



**GOVERNMENT OF KENYA (THROUGH THE SOCIAL HEALTH AUTHORITY)**

**TENDER DOCUMENT FOR THE PROVISION OF HEALTHCARE SERVICES  
OUTSIDE KENYA TO BENEFICIARIES OF THE SOCIAL HEALTH  
AUTHORITY**

**SPECIALLY PERMITTED PROCUREMENT PROCEDURE  
NO. SPPP/SHA/001/2025-2026**

**ISSUING DATE: 31<sup>ST</sup> DECEMBER 2025**

**P.O. BOX 30443-00100  
NAIROBI**

**Tel: 020-2731252/53/54/55 or 2714820 E-mail: [tenders@sha.go.ke](mailto:tenders@sha.go.ke)**

## INVITATION TO TENDER

PROCURING ENTITY: **SOCIAL HEALTH AUTHORITY (SHA), KENYA**

CONTRACT NAME AND DESCRIPTION: **PROVISION OF HEALTHCARE SERVICES OUTSIDE KENYA TO BENEFICIARIES OF THE SOCIAL HEALTH AUTHORITY**  
**SPECIALLY PERMITTED PROCUREMENT PROCEDURE NO.**

**SPPP/SHA/001/2025-2026**

1. The Social Health Authority invites Expressions of Interest under electronic tender (**SPECIALLY PERMITTED PROCUREMENT PROCEDURE NO. SPPP/SHA/001/2025-2026**) for the **PROVISION OF HEALTHCARE SERVICES OUTSIDE KENYA TO BENEFICIARIES OF THE SOCIAL HEALTH AUTHORITY**.
2. Tendering will be conducted under SPECIALLY PERMITTED PROCUREMENT PROCEDURE open to all qualified and interested Tenderers. Tenders will be awarded on basis of whether the tenderer meets the set criteria of their duly filled applications through the electronic tender document.
3. Tender documents shall be viewed from the Social Health Authority (SHA) website [www.sha.go.ke](http://www.sha.go.ke) or the Public Procurement Information Portal (PPIP) website [www.tenders.go.ke/tenders](http://www.tenders.go.ke/tenders).
4. The **contract cycle is two (2) years** with the lapse of the first contract cycle being **31<sup>st</sup> December 2027**. The Authority shall continuously carry out empanelment and contracting of overseas facilities, provided that overseas facilities empaneled less than 6 months to the end of the contract cycle shall have their contracts commence in the subsequent contracting cycle.
5. The review of the medical treatment benefit package shall be conducted by the Health Benefits and Tariffs Advisory Panel from time to time in line with the Social Health Insurance Regulations 2024. The updated list of benefits will be available to the tenderer in the SHA Website.
6. **Hard Copy/Physically submitted Tenders will not be permitted.**

- 7. Tenderers have fourteen (14) days from the date they start applying to submit their application. Any application that is not completed within 14 days shall automatically expire. The tenderer may re-apply, and this shall be deemed a new application.**
  
8. The overseas healthcare facility shall pay a non-refundable contract administration fee of \$1,500 via the payment method below:

#### **SOCIAL HEALTH INSURANCE FUND - USD ACCOUNT**

<b>Account Name</b>	SOCIAL HEALTH INSURANCE FUND
<b>Account Number</b>	1333606893
<b>Currency</b>	USD
<b>Bank</b>	KCB Bank Kenya Limited
<b>Branch</b>	Capital Hill
<b>Bank Code</b>	01
<b>Branch Code</b>	201
<b>Swift Code</b>	KCBLKENX
<b>Bank Address</b>	Kencom House, Moi Avenue P. O. Box 48400 – 00100 Nairobi, Kenya.

Applications shall be submitted through the SHA email provided on the SHA Advert.

Dr. Mercy Mwangangi, CBS  
**CHIEF EXECUTIVE OFFICER**

**Date: 31<sup>st</sup> December 2025.**



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## PART 1 - TENDERING PROCEDURES

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## SECTION I - INSTRUCTIONS TO TENDERERS

### 1. Scope of Tender:

This tendering document is for the delivery of Treatment for Services Not Available in Kenya to Beneficiaries of the Social Health Authority, Public Officer Medical Scheme Fund Beneficiaries and Beneficiaries under any other Fund administered by the Social Health Authority.

