	Y ☐	N ☐	
xxv	Paediatric(Vitrector Machines , Keratomiter,)	Y ☐	N ☐	
xxvi	Corneal Grafting Instruments	Y ☐	N ☐	
xxvii	Glaucoma(Glaucoma Laser Lenses, Puchymeter)	Y ☐	N ☐	
xxviii	Vitrio Retinal (Endo Laser, Posterior Vitrectomy Machine,	Y ☐	N ☐	
xxix	Orbital and Oculloplastic surgery equipment)	Y ☐	N ☐	
xxx	Refractive Surgery equipment	Y ☐	N ☐	
xxxi	Corneal Topography	Y ☐	N ☐	
D. Consumables		**Assessment**		**Comments**
xxxii	Local anesthetic solution and needles.	Y ☐	N ☐	
xxxiii	Sterile gauze.	Y ☐	N ☐	
xxxiv	Disposable gloves.	Y ☐	N ☐	
xxxv	Disposable face masks.	Y ☐	N ☐	
xxxvi	Cotton rolls.	Y ☐	N ☐	
xxxvii	Medical gasses and compressors are Provided for in a safe manner.	Y ☐	N ☐	
xxxviii	Policies, procedures and guidelines in place and in use as regards	Y ☐	N ☐	
	TOTAL 76 (In this Section Yes has a value equivalent of 2)			

Hospital Representative Names_____Signature_____Date_____

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___

	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__

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__

PREQUALIFICATION OF OTHER MEDICAL AND SURGICAL SPECIALISTS FORM

NAME OF SPECIALIST: PROF/DR./MR./MS_____

AREA OF SPECIALIZATION _____

NAME OF HEALTH FACILITY (if any) _____

QUALIFICATIONS: _____

PROFESSIONAL REGISTRATION NO: _____

PRACTICING LICENSE NO._____

Hospital Representative Names__Signature___Date__

NUMBER	SERVICE PROVISION	STATE WHETHER SERVICE IS OFFERED OR NOT	VALIDATE (SIGNATURE)
1.	**OUTPATIENT**		
2.	**INPATIENT**		
3.	**MATERNITY**		
4.	**MAIN THEATRE**		
5.	**PHARMACY**		
6.	**LABORATORY**		
7.	**RADIOLOGY**		
8.	**EYE UNIT**		
9.	**ICU/HDU**		
10.	**DENTAL UNIT**		
11.	**RENAL UNIT**		
12.	**REHAB (DRUG & SUBSTANCE ABUSE)**		
13.	**ONCOLOGY**		
14.	**REHAB (PHYSIOTHERAPY & OR OCCUPATIONAL THERAPY)**		
15.	**OTHERS**		

Hospital Representative Names__Signature___Date__

Section	Sections to be filled	MARKS	Scope
1	Administrative Information	YES/\No	All
2	Health Facility Infrastructure	YES/\No	
3	Leadership, Patient Rights , Clinical Governance , Human Resource Management	YES/\No	
4	Infection Prevention And Control	YES/\No	
13	Safety And Risk Management	YES/\No	
14	Population Engagement And Outcomes	YES/\No	
5	Consultation	YES/\No	
9 ▫	Pharmacy	YES/\No	All Except stand-alone labs
10 ▫	Laboratory	YES/\No	OPC, IPC, STAND ALONE LABS,
11 ▫ ▫ ▫	Radiology	YES/\No	OPC, IPC, DENTAL CLINICS ,STAND ALONE
6	Maternity Unit	YES/\No	IPC
7 ▫ ▫	General Wards	YES/\No	IPC
8	Theatre	YES/\No	IPC
12	Other Support Services	YES/\No	IPC
15 ▫	Eye Unit	YES/\No	OPC, IPC,STAND ALONE CLINICS
17	Dental Unit	YES/\No	OPC, IPC, STAND ALONE CLINICS
16	ICU	YES/\No	IPC ONLY
18	Renal Unit	YES/\No	OPC, IPC , STAND ALONE RENAL UNIT
19	Drug And Substance Abuse Treatment And Rehabilitation Service	YES/\No	REHAB FACILITIES
20	Oncology Unit	YES/\No	OPC, IPC

Hospital Representative Names__Signature___Date__

SECTION 1: ADMINISTRATIVE INFORMATION

Facility Registration and Location			
Registration/Gazette name:			
Master facility number:		Registration number (for private facilities):	
Physical location:		Contact details:	
County:		Contact Person:	
Address:		Designation of contact person:	
Nearest Town/Market:			
Building plot no:		Phone number:	
Nearest NHIF Office:		Email:	

Facility Details	
Facility ownership	☐Government ☐Private ☐Faith Based ☐Community
Facility type	☐ Both In and Out Patient ☐ Outpatient Only ☐ Radiology Centre (Stand – alone) ☐Dental clinic (Stand-alone) ☐ Ophthalmic services (Stand - alone) ☐ Dialysis Centre ☐ Oncology Centre ☐ Rehabilitation Centre for drug & Substance Abuse ☐Other facility, Specify [_____]

Hospital Representative Names__Signature___Date__

A. Building	**Comments**

	Signage	Assessment		
i	There is adequate, legible and accurate signage to the facility From major access points outside the premises of the health establishment.	Y ☐	N ☐	
ii	There is clear signage and direction to the services or areas Within the health establishment.	Y ☐	N ☐	
iii	Does the facility have an accessibility ramp for Disabled/wheelchair patients?	Y ☐	N ☐	
B. Utilities				
	Water	Assessment		**Comments**
iv	Is safe, clean water available from a tap or container?	Y ☐	N ☐	
v	Is there sufficient storage/reservoir for the water?	Y ☐	N ☐	
	Electricity			
vi	Is there a stable source of power?	Y ☐	N ☐	
	Toilet facilities			
vii	Are clean toilets available for both male and female clients?	Y ☐	N ☐	
viii	Is there a cleaning roster displayed?	Y ☐	N ☐	
C. Security				
	Fire control mechanism	Assessment		**Comments**
ix	Does the facility have a fire control mechanism such as a fire extinguisher, sand buckets?	Y ☐	N ☐	
x	Is the equipment available in the reception area as well as Specific departments?	Y ☐	N ☐	
xi	Is there a security mechanism in place (security guard, alarm System, fence)?	Y ☐	N ☐	
	TOTAL 11 (In this Section Yes has a value equivalent of 1)			

