**NRHSLogo**

**Unim Research &Training Center,**

**Lumumba Sub County Hospital,**

**P.O. Box 1764**

**Kisumu, Kenya**

**Cell. O713 113 275**

**Tender Notice:**

**Nyanza Reproductive Health society is a National Organization promoting Reproductive Health Services in Kenya. NRHS is currently retendering for:**

|  |  |  |
| --- | --- | --- |
| **TENDER NUMBER** | **TENDER DESCRIPTION** | **DEAD LINE** |
| **NRHS/IC E/01/25-27** | **PROVISION OF STAFF PROFESSIONAL INDEMNITY COVER** | **30th September 2025** |

**All interested bidders MUST attach copies of the following documents:**

1. Certificate of registration
2. Valid Tax Compliance Certificate.
3. County Government Current business License
4. Audited books of Accounts for the last two years
5. Certificate of Registration with AKI and a full proof of membership to the Association.
6. Provide references of other organizations to which you are rendering Professional Indemnity Cover for the past two years.

**Completed tender documents must be submitted through hand delivery in plain sealed envelopes clearly marked with respective tender numbers and addressed to;**

**The Tender Committee   
NYANZA REPRODUCTIVE HEALTH SOCIETY   
P.O.Box 1764-40100  
KISUMU**

**Unim Research & Training Center (within Lumumba Health Center Compound) deposited in the tender box on or before 2.00 pm on Tuesday 30th September 2025. The tender will be opened immediately thereafter in NRHS board room in the presence of all bidders or their representatives.**

Nyanza Reproductive Health Society:

TENDER DOCUMENT PROVISION OF PROFESSIONAL INDEMNITY COVER FOR THE YEAR 2025-2027

TENDER DOCUMENT

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**INTRODUCTION**

The Nyanza Reproductive Health Society (NRHS) is registered under the Kenyan Societies Act and was initiated when the UNIM (Universities of Nairobi, Illinois and Manitoba) randomized controlled trial of male circumcision for reduction of HIV incidence began.

The Nyanza Reproductive Health Society (NRHS) is active in conducting reproductive health, HIV & STI prevention research and the implementation of HIV and STI intervention services in Kenya.

The pre-qualification document and the response thereof shall be the **ONLY** basis for the competitive evaluation and selection of potential suppliers and contractors for the financial year 2025-2027

Please read through this document carefully and provide the requested information together with all required supporting documents.

**The Nyanza Reproductive Health Society (NRHS) reserves the right to accept or reject any tender either wholly or in part and is not bound to accept the lowest or any tender or assign reasons thereof**.

**IMPORTANT NOTES TO THE BIDDERS**

1. The purpose of this document is to assist Nyanza Reproductive Health Society (NRHS) in the identification and evaluation of potential suppliers who may subsequently be invited to give quotations for the supply of goods or services within the specified category**.**
2. All documents must be submitted in English.
3. Provide certified copies of all supporting documents requested under the questionnaire
4. Nyanza Reproductive Health Society (NRHS) will examine the documents to determine completeness, general orderlies and sufficiency of response. Failure to complete this questionnaire and/or to provide written answers to any further questions or requested additional information for clarification will result in the supplier’s elimination from further consideration
5. Please note that by responding to this questionnaire you accept that all answers provided in this questionnaire are LEGALLY BINDING and should need arise, may be used as evidence in any court of law, which has jurisdiction. Further Nyanza Reproductive Health Society (NRHS) reserves the right without further recourse to verify at its own cost the accuracy of any answers provided therein.
6. Information given by the applicant shall be treated in strict confidence.
7. Applicants to kindly note that this DOES NOT amount to any contractual obligation on the part of Nyanza Reproductive Health Society (NRHS) and Nyanza Reproductive Health Society (NRHS) is not obliged to invite tenders/quotation from any or all who express interest by responding to this pre-qualification process.
8. Where insufficient space has been provided on the questionnaire, additional answers may be provided as supplementary on separate sheet bearing rubberstamp and signature of a senior person in the Organization.
9. The original document shall be prepared in indelible ink. It shall not contain interlineations or overwriting, except as necessary to correct errors made by the supplier. Any such corrections must be initialed by the person(s) who sign(s) the document.
10. The completed document shall be signed off and initialed by the Director/Partner of the organization and rubber stamped on each page and signed on the last page in the space provide.
11. Applicants will meet all cost associated with the preparation and submission of their applications.
12. Canvassing will lead to automatic disqualification of the applicant.
13. Late submission will not be acceptable. Any application(s) received after the date and time of closure will not be considered.

**MANDATORY REQUIREMENTS**

You shall be required to attach the following mandatory documents where applicable.

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1. Certification of Incorporation/ Partnership deed.
2. Current Trading Certificate
3. Tax Compliance Certificate (TCC)
4. Audited Financial Statements for the past two years
5. Certificate of Registration with AKI and a full proof of membership to the Association.
6. Provide references of other organizations to which you are rendering Professional Indemnity Cover for the past two years.