### 2. Throughout this document:

#### 2.1 The terms:

- a) The term “in writing” means communicated in written form (e.g. by mail, e-mail, fax, distributed or received through the electronic-procurement system or electronic contracting platform used by the Authority) with proof of receipt.
- b) If the context so requires, “singular” means “plural” and vice versa.
- c) “Beneficiary” includes a Beneficiary under any Fund administered by the Social Health Authority.
- d) “Day” means calendar day, unless otherwise specified as “Business Day”. A Business Day is any day that is an official working day of the Authority. It excludes the Authority’s official public holidays.
- e) The terms “SHA” and “the Authority” mean the Social Health Authority established by the Social Health Insurance Act No.16 of 2023 and where the context so requires includes its successors and assigns.
- f) “Contract” means the General and Specific Conditions of the Agreement executed between a successful tenderer and the Social Health Authority to provide healthcare services to Beneficiaries.
- g) “Country of Registration” means the country of nationality of the tenderer for purposes of Clauses 4 (Eligibility) and 8 (Currencies of Tender and Payment)
- h) “Public Officer Medical Scheme Beneficiary” means a Beneficiary under the Public Officer Medical Scheme Fund established by the Public Officer Medical Scheme Fund Regulations, 2024
- i) “Social Health Authority Beneficiary” means a Beneficiary under the Social Health Insurance Fund established by the Social Health Insurance Act, No.16 of 2023.

### 3. Fraud and Corruption:

- 3.1 The Social Health Authority requires compliance with the provisions of the Public Procurement and Asset Disposal Act, 2015 (the Act) of the Laws of Kenya, Section 62 “Declaration not to engage in corruption”. The tender submitted by a person shall include a declaration that the person shall not engage in any corrupt or fraudulent practice and a declaration that the person or his or her sub-contractors are not debarred from participating in public procurement proceedings.
- 3.2 The Social Health Authority requires compliance with the provisions of the Competition Act Cap. 504 of the Laws of Kenya, regarding collusive practices in contracting. Any tenderer found to have engaged in collusive conduct shall be disqualified and criminal and/or civil sanctions may be imposed. To this effect, Tenderers shall be required to complete and sign the “Certificate of Independent Tender Determination” annexed to the Form of Tender.
- 3.3 **Unfair Competitive Advantage** - Fairness and transparency in the tender process require that the firms or their Affiliates competing for a specific assignment do not derive a competitive advantage from having provided consulting services related to this tender.
- 3.4 Anti-Money Laundering and Terrorist Financing – the Tenderer shall declare when submitting their application that they have complied with all relevant laws and regulations applicable to the prevention of money laundering and terrorist financing. If a tenderer is found to have submitted a false declaration or to have committed a breach of such laws or regulations the tenderer will be automatically disqualified and where a contract had been signed the contract shall be terminated.

### 4. Eligible Tenderers

- 4.1 A Tenderer shall be a healthcare provider outside Kenya.
- 4.2 Public Officers, their Spouses, Child(ren), Parent(s), Siblings, the spouse's Child(ren), Parent(s), Brother(s), or Sister(s) in which they have a substantial or controlling interest shall not be eligible to tender or be awarded contract either directly or through proxies. Public Officers are also not allowed to participate in any procurement proceedings.
- 4.3 **A Tenderer shall not have a conflict of interest.** Any Tenderer found to have a conflict of interest shall be disqualified. A Tenderer may be considered to have a conflict of interest for the purpose of this Tendering process, if the Tenderer:

- a Directly or indirectly controls, is controlled by, or is under common control with another Tenderer;
- b Receives or has received any direct or indirect subsidy from another Tenderer;
- c Has any of its affiliates participating as a consultant in the preparation of the Procuring Entity's requirements (including Activities Schedules, Performance Specifications and Drawings) for the Services that are the subject of the Tender;
- d Any of its affiliates has been hired (or is proposed to be hired) by the Social Health Authority for the Contract implementation; or
- e Has a close business or family relationship with a professional staff of the Authority.

4.4 A Tenderer may have the nationality of any country.

4.5 Tenderers may be ineligible 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 take under Chapter VII of the Charter of the United Nations, Kenya prohibits any import of goods or contracting of works or services from that country, or any payments to any country, person or entity in that country.

4.6 A Tenderer shall be deemed to have the nationality of a country if the Tenderer 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 maybe. This criterion also shall apply to the determination of the nationality of proposed subcontractors or sub-consultants for any part of the Contract including related Services.

4.7 A Tenderer may be considered ineligible if they offer healthcare services with characteristics that have been declared by the relevant national environmental protection agency or by other competent authorities as harmful to human beings and to the environment shall not be eligible for procurement.

4.8 A Tenderer shall be eligible to tender if it declares that it has fulfilled its tax obligations under the relevant law in its country of registration.