A. Leadership				**Comments**
	I. Strategic Plan	Assessment		
i	The facility has a strategic plan with a clear vision, mission, values And objectives and has been shared with staff.	Y ☐	N☐	
ii	Roles and responsibilities of every member in the top decision Making organ are clearly stipulated and monitored to ensure compliance with ethical business practice.	Y ☐	N☐	
iii	There is evidence of supportive attitude towards systematic and Continuous quality improvement by the top management.	Y ☐	N☐	
iv	Is an organizational chart available and approved by management?	Y ☐	N☐	
B. Patient Rights		Assessment		

v	There is an openly displayed patient charter in line with the Ministry of Health guidelines which includes but not limited to right to information, privacy, dignity, choice and the price list.	Y ☐	N☐	
vi	Staffs treat patients with care and respect, with consideration for Patient privacy and choice.	Y ☐	N☐	
vii	Patient satisfaction surveys and patient complaints are used to Improve service quality.	Y ☐	N☐	
viii	Patients who need to be referred or transferred receive the Care and support they need to ensure continuum of care.	Y ☐	N☐	
ix	Patients who wish to complain about poor services are helped to Do so and their concerns are properly addressed.	Y ☐	N☐	
C. Clinical Governance		Assessment		
x	There is a governance system that sets out the policy, procedures or protocols for: Establishing and maintaining a clinical governance framework; Sharing the framework with all staff; Collecting and reviewing performance data; Taking corrective action.	Y ☐	N☐	
xi	Services provided adhere to Ministry of Health guidelines and/or Licensing specifications and the clinical workforce is guided by current best practice.	Y ☐	N☐	
xii	Clinical guidelines are in place and are known and utilized by all Users.	Y ☐	N☐	
xiii	Referral guidelines are in place and are known and utilized by all users.	Y ☐	N☐	

D. Human Resource Management		Assessment		**Comments**
xiv	Availability of staff establishment as per hospital level of care.	Y ☐	N ☐	
xv	Complete inventory of staff, including training, registration with Relevant bodies, designation and mode of engagement (i.e. whether permanent or part time).	Y ☐	N ☐	
xvi	Availability of job descriptions for all staff, known and shared with Respective staff.	Y ☐	N ☐	
xvii	Relevant training and development opportunities are provided to Enhance staff competence.	Y ☐	N ☐	
xviii	Availability of a staff performance management system, including Appraisal, discipline and rewards.	Y ☐	N ☐	
E. Quality Management		Assessment		**Comments**
xix	The facility has an active quality improvement team.	Y ☐	N ☐	
xx	Is there evidence of the last QIT meeting held, within the last Three (3) months?	Y ☐	N ☐	
xxi	There is evidence of implementation of Quality Improvement Plans.	Y ☐	N ☐	
F. Monitoring Performance Indicators		Assessment		**Comments**

xxii	Which of these performance indicators are collected and Monitored?						Y ☐	N ☐	
xxiii	Infant mortality	Y ☐	N ☐	Maternal mortality	Y ☐	N ☐	Y ☐	N ☐	
xxiv	Immunization	Y ☐	N ☐	Notifiable diseases	Y ☐	N ☐	Y ☐	N ☐	
xxv	Admissions	Y ☐	N ☐	Outpatient visits	Y ☐	N ☐	Y ☐	N ☐	
xxvi	Are performance indicators shared with staff and published regularly						Y ☐	N ☐	
G. Client Feedback Mechanism							Assessment		**Comments**
xxvii	Is there a functional client feedback mechanism (e.g. suggestion Box or hotline number)?						Y ☐	N ☐	
xxviii	There is evidence of utilization of the client feedback.						Y ☐	N ☐	

H. Medical Records And Information Systems		Assessment		**Comments**
xxix	Are medical records kept for each patient?	Y ☐	N ☐	
xxx	Do the records include names and unique patient numbers?	Y ☐	N ☐	
xxxi	Are medical records legible and signed?	Y ☐	N ☐	
	Approved register for all patients			
xxxii	Are inpatient registers kept and up to date (if inpatient services)?	Y ☐	N ☐	
xxxiii	Are outpatient registers kept up to date?	Y ☐	N ☐	
xxxiv	Is there a trained HMIS Officer who also has a letter of authority For practice from the Association of Medical Records Officers?	Y ☐	N ☐	
	System for storing medical records			
xxxv	Is there a system in place for storing medical records?	Y ☐	N ☐	
xxxvi	Is there a filing and numbering system for easy retrieval?	Y ☐	N ☐	
	Data security			
xxxvii	Does a system exist for keeping facility data, which is lockable and Or password protected?	Y ☐	N ☐	
	Contribution to external databases and reports			
xxxviii	Does the facility contribute to the National HMIS* database	Y ☐	N ☐	
I. Equipment Management		Assessment		
	Preventative maintenance plan for equipment			
xxxix	Is there a service contract for maintenance?	Y ☐	N ☐	
xl	Is there a written schedule (including next service date) for Maintaining equipment?	Y ☐	N ☐	
	Calibration and Validation			
xli	Is there a written calibration schedule available at the area where Equipment is used?	Y ☐	N ☐	
xlii	Is there a document showing regular calibration?	Y ☐	N ☐	
xliii	Are contracts available at the facility administration?	Y ☐	N ☐	
	TOTAL 92 (In this Section Yes has a value equivalent of 2)			

