

<b>INSTRUMENT PROCUREMENT JUSTIFICATION FORM</b>	
DATE	
COUNTRY	
CONTACT/ REQUESTOR	
E-MAIL	
INSTRUMENT NAME	
INSTRUMENT QUANTITY	
PROPOSED INSTALLATION TIMELINE	
BUDGET	

**INSTRUCTIONS:**

**PURPOSE:** GHSC-PSM has a special procedure to approve the justification for procurement of certain special laboratory commodities as funded by USAID/W. This information is needed to enable such a procurement. Adherence to this procedure is supported by USAID. Applicable commodities include anything that comes with a warranty, connected to electricity, requires additional maintenance:

- Viral Load/EID, machines and reagent
- Additional instruments, for CD4, TB, PIMA etc. not reagents
- Incinerators, autoclaves
- Centrifuges
- Cold chain equipment i.e. refrigerator, deep freeze facilities
- Biosafety cabinets
- New products

**PROCEDURE:** The Client (POC at recipient) or Proxy (GHSC-PSM field office) provides answers to the 12 questions using the scoring matrix and also provides detailed and supporting information to the answers using the text box provided in each question. For example, it is not sufficient to only check the boxes as the responses to this questionnaire are meant to ensure all necessary decisions and research have been addressed. Detailed explanation must be provided on budget, site readiness, training/installation, and service and maintenance. If a question is not applicable to the instrument, please note that it is N/A and include a sentence explaining why. Please expand the rows in the table to include additional space for responses as necessary. The completed form and all supporting documents should be GHSC-PSM Laboratory Team at [HSS\\_Lab\\_HQ@ghsc-psm.org](mailto:HSS_Lab_HQ@ghsc-psm.org).

**EXAMPLES:** Each question requires a detailed explanation as well as supporting documentation which are outlined in the question instructions. Some of the documents that may be expected are as follows:

- Detailed budget
  - Instrument capacity analysis comparing current and future instruments
- Instrument Procurement Justification Form (12 Questions)

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- Installation and training plans, and verification of sufficient infrastructure on site
- Vendor financial and technical viability documentation
- Maintenance agreements
- Equipment inventory list
- Purchase order should be provided as back up (if applicable)

The GHSC-PSM Lab Advisor (will review the answers and reply with feedback. The approval request will be discussed with USAID Washington and OGAC. The decision will be vetted by USAID headquarters.

**INSTRUCTION:** For each question, select the level which most closely represents the capabilities of the organization requesting the laboratory equipment.

**LEVEL 1 - RED:** None of the capabilities related to the question are met.

**LEVEL 2 - ORANGE:** Capability needs improvement, but does not prohibit procurement.

**LEVEL 3 - YELLOW:** Acceptable capability exists.

**LEVEL 4 - GREEN:** Above Average capability exists, which may include capabilities at lower levels.

**LEVEL 5 - BLUE:** Top-level capability exists and may also include capabilities at the lower levels.

As noted above, please also provide a detailed response the text box for each question. If none of the Level 2 through Level 5 responses closely resembles your capabilities, then provide an alternative descriptive answer in this text box.

### **ATTACHMENTS:**

There are a number of supporting attachments required for a complete form submission. Please include all relevant attachments in a folder, ensure the name of the document clearly indicates what it is, references the country/date as applicable, and update the name with the corresponding number of the question that this document is supporting. Ex: “01\_Zambia\_MoH Instrument List\_2021”. This will reduce clarifying questions and confusion from the reviewers. If there are many files to support one question, these can be included in a sub-folder that is labeled with the question number.

### **SPECIAL CONSIDERATIONS:**

If this form is for procurement of hazardous waste treatment technology – autoclaves, incinerators, etc. please follow these additional steps:

1. Copy [ghscoenvironmentalcompliancesupport@chemonics.com](mailto:ghscoenvironmentalcompliancesupport@chemonics.com) when sending this form to HSS Lab to alert the GHSCO Environmental Compliance team of the interest in procuring hazardous waste treatment technology.
2. If this procurement is approved, prior to the fulfilling the order, you will need to submit an Environmental Health and Safety Compliance Plan (EHSCP) ( [link to template](#)) to USAID for review and approval. Prior to submission to USAID, please submit the EHSCP to GHSCO Environmental Compliance for sign off.