## 5. Clarification of Tender Documents

5.1 A Tenderer requiring any clarification of the Tender Document shall contact the Social Health Authority in writing through [tenders@sha.go.ke](mailto:tenders@sha.go.ke). The Social Health Authority will respond in writing to any request for clarification.

## 6. Language of Tender

6.1 The Tender as well as all correspondence and documents relating to the Tender exchanged by the Tenderer and the Social Health Authority shall be written in the English language. Supporting documents and printed literature that are part of the Tender may be in another language provided that they are accompanied by an accurate translation of the relevant passages into the English language, in which case, for purposes of interpretation of the Tender, such translation shall govern.

6.2 Any translation shall be at the cost of the Tenderer.

## 7. Documents Comprising the Tender

7.1 The Tender shall comprise the following:

- List of healthcare services not available in Kenya as provided in Gazette Notice no.13369 of dated 18<sup>th</sup> September 2025;
- The Mandatory Documents listed in Section 2 of this Tender Document;
- The General and Special Conditions of Contract; and
- Written confirmation authorizing the signatory of the Tender to commit the Tenderer.

## 8. Tender Prices and Discounts

8.1 The Authority reserves the right to negotiate the cost of healthcare services for Beneficiaries from time to time.

### 8.2 Currencies of Tender and Payment

Wherever a Tenderer is required to state a monetary amount, the Tenderer shall indicate this in the currency of the Country of Registration of the Tenderer. All transactions by the Authority shall be at the rate of exchange determined by the Central Bank of Kenya on the date the Authority transacts and/or guarantees payment of services. Any costs, fees or charges for money transfers arising from payments under this tender (including but not limited to settlement of claims) shall be borne by the Tenderer.

## 9. Documents Establishing Conformity of Services

- 9.1 To establish the conformity of the Healthcare services to the tendering document, the Tenderer shall furnish as part of its Tender the documentary evidence that Services provided conform to the technical specifications and standards specified in the General and Specific Conditions of Contract.
- 9.2 Standards for provision of the Healthcare services are intended to be descriptive only and not restrictive. The Tenderer may offer other standards of quality healthcare if it demonstrates, to the Authority's satisfaction, that the other standards ensure substantial equivalence or are superior to those specified in the General and Specific Conditions of Contract.
- 9.3 The tenderer shall 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 Social Health Authority, enable the Social Health Authority, identify any actual or potential conflict of interest in relation to the procurement and/or contract management processes, or a possibility of collusion between tenderers, and thereby help prevent any corrupt influence in relation to the procurement process or contract management.
- 9.4 The purpose of the information described in 9.3 above overrides any claims to confidentiality which a tenderer may have. There can be no circumstances in which it would be justified for a tenderer 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 Social Health Authority as a justification for a Tenderer's failure to disclose, or failure to provide required information on its ownership and control.
- 9.5 The Tenderer shall provide further documentary proof, information, or authorizations that the Social Health Authority may request in relation to ownership and control which information on any changes to the information was provided by the tenderer under 9.3 above. The obligations to provide this information shall continue for the duration of the expression of interest, 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, the Tenderer shall promptly disclose this to the Authority.
- 9.6 All information provided by the tenderer pursuant to these requirements must be complete, current and accurate as at the date of provision to the Social Health Authority. In submitting the information required pursuant to these requirements, the Tenderer shall warrant that the information submitted is complete, current and accurate as at the date of submission to

the Social Health Authority.

- 9.7 If a tenderer fails to submit the information required by these requirements, its tender will be rejected. Similarly, if the Social Health Authority is unable, after taking reasonable steps, to verify to a reasonable degree the information submitted by the Tenderer pursuant to these requirements, then the tender will be rejected.
- 9.8 If information submitted by a tenderer pursuant to these requirements, or obtained by the Social Health Authority (whether through its own enquiries, through notification by the public or otherwise), shows any conflict of interest which could materially and improperly benefit the tenderer in relation to the procurement or contract management process, then:
  - a) If the procurement process is still ongoing, the tenderer will be disqualified from the procurement process;
  - b) If the contract has been executed by tenderer, the contract will be suspended, pending the outcome of (c) below;
  - c) The tenderer will be referred to the relevant law enforcement authorities for investigation of whether the tenderer or any other person(s) has committed any criminal offence.
- 9.9 If a tenderer submits information pursuant to these requirements that is incomplete, inaccurate or out-of-date, or attempts to obstruct the verification process, then the consequences under 9.7 will ensue unless the tenderer can show to the reasonable satisfaction of the Social Health Authority 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 tenderer.

## **10. Documents Establishing the Eligibility and Qualifications of the Tenderer**

- 10.1 The documentary evidence of the Tenderer's eligibility and qualification shall be incorporated into the specific overseas healthcare provider contract if the tenderer satisfies the requirements of the Authority.