SECTION 4: INFECTION PREVENTION AND CONTROL				
A. General		Assessment		**Comments**
	1. Hygiene protocol			
I	Does the facility have a hygiene protocol?	Y ☐	N ☐	
ii	Does the hygiene protocol have a dedicated staff roster?	Y ☐	N ☐	
	2. Solid waste management			
iii	Is there a standard operating procedure for waste management?	Y ☐	N ☐	
iv	Is there an incinerator or contracted waste management company?	Y ☐	N ☐	
v	Does the facility have a waste holding area?	Y ☐	N ☐	
	3. General facility cleanliness			
	Facility cleanliness entails the general appearance and odor across various Departments, to understand whether the facility is cleaned regularly. Observe how well this facility satisfies the criterion below.			
vi	Is the paint work acceptable?	Y ☐	N ☐	
vii	Is the floor smooth?	Y ☐	N ☐	
viii	Is the ceiling free of cobwebs and dust?	Y ☐	N ☐	
	4. General compound cleanliness			
ix	Is the grass well maintained?	Y ☐	N ☐	
x	Are the bushes neatly kept?	Y ☐	N ☐	
xi	Is the site free of odor?	Y ☐	N ☐	
	5. Patient Safety			
xii	There is a policy to identify and manage patients correctly to Eliminate errors.	Y ☐	N ☐	
xiii	Are adverse events or patient safety incidents promptly identified And managed to minimize patient harm and suffering?	Y ☐	N ☐	
B. Sterilization Services		Assessment		**Comments**
xv	Is there a separate area for cleaning with decontamination and Sterilization processes?	Y ☐	N ☐	
xvi	Is there functional equipment for sterilization?	Y ☐	N ☐	
xvii	Are standard operating procedures available for sterilization?	Y ☐	N ☐	
xviii	Are sterile supplies well stored, labeled and stored in a designated Area?	Y ☐	N ☐	
xix	Is the facility fully compliant in the practice of infection control?	Y ☐	N ☐	
	TOTAL 38 (In this Section Yes has a value equivalent of 2)			

A. General	**Assessment**	**Comments**

	Triage			
i	Does the facility have a triage area with a qualified nurse(s)?	Y ☐	N ☐	
ii	Is it located at the first point of contact with patients?	Y ☐	N ☐	
	Examination room			
iii	There is a room(s) set aside where patients/clients can consult with a clinician and be examined in confidence.	Y ☐	N ☐	
iv	Does the examination room have a coach and a mackintosh?	Y ☐	N ☐	
v	Does the room have a consultation table with at least two chairs?	Y ☐	N ☐	
	Examination equipment			
vi	Is a thermometer available?	Y ☐	N ☐	
vii	Is a stethoscope available?	Y ☐	N ☐	
viii	Is a tongue depressor available?	Y ☐	N ☐	
ix	Is a weighing scale available/accessible?	Y ☐	N ☐	
x	Is a blood pressure (BP) machine available/accessible?	Y ☐	N ☐	
xi	Is a torch available?	Y ☐	N ☐	
xii	Is a privacy screen available?	Y ☐	N ☐	
xiii	Is a diagnostic set available?	Y ☐	N ☐	
xiv	Is a lamp available?	Y ☐	N ☐	
	Emergency tray and equipment			
xv	Does the facility have an emergency tray available at designated Sites?	Y ☐	N ☐	
xvi	Is there a checklist for regular review and updates to the Emergency tray?	Y ☐	N ☐	
xvii	Confirm that the emergency tray has the following essential drugs: Glucose Adrenaline Sodium bicarbonate Diazepam Phenobarbitone	Y ☐Y ☐ Y ☐ Y ☐ Y ☐	N ☐ N ☐ N ☐ N ☐ N ☐	
xviii	Confirm that the emergency equipment is available: Ambu bag and mask available in pediatric and adult sizes. Adjustable bed. Functional suction machine. Oxygen cylinder and flowmeter, or piped oxygen. Endotracheal tubes.	Y ☐Y ☐ Y ☐ Y ☐ Y ☐	N ☐ N ☐ N ☐ N ☐ N ☐	
	TOTAL 26 (In this Section Yes has a value equivalent of 1)			

A. General		**Assessment**		**Comments**
	Labour ward Policies			
i	A policy that governs ante natal, intrapartal, post-natal and Neonatal care exists.	Y ☐	N ☐	

ii	Policy in place for pain management during and after delivery that Is known to the staff and implemented.	Y ☐	N ☐	
iii	There is a maternity infection prevention programme in place.	Y ☐	N ☐	
iv	A system is in place to monitor Labour progress.	Y ☐	N ☐	
v	A policy on infection prevention and control.	Y ☐	N ☐	
	Oxygen source			
vi	Does the labour ward have oxygen cylinder or piped oxygen Connection?	Y ☐	N ☐	
	Procedures for obstetrics emergency			
vii	Are there procedures available for handling obstructed labour, Foetal distress, HELLP, Eclampsia and APH/PPH/IPH?	Y ☐	N ☐	
viii	Is a functional resuscitative available with oxygen, suction machine And Ambu bags?	Y ☐	N ☐	
	Procedure for monitoring labour			
ix	Are partographs available?	Y ☐	N ☐	
	Confirm partographs have the following information:			
xi	Is contraction properly charted?	Y ☐	N ☐	
	Is cervical dilation recorded?	Y ☐	N ☐	
	Is color coding done?	Y ☐	N ☐	
	Is TPR/BP recorded?	Y ☐	N ☐	
	Is urine output/input charted?	Y ☐	N ☐	
	Are drugs coded?	Y ☐	N ☐	
	New born unit			
xvi	Access to a functional incubator available.	Y ☐	N ☐	
xvii	Is there a sitting area for nursing mothers?	Y ☐	N ☐	
	Sluice Room			
xviii	Is a sluice room/area available and properly located?	Y ☐	N ☐	
xix	Is there a sluicing sink with running water?	Y ☐	N ☐	