<b>INSTRUMENT PROCUREMENT JUSTIFICATION FORM</b>						
#	QUESTION	LI	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
<b>Section A: What is being purchased and how does it compare to the current portfolio?</b>						
1	<p><b>Is the Diagnostic Instrument on the nationally-approved instrument list?</b></p> <p>(Please attach the documented lists or plans)</p>	<input type="checkbox"/> No	<input type="checkbox"/> The country does not have a laboratory sector strengthening component as part of their strategy.	<input type="checkbox"/> The diagnostic instrument is on the National Health Sector Strategic Plan.	<input type="checkbox"/> The diagnostic instrument is on the Laboratory Service Strategic Plan.	<input type="checkbox"/> The diagnostic instrument is on the Ministry of Health list of instruments
PLEASE PROVIDE DOCUMENTATION AS NOTED:						
2	<p><b>Is an equipment inventory list available for similar instruments on-hand?</b></p> <p>Provide an inventory list. If one has not been completed within the last 12 months, update the list prior to submitting.</p> <p>In the detailed response, please explain other changes in equipment – additions or removals from the past 12 months related to this equipment purchase.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Inventory count was conducted with current location, serial number and age of each machine. Data is manually documented.	<input type="checkbox"/> Inventory count was conducted at some point with current location, serial number and age of each machine. Data is available from an Excel spreadsheet.	<input type="checkbox"/> Inventory count was conducted in the past 12 months with current location, serial number and age of each machine. Data is available from an Excel spreadsheet.	<input type="checkbox"/> Inventory count was conducted in the past 12 months with current location, serial number and age of each machine. Data is available from the logistics system or Asset Management System (AMS)
PLEASE PROVIDE A DETAILED RESPONSE/PLAN:						

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<p>3</p>	<p><b>Is the request to replace the existing old Instrument?</b></p> <p>You must submit the Deployment strategic documentation from the requesting client.</p> <p>If the response is yes, please consider the following additional questions in your detailed response. This is not an exhaustive list, please provide additional information as pertinent:</p> <ol style="list-style-type: none"> <li>1. What is the old instrument that is being replaced?</li> <li>2. Why is it being replaced? (ex: are you upgrading to a new model? Is the old one broken? Have the programs/donors/demographics changed?, etc.)</li> <li>3. How old is the instrument that is being replaced?</li> <li>4. Was there a service/maintenance agreement for the instrument that is being replaced? Was this agreement effective in maintaining functioning equipment?</li> <li>5. What is the plan to dispose of the old instrument?</li> </ol> <p>If this instrument is not replacing current equipment, explain what gap is this instrument filling that the other instruments cannot</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> The request is to install all new equipment where there was not a previous set of equipment. Additional planning is required.</p>	<p><input type="checkbox"/> The request is to replace all new equipment where there was not a previous set of equipment. Additional planning is required.</p>	<p><input type="checkbox"/> The request is to replace existing equipment with the all new type of equipment. No additional planning is required.</p>	<p><input type="checkbox"/> The request is to replace existing equipment with the same type of equipment. No additional planning is required.</p>
<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>						

<b>Section B: What is the diagnostic capability and how will it change?</b>						
4	<p><b>What is the current national estimated diagnostic capability?</b> – consider number of instruments and throughput by platform type</p> <p>(See the appropriate MOH Quantification data or the Manufacturing Users Guide)</p> <p>You must attach the detailed analysis completed to determine the capacity including a breakdown of each platform and their throughput. In the detailed response, please explain in more detail how diagnostic capability has been estimated.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> This has been estimated from the prior instrument coverage utilization.	<input type="checkbox"/> This has been estimated from the instrument capacity to determine existing instrument coverage utilization.	<input type="checkbox"/> This has been estimated from the estimated testing demand to determine existing instrument coverage utilization.	<input type="checkbox"/> This has been estimated from the instrument capacity and estimated testing demand to determine existing instrument coverage utilization.
<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>						
5	<p><b>What is the diagnostic burden at the proposed</b></p>	<input type="checkbox"/> N/A	<input type="checkbox"/> The instrument capacity may be appropriate for site	<input type="checkbox"/> The instrument capacity is appropriate for site	<input type="checkbox"/> The instrument capacity is appropriate for site	<input type="checkbox"/> The instrument capacity is appropriate for site