## **11. Format and Signing of Tender**

- 11.1 The Tenderer shall fill and sign the Tender through the tender document.

## **12. Deadline for Submission of Tenders**

- 12.1 Tenderers have fourteen (14) days from the date they start applying to submit their application. Any application that is not completed within 14 days shall automatically expire. The tenderer may re-apply, and this shall be deemed a



new application.

12.2 The Social Health Authority may, at its discretion, extend the deadline for the submission of Tenders by amending the tendering document, in which case all rights and obligations of the Social Health Authority and Tenderers previously subject to the deadline shall thereafter be subject to the deadline as extended.

### **13. Publication of Contracted Overseas Healthcare Facilities**

13.1 The Authority shall publish the list of contracted overseas healthcare facilities in the Kenya Gazette, on the Website of the Authority and any other relevant platform permitted by law.



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## **PART 2 – QUALIFICATION CRITERIA**

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## **SECTION II – SET CRITERIA FOR QUALIFYING TENDERERS**

### **SET CRITERIA FOR IDENTIFYING QUALIFYING OVERSEAS HEALTHCARE PROVIDERS**

<b>S/No</b>	<b>MANDATORY REQUIREMENTS</b>	<b>RESPONSIVE OR NON-RESPONSIVE</b>
1.	Certificate of Registration or Incorporation under the relevant law applicable to the Tenderer.	
2.	Valid Power of Attorney authorizing the signatory to bind the institution.	
3	Itemized cost of treatment and related services (Price List) for the services that the overseas healthcare provider has capacity to offer based on the list of interventions as updated from time to time and uploaded on the SHA Website for the SHA beneficiaries and the negotiated and agreed cost elements for POMSF beneficiaries as highlighted by the Authority and any other requested service from time to time.	
4.	Healthcare Provider Profile / Corporate Overview [in PDF] and provide URL link of the health facility	
5.	Evidence of Accreditation by the Accreditation Body in their country of origin.	
6.	Evidence of Recognition by the relevant authority in Kenya. This shall be undertaken by the Social Health Authority on behalf of the applicant.	
7.	Evidence of linkage (partnership) with an empaneled and contracted healthcare facility in Kenya that has capacity to follow up on treatment and management of Beneficiaries that is in the category of Kenya Essential Package for Health (KEPH) Level V or VI.	
8.	Valid and Up-to-date Licenses of Specialist Doctors practicing in the Healthcare Provider who will be expected to provide the services the Authority will purchase.	

**NOTE**

1. All the above mandatory documentation requirements **MUST** be submitted on the tenderer's official letterhead except for the certifications which shall be submitted as issued. **ALL** copies **MUST** be certified by a Notary Public, stamped using the official tenderer's stamp, signed and dated by the authorized signatory acting on behalf of the overseas healthcare provider.
2. The up-to-date list of services is provided in the Social Health Authority website
3. The non-responsive submissions in any of the above mandatory requirements will be eliminated and will not be contracted, however the Tenderer may reapply through the provided platform as per the advert.

**SPECIAL CLAUSES**

- i. The overseas contracting notice shall remain continuously open and will be updated periodically, subject to approval, as and when necessary.
- ii. All claim payments made under this contract shall be subject to a PPRA Capacity Building Levy of 0.03%, deductible at source in accordance with the Public Procurement and Asset Disposal Act, 2015 and its Regulations, 2020.
- iii. For beneficiaries covered under the POMSF Scheme, the scope of services will be in addition to the interventions listed on our website, the referred specialized treatment sought upon referral at a negotiated cost. The cost elements will include
  - a. Costs for evaluation, which include laboratory investigations, imaging services.
  - b. Treatment intervention.
  - c. Accommodation prior to treatment, during the treatment and post-discharge with a re-visit date for review, pending issuance of a fit-to-fly certificate.
  - d. Transfers from one healthcare provider to another, due to an emerging condition visualized during evaluation or treatment and the respective health care provider has no capacity to manage the emergent condition.
  - e. Any other incidental cost of medical necessity.
- iv. All Social Health Authority claims are processed through a Central Digital Platform and are subject to the applicable Digital Health Agency levy, in accordance with Section 48(c) of the Digital Health Act, 2023 and



Regulation 21(2)(c) of the Digital Health Regulations, 2025.

