**Invitation to Bid**

**Tender No: T7-CO-23**

**Supply Medicines to UOSSM Hospitals**

**1. Tender Document Receipt**

**Contractor Name:**

**I hereby acknowledge receipt of one set of tender documentation for the above projects.**

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**This document is to be returned as part of the Tender Submission. Tenderers should note that it is their responsibility to ensure the documents detailed in the table above are submitted**.

|  |  |
| --- | --- |
| **Name of the company** |  |
| **Duly authorized to sign this tender** |  |
| **Signature** |  |
| **Date** |  |
| **Address** |  |
| **Mail** |  |
| **Phone No** |  |

**2. Invitation to Tender**

Union of Medical Care and Relief Organizations -UOSSM- is a union of humanitarian medical aid and relief, non-profit, non-governmental organizations. It was founded in January 2012, with the vision to work under a unified strategic framework aiming to provide medical services and support to affected people and communities, regardless of nationality, ethnicity, gender, religion, or political loyalty.

* 1. **The subject of the tender :**

UOSSM is looking for qualified suppliers for purchasing medicines and deliver them to e **Syria-Idleb-Sarmada-UOSSM warehouse.**

The supplier bears the costs of transportation, loading and unloading to the assigned locations.

UOSSM reserves the right to divide the contract between two or more vendors as it deems appropriate.

* 1. **Submission:**

2.2.1 To be qualified for the bid, each bidder must submit their offer in two separate envelops where the financial offer must be in one envelope and the technical offer must be in other separate envelop and each of the two envelops must be in a third separate envelope, otherwise, the offer will be disqualified.

1. **Technical Offers** shall also be made in ONE COPY clearly labeled as

“Original” marked with tender Number and should clearly show bidders’ names, addresses, and should hold bidders’ legal stamps.

1. **Financial Offer** marked with tender number shall be produced in signed, stamped, and sealed envelopes labelled as “Original” indicating the tender number and should clearly show bidders’ names, addresses, and should hold bidders’ legal stamps

**The Two envelopes shall then be enclosed in a sealed outer envelope and submitted to “UOSSM Office in Gaziantep 27060, Şehitkamil, Sarigüllük Mah. 61025 Eruslu Sitesi NO:7 D:1.**

2.2.2 All tender documents, BOQs, and technical specifications shall be signed and stamped. (Sign and stamp each single page of tender).

2.2.3 Submitting any unclear or inconspicuous documentsmay lead to not consider these documents or exclude them from any evaluation.

2.2.4 Any bids that contain any miscalculations, the unit price will be considered, any other significant calculation error for example but not limited; submitting the offer in currency other than the USD, if there is ambiguity the procurement committee may decide to disqualify the bid from the tender.

**Submission of one bid for both technical and financial offers will lead to dismissal.**

**Last date to submit offers is 14 April 2023 at 17:00 in Türkiye local time, offers received after this time will not be considered.**

* **Tender Documents:** A complete set of tender documents may be obtained by interested candidates from the link**.**

[**https://drive.google.com/drive/folders/1\_iRz0x84B\_ynCV\_r0SzVQoDE-MWG2zWd?usp=share\_link**](https://drive.google.com/drive/folders/1_iRz0x84B_ynCV_r0SzVQoDE-MWG2zWd?usp=share_link)

* **Bid Opening:** Bids expected to be opened on **18** **April 2023** in the presence of tender main committee and opening committee. UOSSM reserves the right to verify information or request missing documentation as required .

* **Expected Contract Award** The contract is expected to be awarded by **14 April 2023**.

* **QUESTIONS**: A prospective Tenderer requiring any clarification of the Tendering documents may notify procurement before the close of business on **10 April 2023**. Please direct all your questions related to the tendering document to Procurement Department – Email [y.abdulrauf@uossm.org](mailto:y.abdulrauf@uossm.org) Referencing the tender number (**218-CO-2023**) in the subject line .

**Notes: no additional information than the mentioned in this tender will be provided, all answers will be from the tender documents.**

**3. General Conditions for Tender**

UOSSM is looking for qualified suppliers for purchasing medicines and delivering to **Syria-Idleb-Sarmada-UOSSM warehouse.**

#### Start application: 30 May 2023

**The deadline for application**: 14 April 2023 at 17:00 in Turkey local time.

**Currency**: Bidder shall fill in all prices in USD while actual payment will be in Turkish Lira as reflected in the invoice exchange rate.

