

REQUEST FOR EXPRESSION OF INTEREST (REOI)

REOI Reference: Ref No: SOM-2024-09	Date: 25 October 2024
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The International Organization for Migration (IOM) invites interested and eligible vendors to submit Expressions of Interest (EOIs) in respect of provision of the requirements described below. The purpose of the REOI is to identify vendors that wish to participate in a forthcoming solicitation process.

Description	Medical Supplies including medicine and medical equipment
UNSPSC code(s)	42000000
Deadline for the Submission of EOI	18 November 2024 If any doubt exists as to the time zone, refer to http://www.timeanddate.com/worldclock/ .
Content of EOI	<p>The EOI should include the following information:</p> <ul style="list-style-type: none"> Brief presentation of company including number of staff, turnover, years in business Reference list demonstrating qualifications for participating in this upcoming bidding process Contact information: full name and address, country, telephone number, e-mail address, website and contact person. <p>Note: Prices are not required at this stage.</p>
Method of Submission	<p>Expressions of interest shall be sent by email as follows:</p> <p>Email address: procurement-tenderonly@iom.int</p> <ul style="list-style-type: none"> File Format: PDF File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. All files must be free of viruses and not corrupted. Max. File Size per transmission: 25MB Mandatory subject of email: REOI-2024- Medical Supplies including medicine and medical equipment "Company Name" Multiple emails must be clearly identified by indicating in the subject line "email no. X of Y", and the final "email no. Y of Y." You should receive an email acknowledging receipt.
Contact Person for correspondence and clarifications	<p>IOM Somalia Supply Chain Unit</p> <p>E-mail address: iomsomprocurement@iom.int</p>
REOI Conditions	<p>This Request for Expression of Interest does not constitute a solicitation. IOM Somalia reserves the right to change or cancel the requirement at any time during the EOI and/or subsequent solicitation process. IOM somalia also reserves the right to require compliance with additional conditions as and when issuing the final solicitation documents. Submitting an EOI does not automatically guarantee receipt of the solicitation documents when issued. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in accordance with the rules and procedures of IOM. Only companies that will pass the pre-qualification will be invited to submit their proposals for the ITB that will be issued. Invitations to bid or requests for proposals and any subsequent purchase order or contract will be issued in accordance with the rules and procedures of IOM Somalia.</p>

Terms of Reference-Medical Supplies

1. Introduction

This Scope of Work (SoW) outlines the requirements for the procurement, delivery, and distribution of medical supplies for the International Organization for Migration (IOM) in Somalia.

2. Project Description

IOM Somalia is seeking a qualified vendor to supply the following items:

- **Medicine:** A detailed list of specific medicines, quantities, and required specifications will be provided in the solicitation documents.
- **Medicine Kits:** A detailed list, quantity, description and kitting instruction will be provided in the bidding documents.

Vendor prequalification

- (a) Vendor to provide wholesalers' license
- (b) Certificate of incorporation
- (c) Practicing license for responsible pharmacist

Pharmaceutical Product prequalification

- (a) WHO / SRA approved pharmaceuticals
 - Manufacturer certificate of analysis for every batch
 - (b) Pharmaceuticals approved by SRA NMRA or another technical agency
 - Manufacturer certificate of analysis for every batch
 - Product registration from the country of origin for every batch
 - Products must have undergone a thorough QA process by a trusted national authority or competent entity.
 - Retention certificate
 - Pharmaceuticals should have not less than 75% shelf life at reception in the country
 - Cold chain must be sent with temperature monitoring devices – data loggers.
- **Medical Equipment, devices, Diagnostic products and supplies:** A detailed list of equipment like x-ray machine, single use devices (i.e. syringes, catheters), implantable (i.e. hip prosthesis, pacemakers), imaging (i.e. ultrasound and CT scanners), anesthesia machines, patient monitors, hemodialysis machines), software (i.e. computer aided diagnostics), wheelchairs, walkers, canes, crutches) or sensory aids (e.g., glasses, hearing aids, quantities, and quality standards will be provided in the bidding documents.
 - (a) WHO/SRA approved medical devices and diagnostics
 - (b) WHO EDL approved medical devices and diagnostics – CE certificate to be provided
 - (c) Radiology equipment approved by WHO/ Country with SRA
 - (d) Radiology equipment with quality marking – QA process by another national regulatory authority other than the one listed under SRA, CE marking and listed in the WHO essential list.

3. Scope of Work

The potential supplier shall be responsible for the following:

- **Procurement:** Procure all Pharmaceutical, equipment's, diagnostics and supplies according to the specifications provided in the bidding documents.