- v. The SHA shall under the contract, reserve the right to levy administrative fee as required, **in accordance with the provisions of Invitation to Tender No. 8(ITT:8)**
- vi. The list of interventions not available in the country as presented by the Benefits Panel Tariffs and Advisory Panel is herein provided as per part three of this document: Procuring Entity requirements.
- vii. The approved hospital administrator/owner of empaneled overseas HCPs will be required to tender on their behalf as long as they are using their credentials and approvals.



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### **PART 3 - PROCURING ENTITY'S REQUIREMENT**

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## PART 3: PROCURING ENTITY'S REQUIREMENT

The tabulated list below shows healthcare management interventions that are not readily available in Kenya and will be applicable for **SHA Scheme beneficiaries**, accessed on a referral basis to overseas healthcare providers and health facilities at a maximum tariff of Kenya Shillings 500,000.

For **Public Officers Medical Scheme Fund beneficiaries** referred for specialized medical and surgical interventions, in addition to this list, the benefits and tariffs shall be as negotiated and agreed upon and clearly stipulated in the contractual agreement that will be signed between the Authority and the respective overseas healthcare provider or health facility.

		<b>Procedures</b>	<b>Description of Procedure</b>
<b>A. ORTHOPAEDIC SURGERY</b>			
1	Wrist Joint Arthroplasty	Wrist joint arthroplasty is a surgical procedure that removes damaged wrist joint components and replaces them with artificial metal and plastic parts to relieve pain and restore movement when conservative treatments fail.	
2	Metacarpal Joint Arthroplasty	Metacarpal joint arthroplasty is a surgical procedure to replace a metacarpophalangeal (MCP) joint of the finger affected by severe arthritis with an artificial implant, improving function and relieving pain by correcting the deformity.	
3	Ankle Joint Arthroplasty	Ankle joint arthroplasty is a surgical procedure that replaces a damaged ankle joint with an artificial implant to relieve pain and restore motion for patients with severe ankle arthritis.	
4	Whole Femoral Replacement	Whole femoral replacement is a complex orthopedic surgical procedure to replace the entire thigh bone (femur) from the hip joint down to the knee. The procedure involves replacing the hip and knee joints with a connected modular implant system to restore the limb's function and allow the patient to walk, avoiding amputation.	
5	Proximal Femoral Replacement	Proximal femoral replacement (PFR) is a complex reconstructive surgical	

		procedure that replaces the diseased or damaged upper part of the thigh bone (femur) with a large metal implant, similar to a hip replacement but covering more bone. The procedure involves removing the affected bone and attaching the implant to the remaining healthy bone, restoring stability and function. It is performed to treat severe conditions like bone tumors in the proximal femur, extensive bone loss from failed hip replacements, or severe periprosthetic fractures.
6	Distal femoral replacement	Distal femoral replacement is a complex orthopedic surgical procedure that involves replacing a portion of the lower thigh bone (femur) with a metal and plastic implant, typically incorporating a hinged total knee replacement. This procedure is performed in severe distal femur conditions such as bone tumors and complex or periprosthetic fractures (fractures near a previous knee replacement). The goal is to relieve pain, remove disease, and restore knee function.
7	Proximal tibial replacement	Proximal tibial replacement is a complex surgical procedure that removes the diseased or damaged top part of the shin bone (tibia) and replacing it with a large metal implant, often a hinged knee replacement, called an endoprosthesis or mega prosthesis. It is performed to treat bone tumors but can also be used for massive bone loss in revision knee replacement surgery.
8	Allograft use	Bone allografts are human donor-sourced bones to repair bone defects, provide a structural framework for new bone growth, and facilitate healing. Allografts are used for fractures, bone loss, or joint repair and offer a convenient, widely available alternative to the patient's own bone.
<b>B. CARDIOTHORACIC SURGERY</b>		
9	Complex congenital heart surgery requiring	Extracorporeal Membrane Oxygenation (ECMO) is an artificial heart-lung machine