B. **Equipment**		**Assessment**		**Comments**
xx	Standard delivery bed.	Y ☐	N ☐	
xxi	Fetoscopes.	Y ☐	N ☐	
xxii	Weighing scale.	Y ☐	N ☐	
xxiii	BP machine.	Y ☐	N ☐	
xxiv	Cord ligatures.	Y ☐	N ☐	
xxv	Suction machine.	Y ☐	N ☐	
xxvi	Adequate source of lighting.	Y ☐	N ☐	
xxvii	Source of oxygen.	Y ☐	N ☐	
xxviii	Baby Resuscitative.	Y ☐	N ☐	
xxix	Adequate sterile delivery sets.	Y ☐	N ☐	
C. Delivery through Caesarean Section		**Assessment**		**Comments**

xxx	Does the facility have access to a maternity /general theatre?	Y ☐	N ☐	
xxxi	Does the facility have access to ambulance?	Y ☐	N ☐	
xxxii	Does the facility have access to the blood bank?	Y ☐	N ☐	
	TOTAL 96 (In this Section Yes has a value equivalent of 3)			

*APH-Antepartum Haemorrhage
*IPH-Intrapartum Haemorrhage
*PPH-Postpartum Haemorrhage
*HELLP-Haemolysis, Elevated Liver enzymes, Low Platelets (syndrome associated with Pre-eclampsia)

A. General		**Assessment**		**Comments**
	1. Patient Oversight			
i	Ward beds are segregated by gender and age.	Y ☐	N ☐	
ii	Are admissions procedures standardized with patient categorizations?	Y ☐	N ☐	
iii	Are patients in hospital uniform?	Y ☐	N ☐	
iv	Are there regular ward rounds?	Y ☐	N ☐	
v	Are there handover and discharge reports on a standard form?	Y ☐	N ☐	
	2. Patient Records			
vi	Are patient records kept with unique reference numbers?	Y ☐	N ☐	
	3. Monitoring Equipment			
vii	Does each ward have a BP machine?	Y ☐	N ☐	
viii	Does each ward have a thermometer?	Y ☐	N ☐	
ix	Does each ward have a pulse oxymeter?	Y ☐	N ☐	
x	Does each ward have a suction machine?	Y ☐	N ☐	
xi	Bed spacing is at least 3 feet apart.	Y ☐	N ☐	
xii	Beds are metallic and easy to disinfect.	Y ☐	N ☐	
xiii	Does each ward have an emergency room?	Y ☐	N ☐	
xiv	Is there an ablution block available, segregated by gender?	Y ☐	N ☐	
B. Infection prevention and control				
	Hygiene Protocol			
xv	Is there a hygiene protocol with a dedicated staff roster available?	Y ☐	N ☐	
	Hand Washing			
xvi	Is a sink present with running water from a tap or modified storage Container?	Y ☐	N ☐	
xvii	Is soap or hand sterilizer available at the hand washing area?	Y ☐	N ☐	
	Solid Waste Management			
xviii	Are there (at least two) color-coded bins (black and yellow) with Matching color lining bags?	Y ☐	N ☐	
xix	Or are there color coded lining bags in the bins?	Y ☐	N ☐	
xx	Are there standard operating procedures for waste management?	Y ☐	N ☐	
	Use of Disinfectants			
xxi	Is there evidence of disinfectant use?	Y ☐	N ☐	
xxii	Are you able to observe disinfectant containers used for cleaning?	Y ☐	N ☐	
	Protective Equipment			

xxiii	Are gloves available?	Y ☐	N ☐	
xxiv	Are gowns or dust coats available?	Y ☐	N ☐	
xxv	Are face masks available?	Y ☐	N ☐	
xxvii	Are safety boots available?	Y ☐	N ☐	
	TOTAL 78 (In this section Yes has a value equivalent of 3)			

A. General		**Assessment**		**Comments**
	1. Policies			
i	There is a policy on obtaining an informed consent from patients And/or their relatives who are undergoing invasive procedures.	Y ☐	N ☐	
ii	Theatre services are available 24/7.	Y ☐	N ☐	
iii	Infection prevention policies and protocols in place.	Y ☐	N ☐	
	2. Receiving and Recovery Areas			
iv	There is a designated area for receiving patients and post-Anesthesia recovery.	Y ☐	N ☐	
v	Availability of gender-specific changing rooms and adequate Linen.	Y ☐	N ☐	
vi	There is a specific area set aside where staffs scrub for Operations.	Y ☐	N ☐	
vii	Does the receiving area have adequate lighting?	Y ☐	N ☐	
	3. Operating Area			
viii	There is adequate space in the operating area allowing for free Movement of theatre staff.	Y ☐	N ☐	
ix	There is adequate lighting from both overhead and flexible light Sources in operating area.	Y ☐	N ☐	
x	There are adequate sterile gloves in different sizes in the Operating room.	Y ☐	N ☐	
xi	There is a standard adjustable operating table.	Y ☐	N ☐	
xii	There are at least two functional anaesthetic machines in the Operating room.	Y ☐	N ☐	
xiii	There are adequate ambu-bags, both adult and paediatric in the Operating Room.	Y ☐	N ☐	
xiv	Patient monitor(s) is available and in good working condition in the Operating Room.	Y ☐	N ☐	
xv	Theatre utilities, including functional laryngoscopes, endotracheal tubes, suction machines and suction tubes are available in different sizes to cater for both adult and paediatric clients.	Y ☐	N ☐	
xvi	There is a reliable source of back-up oxygen, separate from anaesthetic machines.	Y ☐	N ☐	
xvii	There is a designated area for sterilizing equipment.	Y ☐	N ☐	
	4. Sluice Room			

xviii	Is a sluice room/area available and properly located?	Y ☐	N ☐	
xix	Is there a sluicing sink with running water?	Y ☐	N ☐	
	5. Staff Requirements			
xx	Are there at least three theatre staff (scrub, runner and anaesthetic nurse)?	Y ☐	N ☐	
	TOTAL 100 (In this Section Yes has a value equivalent of 5)			