**TENDERING QUESTIONNAIRE**

**PART A: GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Organization |  |
| 2 | Postal Address | P.O Box…………………Code………………….. |
| 3 | Principal Contact Person | Name……………………………………………..  Position……………………………………………… |
| 4 | Contact: | Telephone:…………………………………….  Fax no:……………………………………………  Email:……………………………………………… |
| 5 | Physical Location of Business Premises | Town:………………………………………………..  Street:……………………………………………….  Building Name:……………………………………………..  Floor:………………………………………………………… |
| 6 | Nature of Organization (e.g. Sole proprietorship, Public Limited Company, Partnership) | |  |  |  | | --- | --- | --- | | Limited Liability  Company  (1) | Partnership  (2) | Sole Proprietorship  (3) | |
| 7 | Names Of the Proprietors  Directors or Partners | 1……………………………………………………………….  2……………………………………………………………  3……………………………………………………………… |
| 8 | Geographical area of Operations |  |
| 9 | Business Operations | Year established…………………………………………  Duration of Business Operation…………………………. |
| 10 | Company Registration No:  (*Attach copy)* Tick one | Number:……………………………………. |
| 12 | Valid Tax Compliance Certificate (Attach copy) | Attached Copy?  YES…………………….NO……………….. |
| 13 | Provide a brief description of Services that you offer |  |

**PART B: FINANCIAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Banker | NAME OF BANKER(S) | | | | | | |
| Address of Banker  ………………………………………………………………………………………  Telephone Contact name and title  …………………………………………………………………………………………  Fax Email | | | | | | |
| Financial information in Kshs. | Actual: Projected:  Previous five years next two year | | | | | | |
| 1 | 2. | 3. | 4. | 5. | 1 | 2 |
| a).Total assets |  |  |  |  |  |  |  |
| b). Current assets |  |  |  |  |  |  |  |
| c). Total Liabilities |  |  |  |  |  |  |  |
| d). Current Liabilities |  |  |  |  |  |  |  |
| e). Profit before taxes |  |  |  |  |  |  |  |
| f). Profit after tax |  |  |  |  |  |  |  |
| Major Sources of finance as a percentage of total financial requirements (e.g. loans, share capital, e.t.c) | | | Percentage % | | | | |
| 1. | | |  | | | | |
| 2. | | |  | | | | |
| 3. | | |  | | | | |

**PART C: TRADE REFERENCES**

|  |  |  |
| --- | --- | --- |
| Provide contact details for 3 referees for previous/ current work that is similar or the same to the one now applied for. Note that the referees may be contacted without your further references to you**.** | | |
|  | How many references are you indicating? (Tick one) | |  |  |  |  | | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | |  |  |  |  | |
| A | Have you supplied any goods of services to The Nyanza Reproductive Health Society (NRHS) before? (Tick one) | |  | | --- | |  |   YES NO   |  | | --- | |  |     Describe the services offered………………………………………………….  When……………………..and for how long…………………….. |
| B  1 | **Others**  Organization Name & Rubberstamp  Contact Name Position  Telephone No  E-mail Address  Service/Goods Supplied  Total Annual Value supplied | ………………………………………………………………………  …………………………………………………………………...  …………………………………………Sign.……………….. Date…………..…  ………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………  Kshs……………………………………. |
| B  2 | **Others**  Organization Name & Rubberstamp  Contact Name Position  Telephone No  E-mail Address  Service/Goods Supplied  Total Annual Value supplied | ………………………………………………………………………  …………………………………………………………………...  …………………………………………Sign.……………….. Date…………..…  ………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………  Kshs……………………………………. |
| B  3 | **Others**  Organization Name & Rubberstamp  Contact Name Position  Telephone No  E-mail Address  Service/Goods Supplied  Total Annual Value supplied | ………………………………………………………………………  …………………………………………………………………...  …………………………………………Sign.……………….. Date…………..…  ………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………  Kshs……………………………………. |

**PART D: PERSONNEL CAPABILITIES OF YOUR KEY STAFF**

1). List key proposed management position

|  |  |  |
| --- | --- | --- |
| 1 | Title of position |  |
| Name of prime candidate |  |
| 2 | Title of position |  |
| Name of prime candidate |  |
| 3 | Title of position |  |
| Name of prime candidate |  |
| 4 | Title of position |  |
| Name of prime candidate |  |

2). Please attach at least two CVs of potential candidates that you will propose to The Nyanza Reproductive Health Society (NRHS) for each the categories specified in the Terms of Reference.