	Extracorporeal Membrane Oxygenation (ECMO)	(temporary life support system) that supports the heart and lungs allowing the patient's organs to rest and recover after a complex surgical procedure. Blood is drained from the body, oxygenated by the machine's artificial lung, and then returned to the patient, giving the organs time to rest and heal.
<b>C. LIVER TRANSPLANT</b>		
10	Liver Transplant	Liver transplant is a surgical procedure that replaces a diseased or failing liver with a healthy liver from a donor (deceased donor or living donor). It is a life-saving treatment for conditions like end-stage liver disease and acute liver failure.
<b>D. UROLOGY</b>		
11	Kidney Transplant (paediatric)	Kidney transplant (Paediatric) is a surgical procedure that replaces a failed kidney with a healthy one from a donor, (living donor or a deceased donor).
<b>E. PAEDIATRIC ONCOLOGY</b>		
12	Bone Marrow Transplant	Bone marrow transplant, also known as a hematopoietic stem-cell transplantation (HSCT), is a medical procedure that replaces diseased bone marrow with healthy blood-forming stem cells. Bone marrow transplants are used to treat various cancers like leukemia and myeloma, and other non-cancerous conditions such as aplastic anemia, immune deficiencies, and inherited blood disorders.
13	Intrathecal chemotherapy for Retinoblastoma	Intrathecal (IT) chemotherapy is a treatment used for retinoblastoma (childhood eye cancer) that has spread to the brain and spinal cord (central nervous system (CNS)). While localized retinoblastoma is highly curable, CNS spread is associated with a poor outcomes and significantly higher risk of death, making aggressive treatment necessary. Intrathecal chemotherapy delivers cancer-fighting drugs directly into the cerebrospinal fluid (CSF) to target cancer

		cells that have crossed the blood-brain barrier.
<b>F. EAR, NOSE &amp; THROAT</b>		
14	Laryngeal transplant (laryngotracheal transplantation)	Laryngeal transplantation is a complex surgical procedure that replaces a damaged or missing voice box (larynx) with a donor larynx. It can restore vital functions, including breathing, swallowing, and speaking, for individuals who have lost their larynx due to trauma, disease, or cancer.
<b>G. MATERNAL FOETAL MEDICINE</b>		
15	Intrauterine blood transfusion	An intrauterine blood transfusion (IUT) is a medical procedure to provide healthy donor red blood cells to a fetus with severe anemia caused by Rhesus sensitization or certain genetic conditions like alpha thalassemia. The procedure is performed under ultrasound guidance. A thin needle is inserted through the mother's abdomen into the fetal umbilical vein to deliver the blood, improving oxygen supply and preventing complications like fetal hydrops or death.
16	Intrauterine shunt placement (bladder outlet obstruction, hydrothorax, cysts)	Intrauterine (fetal) shunt placement is a prenatal procedure to treat conditions that cause excessive fluid build-up in the fetus, such as fetal bladder outlet obstruction (vesico-amniotic shunting) or lung masses (thoraco-amniotic shunting). A small, flexible tube is inserted into the fetus under ultrasound guidance, creating a pathway to drain fluid from the affected area into the amniotic sac to promote organ development and reduce complications.
17	Fetoscopic amniotic band ligation, laser ablation	Fetoscopy is a minimally invasive surgical technique that uses a small camera (fetoscope), to access the amniotic sac and cut and remove constricting amniotic bands that can cause limb deformities, amputation, or even fetal death. The procedure involves inserting the fetoscope under ultrasound guidance and then using a laser (laser ablation) or tiny surgical

		<p>instruments to cut the amniotic bands (band ligation). This can restore blood flow, prevent further damage, and allow the fetus to develop well.</p>
18	Amnioreduction, amnioinfusion	<p>Amnioreduction is a sterile medical procedure performed under ultrasound guidance to treat polyhydramnios (excess amniotic fluid). It is performed to relieve symptoms like shortness of breath by removing the excess amniotic fluid from the uterus. Amnioinfusion is a sterile medical procedure performed under ultrasound guidance. It involves adding fluid to the amniotic cavity during pregnancy for patients with too little fluid (oligohydramnios) to help with fetal development or diagnosis.</p>
19	Foetal reduction, cord occlusion, cordocentesis	<p>Foetal reduction is the reduction of the number of fetuses in a multiple pregnancy, often to improve the chances of survival for the remaining fetuses. Cord occlusion is a method for fetal reduction that involves closing the umbilical cord of a specific fetus. Cordocentesis or percutaneous umbilical blood sampling (PUBS) is a medical procedure where a fetal blood sample is taken from the umbilical cord for diagnostic purposes, such as testing genetic disorders or infections.</p>
20	Intrauterine vesicocentesis, thoracentesis, paracentesis	<p>Intrauterine vesicocentesis is a procedure used during pregnancy to assess the unborn baby's kidney and bladder function by withdrawing a small amount of urine directly from the fetal bladder using a needle under ultrasound guidance.</p> <p>Thoracentesis is a procedure to drain fluid from the pleural space, commonly to relieve symptoms such as breathlessness in pleural effusions caused by malignancy, heart failure, or infections.</p>
<b>H. GYNAECOLOGY</b>		
21	Advanced endometriosis excision	<p>Advanced endometriosis excision is a surgical procedure (typically laparoscopic)</p>