**Disqualification’s criteria:**

* No available Turkish registration for the company.
* Request for advance payment.
* Not agreeing on the payment schedule.
* Not having previous experience in similar fields, or the total cumulative value of the bidder’s experience is less than 100,000 USD.
* Not agreeing to secure safety and security Materials/ and protective equipment for your workers and ensure no child labor.
* Answer one or more of the mandatory questions with "No".
* Not agreeing to child labor protection policy.

# 4. Bidder Response Document – Technical Submission

UOSSM will check the tenders to ensure that they contain no amendment to the terms or any other (calculation) errors. Quotations will be evaluated on a Lowest Price Technically Acceptable basis, as set forth below. UOSSM Organization shall first evaluate the non-price elements of the quotation to determine whether they are acceptable or not acceptable. In conducting its evaluation, UOSSM Organization may seek information from any source it deems appropriate to obtain or validate information regarding acceptability of Service providers’s quotation. Award will be made to the technically acceptable quotation with the lowest evaluated price. UOSSM reserves the right to accept or reject any or all bids, and to accept the bid deemed to be in the best interest of the UOSSM. UOSSM will not be responsible for any pay for any expenses or losses which may be incurred by any Tenderer in the preparation of his Tender. UOSSM is not bound to accept the lowest price bid submitted. The award criteria shall be based on the proposal’s overall “value for money” while taking into consideration donor and internal requirements and regulations.

In order to reward the tender, move on from the technical evaluation to financial evaluation, the bidder should have “Eligible” in all criteria and in order to win he must provide the most competitive price (the cheapest with accepted quality of items).

|  |  |
| --- | --- |
| **Technical Evaluation Criteria** | **Total Possible Eligibility** |
| **a. Contractor Financial and Legal Aspects and**  **Contractors experience in similar projects and Technical Capacity** | **Eligible/ Not Eligible** |
| **b. Health and safety and child safeguarding** | **Eligible/ Not Eligible** |
| **c. Quality Check of the submitted items** | **Eligible/ Not Eligible** |

## 4.1 Bidder Response (Bidder Questionnaire)

**For the bidders who will not answer one or more of the following mandatory questions, it will lead to disqualification.**

|  |  |  |
| --- | --- | --- |
| **a. Contractor Financial and Legal Aspects and bidder experience in similar projects and Technical**  **Capacity** | | |
| **1.** Can you confirm if you have, a company registered in Turkey and can provide a legal invoice?  Before contracting with the Turkish company, the company’s registration documents shall submit: (Tax Plate mandatory, others preferable: registration in the chamber of industry/commerce...etc. Newspaper’s announcement, recent authorization certificate (İMZA SİRKÜSÜ).*if the answer is yes, eligible if no not eligible*  Please note that the Turkish company shall provide a Legal Turkish invoice issued by the contracted company to UOSSM organization with all customs papers for example but not limited; certificate or bill of lading (customs clearance at the crossing), transit accompanying document (gümrük beyannamesi), or other documents. Those documents shall be linked to the issued invoices. All invoices, and customs documents shall be issued by the contracted company to UOSSM. (Has the name of the contracted company and name of UOSSM)  The payment will be transferred to the Turkish Bank account of the contracted company. | ☐ **Yes** | ☐ **No** |
| **2.** Do you have the financial capacity to deliver the required service without advance payment?    *if the answer is yes, eligible, if no not eligible* | ☐ **Yes** | ☐ **No** |
| **3.** Would you agree with the following payment schedule? 100% within 30 working days after completion of 100 % of the entire works.    *if the answer is yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |

|  |  |  |
| --- | --- | --- |
| **4.** Do you confirm that you have implemented previous project for the last seven years with total cumulative value **100,000 USD** and above in the field of (**Medicine) with INGO, NGO, UN Agencies, and governmental bodies?**  Please note UOSSM will check on that and may request further document (contracts, invoices, payment receipts… etc.)  Note: the previous experience shall be linked to the name of the bided company (the contract shall be under the name of the bided company).  *If you the bidder have not implemented previous projects or the cumulative value of the previous project are less than* ***100,000 USD****, the bidder will be disqualified.*  *if the answer is yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |
| **5****.** If the supplier does not have a **USD** account with **Ziraat Bank**, the contract value will be paid in Turkish lira according to the exchange rate approved by the Central Bank of Turkey on the date of the invoice issuance; do you accept that?    *if the answer is: yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |
| **6.** Do you confirm that you are able to provide UOSSM and its donor's staff with advanced notice of scheduled deliveries of commodities and check them in Türkiye before sending the items to inside Syria and must allow UOSSM and its donor's staff and the to conduct additional spot checks of Recipient’s inventory in warehouses to ensure the quality of items is acceptable throughout the award.  *if the answer is: yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |
| **7.** Can you confirm that you have a warehouse or place in Turkey in order to store the medicines and allow the UOSSM team to inspect the goods in your warehouse before sending the items to Syria?  *if the answer is yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |

|  |  |  |
| --- | --- | --- |
| **8.** Do you confirm that you have the capacity to provide a Cold chain (2-8°C) in your warehouse and through delivering the shipment to the locations in Syria for the items that need a specific temperature degree?  (UOSSM will conduct a site visit to the warehouse, and inspection on the shipment in order to check the cold chain) *if the answer is yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |
| **9.** Do you confirm to deliver the medicines to the locations assigned by UOSSM inside **Syria-Idleb-Sarmada-UOSSM warehouse?**  *if the answer is yes, eligible, if no not eligible* | ☐ **Yes** | ☐ **No** |
| **10.** Do you confirm that you will provide the medicines that would meet the technical conditions of medicines as detailed in **Annex A and Annex B**?  *if the answer is yes, eligible, if no not eligible* | ☐ **Yes** | ☐ **No** |
| **11.** How many calendar days do you need to deliver the medicines inside Syria after signing Purchase Order?  *Please provide the delivery time with calendar days* ***not*** *working days (which equal the number of days after signing the PO that you need to deliver the commodities to the assigned locations)* ***More than 20 calendar days will lead to disqualification.***  *Not answering this question will disqualify your offer.* |  | |
| **b. Health, safety, and child safeguarding Plan:** the contractor is expected to provide enough details on how you will communicate with authorities and people in the project area to ensure their health and safety during the implementation period. | | |
| **12.** Would you agree to secure safety and security Materials/ and protective equipment for your workers and ensure no child labour?  *if the answer is: yes, eligible if no not eligible* | ☐ **Yes** | ☐ **No** |
| **c. Quality Check of the submitted items** | | |
| **Meet the required specification = Accepted**  **Does not meet the required specification = Not Accepted** | | |

## 4.2 References for the previous project

|  |
| --- |
| If you have previously implemented similar projects (**In the field of providing medicines) with NGO, INGO**, **UN Agencies, and governmental bodies** please provide a brief description and contact information for the last three projects at least,  Please note that UOSSM will check the validity of these contracts later. |
| Project #1:....................... .......................................................................................................................................  Name of the organization:......................................................................................................................................  Total amount:..........................................................................................................................................................  Type of project:......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number: ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #2**:**....................... .......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #3**:**....................... .......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #4**:**....................... .......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #5:...................... ......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #6**:**....................... .......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |
| Project #7**:**....................... .......................................................................................................................................  Name of the organization**:** ......................................................................................................................................  Total amount**:** ..........................................................................................................................................................  Type of project**:** ......................................................................................................................................................  Contact person name**:** .............................................................................................................................................  Contact person phone number**:** ...............................................................................................................................  E-mail: .................................................................................……………………………………………………... |

## 4.3 Technical conditions for Pharmaceutical Items

#### A- Suppliers

Pharmaceutical products must only be procured from suppliers or manufacturers that:

* Are registered and certified in countries that are considered to have a “Stringent regulated” national drug regulatory authority.
* Can provide product and batch certification of all medical supplies
* Have a quality assurance process in line with WHO standards of Good Manufacturing Practice and Good Distribution Practice, including the pre-qualification of the manufacturers and suppliers that they use.
* Are certified to ISO Standards ISO13485/ISO13488, ISO9001/9002 or ISO9001:2000 or the equivalent EN46001/EN46002.
* Can assure the quality of the pharmaceutical products in accordance with the quality standards below.