A. General Policies and guidelines		**Assessment**		**Comments**
i	Pharmaceutical unit is licensed by Pharmacy & Poisons Board.	Y ☐	N ☐	
ii	Pharmacy is supervised by a trained and registered Pharmacist or other qualified personnel appropriate for the level of care.	Y ☐	N ☐	
iii	The facility has procedures for ordering, acquiring, storing, dispensing and disposing pharmaceutical products.	Y ☐	N ☐	
iv	Safety procedures, protocols in relation to medication available.	Y ☐	N ☐	
B. Storage and display of commodities		**Assessment**		**Comments**
v	Does the pharmacy have secure, lockable cupboards for restricted drugs only accessible by authorized persons (e.g. narcotics and psychotropics).	Y ☐	N ☐	
C. Record keeping and documentation		**Assessment**		**Comments**
vi	Does the pharmacy have a well-explained system for recording prescriptions?	Y ☐	N ☐	
vii	Does the pharmacy have standard operating procedures for disposal of expired drugs?	Y ☐	N ☐	
vii	Is there a daily updated inventory system showing which commodities are available?	Y ☐	N ☐	
ix	Is there documentation showing where medicines are procured?	Y ☐	N ☐	
	TOTAL 36 (In this Section Yes has a value equivalent of 4)			

A. Policies, guidelines and SOPs		**Assessment**		**Comments**
	Reporting procedures			
i	The Unit is licensed by the Kenya Medical Laboratory Board.	Y ☐	N ☐	

ii	The facility has existing standard operating procedures for collecting, labelling, preparing, storing, interpreting and disposal of specimens; which are known by all staff working in the laboratory.	Y ☐	N ☐	
iii	Availability of an updated inventory of equipment.	Y ☐	N ☐	
iv	Register of all tests done and turnaround time for each test is recorded.	Y ☐	N ☐	
v	The laboratory has SOPs and guidelines for reporting laboratory procedures according to license class.	Y ☐	N ☐	
vi	The Laboratory has infection prevention protocols in place.	Y ☐	N ☐	
B. Equipment Management Program				
	Calibration and validation of equipment			
vii	Does the lab have a system for regular calibration/validation of equipment available?	Y ☐	N ☐	
viii	Is the system for calibration/validation of equipment placed close to respective equipment?	Y ☐	N ☐	
	Equipment maintenance documentation			
ix	Does the laboratory have a systematic, well-documented equipment maintenance schedule?	Y ☐	N ☐	
x	Register of maintenance and calibration of equipment available.	Y ☐	N ☐	
xi	Are service contracts available for all lab equipment?	Y ☐	N ☐	
xii	Does lab have a system for equipment procurement that is known by staff (one other staff to explain)?	Y ☐	N ☐	
xiii	Does the laboratory have a list of all equipment in use?	Y ☐	N ☐	
xiv	Does the laboratory have a functional inventory management system?	Y ☐	N ☐	

C. Quality Control of Tests		**Assessment**		**Comments**
	Quality control practices			
xv	Are equipment registered, validated and calibrated?	Y ☐	N ☐	
xvi	Is there documentation of quality control of tests?	Y ☐	N ☐	
xvii	Is there a documented system for regular review and improvement of laboratory tests?	Y ☐	N ☐	
xviii	Is there documentation of sample archiving, retrieval and disposal?	Y ☐	N ☐	
xix	Is Internal Quality Control (IQC) done regularly?	Y ☐	N ☐	
xx	Is the laboratory enrolled in any External Quality Assurance System?	Y ☐	N ☐	
	Procurement and storage of reagents			
xxi	Does the laboratory have a functional temperature recording system in place?	Y ☐	N ☐	

xxii	Are standards for procurement and safe storage of reagents in place, including an inventory of all reagents?	Y ☐	N ☐	
	TOTAL 66 (In this Section Yes has a value equivalent of 4)			

Attach license from the Kenya Medical Laboratory Technicians & Technologist Board

A. Radiation Protection		**Assessment**		**Comments**
	Personal radiation dose monitoring			
i	Are personal radiation dose monitoring badges worn daily and evaluated monthly by the Radiation Protection Board.	Y ☐	N ☐	
	Radiation safety service provider			
ii	Facility is licensed by Radiology Protection Board.	Y ☐	N ☐	
iii	The facility has records confirming that there is a radiation safety service provider for monitoring exposure to radiation and safety of workers and patients.	Y ☐	N ☐	
	Adequate number of lead aprons			
iv	Are there an adequate number of lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer?	Y ☐	N ☐	
	Radiological examination in pregnancy			
v	Is a code of practice for pregnant women available and producible?	Y ☐	N ☐	
	Quality assurance of image processing			
vi	Is there evidence of quality assurance of the image processing system (it may be digital, automatic or manual)?	Y ☐	N ☐	
B. Policies, SOPs and Registers		**Assessment**		**Comments**
	Policies, SOPs and Code of Practice			
vii	Standard operating procedures are available for different radiological and imaging services.	Y ☐	N ☐	
viii	There is evidence that they are reviewed regularly based on evidence-based current radiological practice.	Y ☐	N ☐	
ix	There is a code of practice displayed next to the respective radiological devices.	Y ☐	N ☐	
x	There are records for all radiological examinations carried out, indicating the requesting clinician, the radiologist/radiographer who performed the exam and the findings of the exam.	Y ☐	N ☐	
xi	Infection prevention and control policies documented and in place.	Y ☐	N ☐	