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<p><b>sites? Is the instrument selected appropriate based on instrument capacity vs. diagnostic demand? What data was used to determine this?</b></p>		<p>demand, based on prior patient activity.</p>	<p>demand. This is based on patient profile information.</p>	<p>demand. This is based on multiple relevant factors, such as activity from this site per day, per month and per annum.</p>	<p>demand. This is based on patient profile information, plus multiple relevant factors, such as activity from this site per day, per month and per annum.</p>
<p>(Use the appropriate MOH Quantification data, service capacity data, number of patients in the proposed sites)</p> <p>You must attach detailed analysis comparing the current diagnostic burden to the capacity of the current instruments compared to the estimated capacity outlined in Question 4. This analysis can be in the same file.</p>	<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>				

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<p>6</p>	<p><b>Is there expected service delivery expansion at the proposed sites?</b></p> <p>(See the MOH Strategic Plan, Partner supported plan, or client scale-up plan)</p> <p>If there is plan to expand the uptake, attach the plan and explain how it will meet the expected increase in the detailed response.</p> <p>If there is not a plan for expansion, demonstrate how the current uptake is sufficient (this may be included in the analysis from questions 4 &amp; 5) and explain in the detailed response here.</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> The diagnostic burden of the proposed sites is unclear. Plans exist to expand the diagnostic uptake for the site and the instrumentation may not be adequate to support the expansion.</p>	<p><input type="checkbox"/> The diagnostic burden of the proposed sites is adequate for now. Plans exist to expand the diagnostic uptake for the site and the instrumentation is considered to be inadequate to support the expansion.</p>	<p><input type="checkbox"/> The diagnostic burden of the proposed sites is adequate for now. Plans exist to expand the diagnostic uptake for the site, and the instrumentation may be marginally adequate to support the expansion.</p>	<p><input type="checkbox"/> The diagnostic burden of the proposed sites is known to be adequate for now. Plans exist to expand the diagnostic uptake for the site, and the instrumentation is considered adequate to support the expansion.</p>
<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>						

<b>Section C: What is the plan for installation?</b>						
7	<p><b>If these instruments are for new locations is there an instrument deployment plan for the proposed instrument? What is the installation and Training Schedule?</b></p> <p>You must attach supporting documents including the deployment plan and the installation and training schedule. These documents should provide the location(s) of the new instrument(s), the installer, the trainer, timeline, the POC who will manage the training and installation, funding/budget, etc.</p> <p>Provide process certificate of installation and proof of compliance. Provide photos of the installation site.</p>	<input type="checkbox"/> N/A	<input type="checkbox"/> The requesting agency has a plan for where the instruments will be deployed. This is a new site and additional training, planning and funding are all required.	<input type="checkbox"/> The requesting agency has a plan for where the instruments will be deployed. This is a new site and additional training is required. Additional planning and funding are not required.	<input type="checkbox"/> The requesting agency has a plan for where the instruments will be deployed. This is an existing site and additional training is required. Additional planning and funding are not required.	<input type="checkbox"/> The requesting agency has a plan for where the instruments will be deployed. This is an existing site, and additional training, planning and funding are not required.
PLEASE PROVIDE A DETAILED RESPONSE/PLAN:						

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8	<p><b>Is there suitable infrastructure at the proposed sites? Are there any additional peripheral needs?</b></p>	<input type="checkbox"/> No	<input type="checkbox"/> There is no proven, suitable infrastructure for the new device(s) and peripheral needs are handled on a per-instrument basis.	<input type="checkbox"/> There is marginal proven infrastructure for the new device(s) and peripheral needs are handled on a per-instrument basis.	<input type="checkbox"/> There is suitable infrastructure for the new device and peripheral needs handled on a per-instrument basis.	<input type="checkbox"/> There is suitable infrastructure for the new device and peripheral needs exist for all instrumentation.
<p>Please link the Manufacturer’s Instrument Specification and attach photos of the lab space where the new equipment will be located.</p> <p>In the detailed response, please explain how the infrastructure is suitable for the instrument based on the manufacturer’s specifications – including the necessary space, power (including backup), temperature, internet connectivity, etc. Be specific about how each peripheral need is met. The installation drawings and specifications required in question 7 may address some of this.</p>		<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>				