#### B- Labelling

All drugs should be labelled with the following information in English, or if bought locally the official national language:

* International non-proprietary name of the active ingredient (INN)
* Dosage form (tablet, ampoule, vial)
* Quantity of active ingredients in the dosage form
* Expiry date
* Manufacturing date
* Specific storage conditions
* Name and address of manufacturer
* Number of units per packing
* All primary packaging (blisters, flasks, tubes, ampoules, vials) should at least be labelled with the following information:
* International non-proprietary name of the active ingredients
* Quantity of active ingredients
* Batch number
* Expiry date
* Manufacturing date
* Name of the manufacturer

#### C- Packaging

The goods should be properly packed, to the following standards, and labelled as above:

* Tablets and capsules should be packed in sealed, waterproof containers.
* Liquids should be packed in unbreakable, leak-proof bottles and containers.
* Ampoules should be packed in plastic or in carton trays (five to 10) and all trays packed in outer cartons. Preferably ampoules should be one-ended and auto-breakable.
* Light-sensitive products (e.g., ergometrine) should be pack in brown glass ampoules.
* Outer cartons should be of strong, export-quality material to withstand rough handling and climate conditions during transport and storage.
* Only contain products with the same expiry date, this should be printed on the carton as well as on the immediate containers.
* The bidder is responsible for securing Ministry of Health permits for medicines that need such permits.

## 4.4 Annex (B): Items Specifications for Medications

* Bidders shall fill in the Country of Origin, Barcode, and Brand Details for each item. Not filling in the required information will lead to disqualification.
* The country of origin of all items shall be Türkiye, Canada, European or American countries, other than these countries will be not acceptable.
* UOSSM will check the provided barcode by the bidders, to check if the provided items match the required specifications or not.
* The quantities mentioned below are estimated, and they may increase or decrease based on the needs and availability of funds.
* UOSSM will select items that would meet the specification for the health facilities and would do a site visit to check items before the selection process.
* Bidders are required to submit brand detail and UOSSM has the right to select the offer that contains the best value of money.
* UOSSM may choose to select items to be purchased based on need and no commitment for all lines in the below BOQs.
* All submitted medications must have a validity of a minimum of 1 year from the expiration date.
* The selected bidder shall provide and deliver the same items offered and approved in their offer.
* Bidder shall not change the below-written Items Description or Unit, but in case the bidder will submit item with a different description, or different unit they should clarify that in the note’s column.

## 4.5 Tender Basis:

* The working language of this Tender and Application is English.
* All applications shall be made in accordance with the Tender Documents.
* All Applicants will receive identical documents: No applicant should add, omit, or change any item, term, or condition on original papers.
* If Applicants have any additional requests and conditions, these shall be stipulated in a separate letter accompanying their application.
* Each applicant may make one application only.
* Each application shall be valid for a period of 90 days from its date of submission.
* Applications shall be made in writing, with prices calculated in USD only.

* **Payments:** . If the supplier does not have a USD account with Ziraat Bank, the contract value will be paid in Turkish lira according to the exchange rate approved by the Central Bank of Turkey on the date of the invoice issuance through the Company’s Bank account in Turkey, made upon receiving the commodities and approved Goods Received Note by UOSSM within 30 working days of submitting complete documentation.

**Applicants cannot apply if they:**

* Have been convicted for an offense concerning professional conduct.
* Have been guilty of grave professional misconduct (proven by any means which the contracting authorities can justify).
* Are guilty of serious misinterpretation in supplying information.
* Are in situations of conflict or potential conflict of interest with UOSSM.
* Were declared at the serious fault of implementation owing to a breach of their contractual obligations.

## 4.6 Declaration of Eligibility

Applicant**:**

##### I, the undersigned (Name and address of representative)

##### A representative of (Name and address of company)

Declare that the following conditions are applicable to us:

* We are not bankrupt or in the process of going bankrupt,
* We have not been convicted for an offense concerning professional conduct,
* We have not been guilty of grave professional misconduct (proven by any means which the contracting authorities can justify),
* We are not guilty of serious misinterpretation in supplying information,
* We are not in situation of conflict or potential conflict of interest with UOSSM
* We were not declared as serious fault of implementation owing to a breach of their contractual obligations,
* We do not employ personnel below the legal working age,

|  |  |
| --- | --- |
| Signed in the presence of: | Declared by |
| *(Signature/)*      *(Name, address/)* | *(Signature/)*  *(Location, date/)* |

# 5. Bidder Response Document- Financial Submission

* Please note that the quantities mentioned may increase or decrease based on need and availability of funds.
* The submitted prices shall include all costs; customs, taxes, the transportation, loading and unloading to **Syria-Idleb-Sarmada-UOSSM warehouse.**.
* The cost shall include the cost of the needed teams, vehicles, and workers.
* UOSSM reserves the right to order any item listed below without any commitment with all mentioned lines.

#### The total value of the bid in USD in writing -------------------------------------------------------------

Signed by, duly authorized to sign tenders

|  |  |
| --- | --- |
| Name**:** |  |
| Position: |  |
| Date: |  |

##### ` Signature and Stamp /