C. Radioactive Waste Management		Assessment		Comments
	Personal safety measures			
xii	Does the facility produce radioactive waste?	Y ☐	N ☐	
xii	Are patient and staff safety measures implemented alongside routine waste management tasks?	Y ☐	N ☐	
	Radioactive waste management programs in place			
xiv	Is there designated staff in charge of radioactive waste management?	Y ☐	N ☐	
xv	Are there records showing that radioactive waste management systems are in place?	Y ☐	N ☐	
	Designated staff for radioactive waste management programs			
xvi	Does the facility have designated personnel to oversee radioactive waste management programs?	Y ☐	N ☐	
	TOTAL 64 (In this Section Yes has a value equivalent of 4)			

SECTION 12: OTHER SUPPORT SERVICES				
A. Food & House Keeping		**Assessment**		**Comments**
	Food			
i	Nutritionist available in the facility.	Y ☐	N ☐	
ii	There is a guideline on food appropriate for the patient and consistent with his/her clinical care that is available which include; Orders for nil by mouth, regular diet, special diet and parenteral/nasogastric tube nutrition	Y ☐	N ☐	
iii	Does the person handling food have appropriate uniform and are medically examined every 6 months	Y ☐	N ☐	
iv	There is a policy in place that ensures the food preparation, handling and storage are safe	Y ☐	N ☐	
	House Keeping			
v	The housekeeping service is managed to ensure the provision of a safe and effective service	Y ☐	N ☐	
	Linen service management			
vi	There is a policy in place to ensure there is adequate and appropriate linen to meet patients need.	Y ☐	N ☐	
vii	The linen service is managed to ensure the provision of a safe and effective service.	Y ☐	N ☐	
B. Mortuary		**Assessment**		**Comments**
viii	There is a policy to identify, preserve, store and safely discharge bodies.	Y ☐	N ☐	
ix	Equipment for storage and transportation of bodies meet environmental hygiene standards	Y ☐	N ☐	
x	Practices within the morgue should subscribe within the laid down procedures.	Y ☐	N ☐	
xi	Mortuary staff wear protective gear to prevent accident, injury or infection	Y ☐	N ☐	
	TOTAL 33 (In this Section Yes has a value equivalent of 3)			

A. Policies		Assessment		Comments
i	Written policies and procedures on all aspects of health and safety guide the personnel in maintaining a safe work environment.	Y ☐	N ☐	
ii	Post exposure prophylaxis (PEP) is available to the personnel in accordance to the organizational policy.	Y ☐	N ☐	
iii	There is a policy on reporting reactions to drugs or severe side effects and how to care for a patient in such events	Y ☐	N ☐	

iv	There is a programme in identifying preparing mitigation and managing disaster incidents including but not specific to fire, mass accidents flood, and other emergencies.	Y ☐	N ☐	
v	There is a policy to identify and manage patients correctly to eliminate errors.	Y ☐	N ☐	
	TOTAL 15 (In this Section Yes has a value equivalent of 5)			

A. Patient Clients' Outcomes		**Assessment**		**Comments**
i	Facility has mechanism to trigger stakeholders feedback and involvement on health services planning, provision, outcomes, impact and satisfaction	Y ☐	N ☐	
ii	Patients'/clients' views and level of satisfaction are assessed at planned intervals e.g. through exit interviews.	Y ☐	N ☐	
iii	Results shall be documented and acted upon, e.g. analyzed and considered in improvement plans.	Y ☐	N ☐	
iv	Mechanisms for patient/client feedback is in place	Y ☐	N ☐	
B. Facility Outcomes		**Assessment**		**Comments**
v	The performance of health facilities is assessed on a regular basis.	Y ☐	N ☐	
vi	The indicators listed below are calculated on a monthly basis and monitored over time. Expenditure/revenue ratio Total financial resources in relation to number of beds. Overall death rate (deaths / admissions) Number of maternal deaths in facility Number of deliveries Neonatal deaths	Y ☐	N ☐	
	TOTAL 12 (In this Section Yes has a value equivalent of 2)			

A. Policies		**Assessment**		**Comments**
i	The facility has in place a policy to identify, diagnose, interpreted and manage eye related problems	Y ☐	N ☐	

ii	Procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of Ophthalmology medication, materials, equipment & instruments in line with International standards and manufacturers Guidelines.	Y ☐	N ☐	
B. Equipment				
	Basic Diagnostic equipment			
iii	Eye Chart	Y ☐	N ☐	
iv	Slit Lamp	Y ☐	N ☐	
v	Direct Ophthalmoscope	Y ☐	N ☐	
vi	Tonometer	Y ☐	N ☐	
vii	Refraction Set	Y ☐	N ☐	
viii	Pen Torch	Y ☐	N ☐	
ix	Retinoscope	Y ☐	N ☐	
x	Indirect Ophthalmoscope	Y ☐	N ☐	
xi	Applanation	Y ☐	N ☐	
xii	Tonopen	Y ☐	N ☐	
xiii	Lenses(20D,78D,90D)	Y ☐	N ☐	
xiv	3 Mirror Lens	Y ☐	N ☐	
xv	Visual Perimetery apparatus	Y ☐	N ☐	
xvi	Ophthalmic Operating Microscope	Y ☐	N ☐	

C. Basic Surgical Equipment		**Assessment**		**Comments**
xvii	Keratometer	Y ☐	N ☐	
xviii	A-Scan	Y ☐	N ☐	
xix	Operating Instrument Sets,	Y ☐	N ☐	
xx	Basic Anterior Segment Set (Cataract And Glaucoma), Lid surgery, Squint, Orbital surgery , Vitreoretinal surgery	Y ☐	N ☐	
xxi	Operating room space,	Y ☐	N ☐	
xxii	Ophthalmic Operating table and chair, trolley, drip stand,	Y ☐	N ☐	
xxiii	sterilization equipment	Y ☐	N ☐	
xxiv	Anterior Vitrector	Y ☐	N ☐	
xxv	Paediatric(Vitrector Machines , Keratomiter,)	Y ☐	N ☐	
xxvi	Corneal Grafting Instruments	Y ☐	N ☐	
xxvii	Glaucoma(Glaucoma Laser Lenses, Puchymeter)	Y ☐	N ☐	
xxviii	Vitrio Retinal (Endo Laser, Posterior Vitrectomy Machine,	Y ☐	N ☐	
xxix	Orbital and Oculloplastic surgery equipment)	Y ☐	N ☐	
xxx	Refractive Surgery equipment	Y ☐	N ☐	
xxxi	Corneal Topography	Y ☐	N ☐	