**PART E: VERIFICATION OF BUSINESS SUSTAINABILITY**

|  |  |  |
| --- | --- | --- |
| Can the applicant supply certify audited financial statements for the last two financial years? The supply of these financial statements will be mandatory for your tender to be considered responsive | | |
| Are you currently involved in any litigation or arbitration (or any other legal process which may result in legal of financial liability)?  If yes what is the financial exposure as a result of the litigation, arbitration or other legal process and on what basis has this financial exposure been calculated?  If yes, what other exposure could result from the litigation, arbitration or other legal process and will this financial exposure or other exposure materially prejudice the bidder’s financial position or its ability to successfully and timely implement any contract which may be awarded to it pursuant to this tender? | | |
| Have you ever : | | |
|  | Responsible(***tick)*** | |
| Yes: | No: |
| Forfeited any payment on a contract? |  |  |
| Been declared in default of a contract? |  |  |
| Negotiated the premature termination of a contract? |  |  |
| Had an uncompleted contract assigned to another? |  |  |

**PART F: CERTIFICATION**

|  |
| --- |
| I/ We do hereby certify that the above information is correct in all respects:  Full Name:…………………………………………………………………………………  Designation/Position:……………………………………………………………………  Signature:……………………………………………………………. Date:…………………………………………..  Company Stamp/ Seal: |

1. ALL QUOTED PRICES MUST INCLUDE 16% VAT WHERE APPLICABLE.

THE DOCUMENT MUST BE FILLED IN *UNDELETABLE INK* WITHOUT ALTERATIONS

**PART G: SAFETY, HEALTH AND ENVIROMENTAL QUESTIONNAIRE**

APPENDIX 01: SAFETY, HEALTH & ENVIROMENTAL QUESTIONNAIRE

***This questionnaire forms form part of The Nyanza Reproductive Health Society (NRHS) Tender evaluation process and is to be completed by Tenderers and submitted with their tender offer. The objective of the Questionnaire is to provide an overview of the status of the Tenderers Safety, Health and Environmental Management system. Tenderers will be required to verify their responses noted in their questionnaire by providing evidence of their ability and capability in relevant matters****.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Tenderers Safety, Health & Environmental Questionnaire** | | **YES** | **NO** |
| **QN** | **Aspects** |  |  |
| 1.0    1.1 | Is there a written company Safety, Health & Environmental Policy  If yes provide a copy of this policy |  |  |
| 2..0  2.1 | Does the company have certified SHE by recognized independent authority( e.g. ISO 18001, ISO 14001 NEMA)  If yes provide a copy of this policy |  |  |
| 3.0  3.1 | Is there a company SHE Management System Manual or plan?  If yes provide a copy of this policy |  |  |
| 4.0  4.1 | Is there a company SHE Management System Manual or plan?  If yes provide a copy of this policy |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tenderers Safety, Health & Environmental Questionnaire** | | **YES** | **NO** |
| **QN** | **Aspects** |  |  |
| 5.0    5.1 | Are there Safe Work Practices and Procedures for the normal work done by the company?  If yes provide a copy of this policy |  |  |
| 6.0  6.1 | Has the company prepared safe operating procedures or specific safety instructions relevant to its operations?  If yes provide a summary listing of procedures or instructions |  |  |
| 7.0  7.1 | Is there a register of injury document?  If yes provide a copy |  |  |
| 8.0  8.1 | Is there a documented incident investigation procedure?  If yes provide a copy of standard incident report form |  |  |
| 9.0    9.1 | Are there procedures for maintain, Inspecting and assessing the hazards of plant operated/ owned by the company?  If yes provide details |  |  |
| 10..0  10.1 | Are there procedures for identifying, assessing and controlling risks associated with manual handling  If yes provide details |  |  |
| 11.0  11.1 | Are there procedures for storing and handling hazardous substance?  If yes provide details |  |  |
| 12.0  12.1  12.2 | Describe how Safety, Health & Environmental training is conducted in your company  Is a record maintained of all training and induction programs undertaken for employees in your company?  If yes provide examples of safety training records |  |  |
| 13.0    13.1  13.2 | Safety, Health & Environmental Workplace Inspection  Are regular Safety, Health and Environmental inspections at worksites undertaken?  If yes provide details |  |  |
| 13.3  13.4 | Is there a procedure by which employees can report hazards at workplaces?  If yes provide details |  |  |
| 14.0  14.1  14.2  14.3 | Is there a workplace Safety, Health & Environmental committee?  Are there employees involved in decision making over Safety, Health and Environmental matters?  If yes provide details  Are there employees elected Safety, Health and Environmental representatives? |  |  |
| 15.0  15.1  15.2    15.3 | Is there a system of recording and analyzing Safety, Health and Environmental performance statics including number and type of injuries and incidents?  Are employees regularly provided with information on company Safety, Health and Environmental performance?  Has the company ever been convicted of an occupational Safety, Health and Environmental offence?  If yes provide details |  |  |
| 16.0  16.1 | Company Reference  Provide the following information for the three (3) most recent contracts completed by the company |  |  |
| **Other comments:** | | | |
| **Signed:………………Name…………………………………………………Designation………………………** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION OF ITEM** | **NUMBER OF STAFF** | **LIMIT OF LIABILITY** | **RATE OF PREMIUM ON LIMIT OF LIABILITY** | **TOTAL PREMIUM** |
| **Professional Indemnity** |  |  |  |  |
| Surgeons (Nurses and Clinical Officers) | 10 Staff | 20,000,000/= to 50,000,000/= |  |  |
| **TOTAL** |  |  |  |  |