- **Quality Assurance:** Ensure all procured Pharmaceutical, equipment's, diagnostics and supplies meet the required quality standards and specifications.
- **Packaging and Labeling:** Package the medical supplies appropriately for safe and efficient transportation and distribution.
- **Delivery:** Deliver medical supplies to the designated locations in Somalia as specified in the bidding documents.
- **Distribution:** (Optional) If required by the bidding documents, the supplier may be responsible for the distribution of the items to the intended beneficiaries.
- **Documentation:** Provide all necessary documentation, including packing lists, licences, certificates of origin, and quality control certificates.

4. Deliverables

The Contractor shall provide the following deliverables:

- Complete deliveries to designated locations.
- All necessary documentation, including packing lists, certificates of origin, and quality control certificates, warranty etc.

5. Timelines

- The specific timelines for procurement, delivery, and (if applicable) distribution will be defined in the bidding documents.

6. Insurance

- The supplier shall maintain all necessary insurance coverage throughout the project duration. The specific insurance requirements will be outlined in the bidding documents.

7. Health, Safety, and Environment (HSE)

- The Contractor shall comply with all applicable health, safety, and environmental regulations during the project execution.

Company Details

Registered Vendor Name*: _____

Tax Organization Type*: Choose an item. _____

Supplier Type*: Choose an item. _____

Company Web Site: _____

Tax Country*: Choose an item. _____

Taxpayer ID/Tax Registration No*: _____

Products and/or Services: Choose an item. _____

Additional Information

UNGM No.: _____

UNPP No.: _____

Is your Entity Women Owned?: Choose an item. _____

Is your Entity Disability Inclusive?: Choose an item. _____

Commitment to Antiracism: Choose an item. _____

Does your entity agrees with UN Supplier Code of Conduct: Choose an item. _____

Is the Bank Account Certificate added as attachment?: Choose an item. _____

Address*

Street Name and House No. _____

ZIP/Postal Code* _____

City* _____

Region* _____

Country* Choose an item. _____

Contact Information for communications

First Name*: _____

Last Name*: _____

Job Title: _____

Email*: _____

IMPORTANT

All fields marked with * are mandatory.
 The form will be returned if mandatory field/s is/are empty
 The Vendor Name should match ID or registration documents

Other Contacts

First Name*: _____

Last Name*: _____

Job Title: _____

Email*: _____

Will this person have a role in Wave? Choose an item. _____

If yes, what will be that role? Choose an item. _____

First Name*: _____

Last Name*: _____

Job Title: _____

Email*: _____

Will this person have a role in Wave? Choose an item. _____

If yes, what will be that role? Choose an item. _____

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

Printed Name*: _____

Signature*: _____

Job Title: _____

Date: _____

List of attachments	
<input type="checkbox"/>	Taxpayer ID/Tax registration number certificate.
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Id. of the owner
<input type="checkbox"/>	Signed UN Supplier Code of Conduct
<input type="checkbox"/>	Proof of women ownership share of the company
<input type="checkbox"/>	Evidence of commitment to anti-racism
<input type="checkbox"/>	Evidence of entity's disability inclusive policy
<input type="checkbox"/>	Other: _____

SPEND AUTHORIZED SUPPLIER INFORMATION SHEET

Supplier Details

Supplier's Name*: _____
 Supplier Number*: _____

Payment Details

Payment Method*:
 Bank transfer
 Check**
 Cash**
 Others**:

IMPORTANT
 All fields marked with * are mandatory.
 The form will be returned if mandatory field/s is/are empty
 The Vendor Name should match ID or registration documents

**If a Non-Bank Payment Method was selected, please provide justification:

Bank Details* (This information is mandatory if payment method is via Bank Transfer)

Bank Name* _____
 Address _____
 City* _____
 Postal Code _____
 Country* _____
 Bank Account Name* _____
 Account Currency _____
 Bank Account Number _____

Swift Code/BIC (outside U.S.A.)	
IBAN Number	
Clearing Number (Switzerland)	
ABA No. for ACH (U.S.A.)	

Fill only the code that corresponds to your location*

NOTES

Payment currency must be clearly indicated to avoid delays and additional bank charges

If the company has multiple bank accounts, indicate the default account this form and add an extra sheet with full information of other accounts

PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE

Contact Information

First Name: _____
 Last Name: _____
 Job Title: _____
 Email*: _____

Will this person have a role in Wave? Choose an item.
 If yes, what will be that role? Choose an item.

First Name: _____
 Last Name: _____
 Job Title: _____
 Email*: _____

Will this person have a role in Wave? Choose an item.
 If yes, what will be that role? Choose an item.

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

Printed Name*: _____

	List of attachments
<input type="checkbox"/>	Bank Account Certificate
<input type="checkbox"/>	Declaration of Conformity was signed in solicitation documents
<input type="checkbox"/>	Other: _____

Signature*: _____
 Job Title _____
 Date _____