D. Consumables		Assessment		Comments
xxxii	Local anesthetic solution and needles.	Y ☐	N ☐	
xxxiii	Sterile gauze.	Y ☐	N ☐	
xxxiv	Disposable gloves.	Y ☐	N ☐	
xxxv	Disposable face masks.	Y ☐	N ☐	
xxxvi	Cotton rolls.	Y ☐	N ☐	
xxxvii	Medical gasses and compressors are Provided for in a safe manner.	Y ☐	N ☐	
xxxviii	Policies, procedures and guidelines in place and in use as regards	Y ☐	N ☐	
	TOTAL 76 (In this Section Yes has a value equivalent of 2)			

A. Infrastructure		Assessment		Comments
i	There is a room available set aside to offer critical care.	Y ☐	N ☐	
ii	There is availability of standard ICU bed	Y ☐	N ☐	
iii	There is quick access to theatre and laboratory	Y ☐	N ☐	
B. Human Resource		**Assessment**		**Comments**
iv	Availability of staff trained in critical care including an Anesthetist.	Y ☐	N ☐	
C. Equipment		**Assessment**		**Comments**
v	There is a policy in place for acquisition, usage, calibration, Maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	
vi	Defibrillator	Y ☐	N ☐	
vii	Ventilator	Y ☐	N ☐	
viii	Blood Gas Analyzer.	Y ☐	N ☐	
ix	Oxygen supply	Y ☐	N ☐	
D. Policies & Programs		**Assessment**		**Comments**
x	Standard operating procedure is in place for managing different Emergencies.	Y ☐	N ☐	
xi	Infection prevention policies in place	Y ☐	N ☐	
	TOTAL 110 (In this Section Yes has a value equivalent of 10)			

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 scaler.	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 canulas etc).	Y ☐	N ☐	
xxii	Full set of extraction forceps and elevators.	Y ☐	N ☐	
xxiii	Dental syringes.	Y ☐	N ☐	

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 ☐	

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)			

A. Infrastructure		Assessment		Comments
i	There is a room set aside for dialysis services.	Y ☐	N ☐	
ii	There is a quick access to critical care.	Y ☐	N ☐	
iii	Availability or access to laboratory that can perform kidney related tests	Y ☐	N ☐	
iv	There is a designated water treatment area with proper plumbing and water purification process that is proximal to the dialysis machines.	Y ☐	N ☐	
v	There is a dedicated dialysis station for infectious patients.	Y ☐	N ☐	
B. Equipment		**Assessment**		**Comments**
vi	There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	
vii	There is a list of equipment but not specific to dialysis machine, catheters.	Y ☐	N ☐	
viii	There is availability and usage of a renal chart.	Y ☐	N ☐	
C. Human Resource		**Assessment**		**Comments**
ix	There is a qualified renal nurse who is backed up either a nephrologists and/or a physician.	Y ☐	N ☐	
x	Infection prevention known to staff and applied.	Y ☐	N ☐	
	TOTAL 81 (In this Section Yes has a value equivalent of 9)			

A . Policy and Guidelines		Assessment		Comments
i	Existence of documented procedures and guidelines for identification screening , treatment and referral of clients	Y ☐	N ☐	
ii	Do you have documented, up-to-date policies and procedures to support, monitor and regulate the assessment and review process?	Y ☐	N ☐	
iii	Does the treatment and rehabilitation programme describe structured daily and weekly activities, individual and group sessions, stages or phases of treatment and related goals in a Time-defined programme?	Y ☐	N ☐	
iv	Infection prevention and control program and policies in place	Y ☐	N ☐	
B. Staffing				
v	Existence of a multidisciplinary team is in place , Medical practitioner(consultant), Nursing staff and other allied health professionals trained to deliver rehabilitation programs as appropriate	Y ☐	N ☐	
vi	Does the multidisciplinary team formally review each client's treatment progress (including psychiatric status) on a weekly basis?	Y ☐	N ☐	
C. Patient Assessment				
vii	Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake assessments or screening within 24 hours, or, in the case of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of Admission?	Y ☐	N ☐	
viii	Do your clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial spiritual functioning within 72 hours of admission by a qualified and experienced professional?	Y ☐	N ☐	
ix	Do you have designated medical clinicians to deliver medical or psychiatric diagnoses?	Y ☐	N ☐	
x	Are the results of each client’s comprehensive assessment reviewed by a primary counselor and the centre’s multidisciplinary team within 1 week of the client’s admission?	Y ☐	N ☐	
xi	Are the clients assessments recorded in the clients’ case records within 24 hours?	Y ☐	N ☐	
xii	Are the results of the comprehensive assessment and the treatment plan presented and discussed at case conferences or studies?	Y ☐	N ☐	

D. Individualized Treatment Planning		Assessment		Comments
xiii	Do all clients have a documented, individualized treatment plan that encourages their recovery?	Y ☐	N ☐	
xiv	Do you seek informed consent from all clients prior to the onset of any treatment?	Y ☐	N ☐	
E. Counseling				
xv	Do your addiction counseling staff have the knowledge, skills and competencies to undertake the following: Screening to establish whether the client is appropriate for the programme. Intake – Administrative and initial assessment procedures. Orientation of the client. Intake and comprehensive assessment. Treatment planning, including special needs planning (children and adolescents, the elderly, disabled). Counseling (individual, group and family). Case management. • Crisis intervention. • Client education. • Referral Reports and record keeping.	Y ☐	N ☐	
F. Detoxification				
xvi	Does your center have written policies, procedures and evidence on Detoxification (including voluntary withdrawal)?	Y ☐	N ☐	
G. Discharge , Re-admission and continuing care				
xvii	Are clients provided with appropriate programmes and support to enable their effective transition from a treatment Centre to their families and re-integration into their communities?	Y ☐	N ☐	
xviii	Are all clients assessed and reviewed by the multi-disciplinary team towards the end of treatment to determine their readiness for discharge and to facilitate discharge planning?	Y ☐	N ☐	
xix	Are relevant referral agencies supplied on time with a Confidential, signed and dated discharge summary to facilitate continuity of care for all clients leaving the center?	Y ☐	N ☐	
	TOTAL 57 (In this Section Yes has a value equivalent of 3)			