		<p>to completely remove endometriosis implants and associated adhesions (scar tissue) using sharp, controlled dissection, often including specialty techniques and sometimes robotic assistance for complex cases involving the bowel, bladder, or frozen pelvis.</p>
22	Sacral neuromodulation for urinary/faecal incontinence	<p>Sacral neuromodulation (SNM) is used to treat urinary and fecal incontinence by using an implanted device to send electrical pulses to the sacral nerves, which control bladder and bowel function. It works by correcting communication problems between the brain and the pelvic floor. After a successful test phase with a temporary implant, a permanent, battery-powered stimulator is implanted, offering a potential long-term solution that can significantly improve quality of life for many patients who have not responded to other treatments.</p>
<b>I. RADIATION MEDICINE</b>		
23	Peptide Receptor Radionuclide Therapy (Peptide Receptor Radionuclide Therapy), specifically Lutetium-177 (Lutetium-177)	<p>Peptide Receptor Radionuclide Therapy (PRRT) is a targeted cancer treatment that uses a radiolabeled peptide to deliver radiation directly to tumor cells overexpressing specific receptors, with Lutetium-177 (<sup>177</sup>Lu) being a commonly used radionuclide. This therapy, particularly <sup>177</sup>Lu-based treatments like <sup>177</sup>Lu-DOTATATE for neuroendocrine tumors and <sup>177</sup>Lu-PSMA-617 for prostate cancer, is effective because the high-energy beta radiation from Lu-177 damages DNA in the targeted cancer cells while its short range minimizes harm to surrounding healthy tissues. The inclusion of the radionuclide with a targeting peptide, often a somatostatin analogue, allows for the precise delivery of radiation, and its ability to also emit low-energy gamma rays enables theranostic applications for imaging and dosimetry, confirming treatment eligibility and monitoring effectiveness.</p>

24	DOTA-Tyr3-Octreotide PET/CT Octreotide PET/CT Octreotide PET/CT	<p>A DOTA-Tyr3-Octreotide PET/CT scan is a whole-body imaging test that uses a radioactive tracer, 68Ga-DOTATATE (also called Ga-DOTATATE), to locate and diagnose neuroendocrine tumors and other cancers that express somatostatin receptors (SSTRs). The scan combines PET imaging, which detects the radioactive tracer's uptake in tumors, with CT imaging, which provides anatomical detail for precise localization. This technique offers higher sensitivity and accuracy than traditional Octreoscan imaging, helping doctors determine the extent of disease and manage patient care.</p>
25	Fibroblast Activation Protein Inhibitor PET/CT Fibroblast Activation Protein Inhibitor PET/CT Fibroblast Activation Protein Inhibitor PET/CT	<p>Fibroblast Activation Protein Inhibitor (FAPI) PET/CT is an advanced molecular imaging technique that uses radiopharmaceutical tracers to visualize and quantify the activity of fibroblast activation protein (FAP) within the body, offering superior tumor detection and staging in many cancers compared to traditional methods like 18F-FDG PET/CT. FAPI PET/CT also shows significant promise for assessing non-neoplastic (non-cancerous) conditions, such as fibrotic and inflammatory diseases, due to FAP's increased expression in these conditions. This technique helps distinguish between malignant and benign diseases and can even assist in radiotherapy planning by defining target volumes more accurately.</p>
26	Microwave ablation of metastatic tumours Microwave ablation of metastatic tumours Microwave ablation of metastatic tumours	<p>Microwave ablation (MWA) uses microwave energy to heat and destroy metastatic tumors in a minimally invasive procedure guided by imaging. A probe is inserted into the tumor, generating heat to kill cancer cells. MWA can treat tumors in various locations, such as the liver and lungs, offering advantages like faster treatment times, larger ablation zones, and potentially activating an immune</p>