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<p>9</p>	<p><b>Is a local Authorized Manufacturer Distributor available to service the instrument?</b></p> <p>(See the Manufacturer, Vendor or MOH)</p> <p>Explain in detail how this vendor was chosen and vetted. Provide documentation confirming the financial and technical viability of the vendor including assurance of qualified employees and technically capable service, a SAM check, and a cost comparison with other vendors. This information may have been obtained through an RFx.</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> There is not an existing, authorized manufacturer’s representative in the country. There are remote representatives with the right caliber and number of service engineers for the existing machines. They do not provide cost effective support for the instruments.</p>	<p><input type="checkbox"/> There is an existing, authorized manufacturer’s representative in the country. They do not have the right caliber and number of service engineers for the existing machines. They are providing cost effective support for the current instruments.</p>	<p><input type="checkbox"/> There is an existing, authorized manufacturer’s representative in the country. They have the right caliber and number of service engineers for the existing machines and can handle additional machines at the current rate. They are providing cost effective support for the instruments.</p>	<p><input type="checkbox"/> There is an existing, authorized manufacturer’s representative in the country. They have the right caliber and number of service engineers for the existing machines and can handle additional machines at the current rate. They are providing cost effective support for the instruments.</p>
		<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>				

<b>Section D: What is the plan for maintenance?</b>						
10	<p><b>Is there a Maintenance Service Agreement (MSA) in place for similar instruments you have on-hand?</b></p> <p>You must provide the agreement and explain how the previous MSA will be sufficient technically and financially to cover the new instruments. If a modification is required, explain how the previous costs are still competitive with these additional instruments or what negotiation will be completed if costs are no longer competitive.</p> <p>If current MSAs are not applicable, please provide more information for how maintenance will be managed. If a new MSA will be signed, attach a copy of the draft document. If the agreement is with a separate service provider, please explain how this provider was determined to be qualified and cost effective.</p> <p>(Details about extended warranties should be included in question 11.)</p>	<input type="checkbox"/> No	<input type="checkbox"/> The MSA may still be valid, however the responsible party can no longer be identified.	<input type="checkbox"/> The MSA may still be valid, however the responsible party can no longer be identified.	<input type="checkbox"/> The MSA is still valid and new equipment will need to be placed under a new contract for this equipment.	<input type="checkbox"/> The MSA is still valid and new equipment will be added to the existing instrument contract.
PLEASE PROVIDE A DETAILED RESPONSE/PLAN:						

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11	<p><b>Will the instruments be covered by the required Preventive Maintenance Service (also called an Extended Warranty) after its warranty expires?</b></p> <p>Provide the warranty and maintenance agreements. If the warranty or maintenance agreements do not cover the life of the instrument, explain how it will be serviced (how this will be funded should be answered in question 12).</p>	<input type="checkbox"/> No	<input type="checkbox"/> There is no follow-on for the existing maintenance agreements available in the country. Initial agreements meet the standard 1-year timeframe.	<input type="checkbox"/> There are some existing maintenance agreements available in the country. Initial agreements meet the standard 1-year timeframe. Agreements for extended warranties are not routinely funded and responsibility for managing the contracts is unknown.	<input checked="" type="checkbox"/> There are existing maintenance agreements available in the country. Initial agreements meet the standard 1-year timeframe. Agreements for extended warranties are routinely funded and the recipient is responsible for managing the known contracts.	<input type="checkbox"/> There are existing maintenance agreements available in the country. Initial agreements meet the standard 1-year timeframe. The extended warranty agreements are routinely funded and the recipient is responsible for managing the contract.
<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>						

<b>Section E: What is the budget for each component?</b>						
12	<p><b>Has the additional cost of reagents, staff training and maintenance been considered? What are the funding sources and estimated costs?</b></p> <p>Has the additional cost of reagents, staff training, maintenance, been considered? What are the funding sources and estimated costs?</p> <p>You must provide the workplan budget, MOH rollout plans, and/or letter from CDC or client budget. If the funding is included in a higher level budget, outline specifically how much is allocated for this activity. Costs should minimally be estimated for a year, if more has been estimated, please include that budget.</p> <p>If this procurement is part of VMI (Vendor Managed Inventory) or an all-inclusive SLA, provide that agreement.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Manufacturers and Vendors sell maintenance agreements for the operation of purchased instruments. This is an off-budget purchase.	<input type="checkbox"/> Manufacturers and Vendors sell maintenance agreements for the operation of purchased instruments. There is a budget available for separately buying optional maintenance.	<input type="checkbox"/> Manufacturers and Vendors sell supplemental agreements for training and maintenance for the operation of purchased instruments. There is a budget available for separately buying optional training and maintenance.	<input type="checkbox"/> Manufacturers and Vendors provide free training and limited free maintenance for the operation of purchased instruments. There is a budget available for separately buying optional training and maintenance.
<p>PLEASE PROVIDE A DETAILED RESPONSE/PLAN:</p>						