A. Staffing		Self Assessment		Comments
i	There is a trained and qualified oncologist who is licensed to offer care in chemotherapy services. There is a trained and qualified radiotherapist who is licensed to offer radiotherapy services.	Y ☐	N ☐	
ii	There is multi-disciplinary team under the lead oncologist that Supports service delivery in the facility.	Y ☐	N ☐	
iii	The team formally reviews each client's treatment progress on a Scheduled basis.	Y ☐	N ☐	
B. Policies and Guidelines & licensure				
iv	There exist documented, procedures and guidelines for identification, screening, treatment, referral of patients and the Policies on cancer registry.	Y ☐	N ☐	
v	There is evidence that they are reviewed regularly based on Evidence-based clinical guidelines approved by MOH.	Y ☐	N ☐	
vi	Policies and procedures are in place to guide the safe administration of systematic therapy i.e. administration of Chemotherapeutic, biologic and immunotherapeutic agents.	Y ☐	N ☐	
vii	Guidelines on radiation safety rules and standards exist and are adhered to.	Y ☐	N ☐	
C. Safety and Risk Management				
viii	Guidelines on management of spills and cytotoxic waste are Available.	Y ☐	N ☐	
ix	Chemo preparations are transported by trained personnel in leak Proof plastic bag and sturdy containers.	Y ☐	N ☐	

	Safety and Risk Management	Assessment		Comments
x	Preparation and administration area has a spill kit that include the following: Alkaline soap. Isopropyl alcohol. Absorbent masks. Niosh mask. 2 pairs of powder free gloves. Gown with closed front and snug cuffs. 2 cytotoxic disposal bags. Sharps container. Dust pan and brush. A pair of goggles.	Y ☐	N ☐	
xi	There is documented evidence that personnel are trained on safe handling of cytotoxic.	Y ☐	N ☐	
xii	There are guidelines on handling and storage of cytotoxic drugs.	Y ☐	N ☐	

xiii	There are protocols that deal with pre-and post-chemotherapy Management of patients to improve tolerability and reduce side effects.	Y ☐	N ☐	
xiv	There are guidelines on safe handling, storage and disposal of Brachytherapy sources.	Y ☐	N ☐	
D. Information system				
xv	There is a cancer information system integrated with the National data registry to provide and consolidate information on cancer.	Y ☐	N ☐	
E. Case Management				
xvi	There are guidelines known to all staff on assessment and pain Management.	Y ☐	N ☐	
xvii	There are guidelines to ensure patients access psychosocial Services, Nutrition services and rehabilitation services on site or on a referral basis.	Y ☐	N ☐	
F. Cancer Prevention & Screening				
xviii	There is a known policy guideline on prevention and screening of Cancer.	Y ☐	N ☐	
xix	There is an established mechanism for engaging consumers and or health care providers in cancer service delivery planning and utilization.	Y ☐	N ☐	

G. Feedback Mechanism		**Assessment**		**Comments**
xx	Consumers and health care providers participate in the planning and implementation of quality improvement and evaluation of patient feedback data in oncology.	Y ☐	N ☐	
xxi	Mechanisms for patient/client feedback is in place.	Y ☐	N ☐	
H. Community Linkages and outreach activities		**Assessment**		**Comments**
xxii	There is documented evidence of active coordination between the health system, community service agencies and patients in cancer care.	Y ☐	N ☐	
xxiii	There is a designated staff person or resource responsible for Ensuring providers and patients make maximum use of community resources.	Y ☐	N ☐	
xxiv	There are guidelines on outreach activities for awareness and Prevention.	Y ☐	N ☐	
I. Self-Management Support		**Assessment**		**Comments**
xxv	There is an effective self-management support which are Regularly assessed and recorded in standardized form linked to a treatment plan available to practice and patient.	Y ☐	N ☐	
xxvi	Self-management is provided by clinical educators, trained in Patient empowerment and problem-solving methodologies.	Y ☐	N ☐	
xxvii	Addressing concerns of patients and families are an integral part of care and includes systematic assessment and routine involvement in peer support, counselling, groups or mentoring Programs.	Y ☐	N ☐	
	TOTAL 81 (In this Section Yes has a value equivalent of 3)			

Request For Review

FORM FOR REVIEW (r.203 (1))

PUBLIC PROCUREMENT ADMINISTRATIVE REVIEW BOARD

APPLICATION NO…….OF……..….20……...

BETWEEN

……...…….APPLICANT

AND

……RESPONDENT (Procuring Entity)

Request for review of the decision of the…… (Name of the Procuring Entity of ……dated the…day of …….20…….in the matter of Tender No……..…of ……..20….. for ..... (Tender description).

REQUEST FOR REVIEW

I/We……,the above named Applicant(s), of address: Physical address…….P. O. Box No……. Tel. No……..Email ……, hereby request the Public Procurement Administrative Review Board to review the whole/part of the above mentioned decision on the following grounds , namely:

1.

2.

By this memorandum, the Applicant requests the Board for an order/orders that:

1.

2.

SIGNED ……. (Applicant) Dated on…….day of ……/…20……

FOR OFFICIAL USE ONLY Lodged with the Secretary Public Procurement Administrative Review Board on……day of ……....20…..……

SIGNED

Board Secretary