		<p>response compared to other techniques like radiofrequency ablation (RFA). The procedure aims for local tumor destruction, pain relief, and can be combined with other treatments like surgery, chemotherapy, and immunotherapy to enhance outcomes.</p>
27	Chimeric Antigen Receptor T-cell therapy (Chimeric Antigen Receptor T-cell therapy)	<p>Chimeric Antigen Receptor (CAR) T-cell therapy is a personalized immunotherapy that involves genetically modifying a patient's own T-cells to recognize and kill cancer cells, such as leukemia, lymphoma, and multiple myeloma. The process involves collecting T-cells, engineering them in a lab to express CARs (chimeric antigen receptors), and then infusing the CAR T-cells back into the patient to target and destroy cancer cells.</p>
28	Bispecific T-cell engagers	<p>Bispecific T-cell engagers are a type of immunotherapy that works by bringing a patient's T cells (a type of immune cell) and cancer cells together, enabling the T cells to recognize and destroy the cancer cells. These engineered antibodies bind to a specific marker on the T cell (like CD3) and a different marker on the cancer cell (like CD19), creating a direct link.</p>
29	Allogeneic bone marrow/peripheral blood stem cell transplant	<p>An allogeneic bone marrow/peripheral blood stem cell transplant uses healthy, blood-forming stem cells from a donor to replace a patient's own diseased or damaged cells. The procedure involves destroying the patient's marrow with chemotherapy, followed by infusing the donor's stem cells. These donor cells then migrate to the bone marrow and begin to produce new, healthy blood cells.</p>
30	Trans jugular Intrahepatic Portosystemic Shunt	<p>Transjugular intrahepatic portosystemic shunt (TIPS) is a minimally invasive procedure that creates a connection (a shunt) between the portal vein and the hepatic vein inside the liver, using a stent, to relieve high pressure in the portal system (portal hypertension). It is primarily used to treat complications of portal hypertension, such as bleeding varices</p>

		(enlarged veins) and refractory ascites (fluid buildup in the abdomen), especially in patients with cirrhosis.
31	Yttrium-90 (Yttrium-90) radio-embolization	Yttrium-90 (Y-90) radioembolization is a minimally invasive cancer treatment that delivers targeted radiation directly to liver tumors using tiny, radioactive microspheres. These spheres are injected into the artery feeding the cancer, where they lodge in the tumor's blood vessels, emitting beta radiation that kills cancer cells while minimally affecting surrounding healthy tissue due to the limited penetration depth of the beta particles. It is used for primary liver cancers, such as hepatocellular carcinoma, and secondary liver metastases from other cancers, such as colorectal cancer, and can be used alone or in combination with other treatments.
32	Surgical management of birth-related brachial plexus injuries	Surgical management of birth-related brachial plexus injuries focuses on restoring function through procedures like nerve grafting and nerve transfer to repair damaged nerves, best performed 3 to 9 months after birth. Other options include tendon transfers to improve movement, osteotomies to realign bones, and joint reconstruction or release for contractures. Surgical intervention is typically considered for infants with persistent weakness beyond 3 to 6 months and is usually not beneficial after 1 year of age.
33	Photopheresis (ECP Extracorporeal Photopheresis)	Photopheresis, or extracorporeal photopheresis (ECP), is a medical treatment that separates white blood cells, treats them with a light-sensitizing drug (psoralen), and then exposes them to ultraviolet A (UVA) light before returning them to the body. This process modifies the immune response by damaging specific T-cells, leading to cell death, and resetting the immune system to improve conditions like cutaneous T-cell lymphoma and graft-versus-host disease

		(GVHD). While treatment involves light sensitivity and requires time for results to appear, ECP is generally considered a high-benefit, low-risk treatment with few long-term complications.
34	Nerve Ablation Therapy	Nerve ablation is a minimally invasive, image-guided procedure that uses heat or cold to temporarily or permanently stop a nerve from sending pain signals to the brain. A small needle and electrode are inserted into the body to target the problematic nerve, which is then heated to interrupt the pain signals. This outpatient procedure offers chronic pain relief for conditions such as arthritis of the spine, hip, or knee, but the effects can vary and the nerve may eventually regenerate.
35	Neural Regenerative Therapy	Neural regenerative therapy uses methods like stem cell transplantation, gene therapy, and biomaterial delivery to replace lost neurons, support remaining ones with growth factors, or facilitate the body's own regenerative mechanisms to restore function in the nervous system. This therapy aims to repair damage from neurodegenerative diseases, injuries, or aging by introducing new cells or promoting the expression of regenerative genes to foster tissue repair and functional recovery.
36	Proton Therapy	Proton therapy is an advanced cancer treatment using protons to target tumors, delivering a high dose of radiation precisely to the diseased tissue while sparing surrounding healthy cells. This precision minimizes side effects and allows for potentially higher doses of radiation to the tumor. The therapy uses particle accelerators to generate proton beams, which are then guided to the exact location of the tumor using magnetic fields and delivered with pencil-beam scanning technology.



**NOTE:**

1. Despite the prices quoted by the tenderer, the Authority shall only pay up to a maximum of KSh.500,000.00 (Kenya Shillings Five Hundred Thousand) for the Social Health Authority Beneficiaries. For the Public Officers Medical Scheme Beneficiary administered by the Authority, the Authority's liability shall be limited to the negotiated amount as approved for the relevant Beneficiary.
2. The list of Benefits and Tariffs for any other Fund administered by the Authority will be made available with the contract document and continuously updated in the link that will be provided during the e-contracting phase.