



Date: 07/02/2023

Request for Quotation No. UNFPA/SYR/RFQ/RH/02-2023/02

Dear Sir/Madam,

We hereby solicit your quotation for the supply of **Pharmaceuticals**, as per below table:

#	Item	Unit of Measure	Quantity
1	Miconazole nitrate 400 mg vaginal suppository	Suppository	40,000
2	(Nystatin + Dexamethasone) vaginal Cream 20g	Tube	15,000

Please note that quantities are tentative and can be changed later. UNFPA does not warrant that any quantity will be purchased.

The goods are to be delivered maximum in (20) days upon PO. The quotation shall be valid at least for (90) days after the closing date.

If you are interested in submitting a quotation, kindly fill in the attached "Quotation Form", send it by email along with the technical offer to : bidsyria@unfpa.org. Bids can be also submitted by hand to the following address:

**UNFPA Syria office
Bldg. No. 10, Fatmeh Idriss Lane
Al Ghazzawi St.
West Villas, Mezzeh,
Damascus, Syria**

Please submit your quotation in **USD or SYP** currency. Conversion of currency into the UNFPA preferred currency (USD), shall be based only on UN Operational Exchange Rate prevailing at the time of competition deadline.

Your earliest response to this query would be highly appreciated, but not later than **12:00PM (Damascus time) Sunday 12 Feb. 2023**. Offers received after the deadline or to any another email address other than the one indicated above (bidsyria@unfpa.org) will be automatically **disqualified**.

Note: Current UNFPA supplier policies apply to this solicitation and can be found at: <http://www.unfpa.org/suppliers>.

Best regards,

Samer Abu-Hawilih
Head of Supply Unit

DocuSigned by:
Samer Abu-Hawilih
2AEDCC326DC74B07-Feb-2023



Please take note of the following requirements and conditions pertaining to the supply of the abovementioned goods:

Delivery	<ul style="list-style-type: none"> - Damascus, Syria (exact location will be provided to the successful bidder upon PO); - Goods validity upon delivery should be $\geq 75\%$ of product shelf-life. - Maximum lead-time of the items should be within (20) days upon PO.
Customs clearance, if needed, shall be done by:	Awarded supplier.
Currency of Quotation	USD Local suppliers can submit their offer either in USD or SYP
All documentations, including catalogs, instructions and operating manuals, shall be in this language	English
Documents to be submitted	<p>For Technical evaluation:</p> <ul style="list-style-type: none"> - Annex-1: Quotation Form: to be duly completed and signed and stamped. - Annex-2: UNFPA General Terms and Conditions - Annex-3: UNFPA Questionnaire for Pharmaceutical Products, to be duly completed and signed and stamped. - Valid Business Licenses: commercial registration certificate, drugstore license...etc. - MOH and/or WHO Certification/Registration of the offered items (despite the offered items are manufactured locally or imported). - Technical Offer: including full description and ingredients, manufacturer/trade name, packaging/packaging and labeling details, shelf life and storage conditions: temperature, pressure, humidity, if needed, etc.). - Picture/photo and/or samples for the offered items. <p>Pre-awarding the contract:</p> <ul style="list-style-type: none"> - Certificate of Origin (CoO). - Certificate of analysis for each product by batches
Period of Validity of Quotes starting the Submission Date	90 days
Contact Person for Inquiries (Written inquiries only)	<p>Iman Alrifai: ialrifai@unfpa.org</p> <p>Tel. No. +963-6121659/+963-6113764 Mobile: +963- 937665469</p> <p>Any delay in UNFPA's response shall not be used as reason for extending the deadline for submission. Unless UNFPA determines that such extension is necessary, and communicates a new deadline to bidders.</p>
Partial Quote	Permitted (Bidder can submit his offer for one line or the two lines of Annex-1).
Partial Delivery	NOT Permitted per line of Annex-1
Payment Terms	100% upon complete delivery of goods <ul style="list-style-type: none"> • Local companies will be paid in local currency (SYP) at the



	<p>offered price (if offered in SYP) or at the UN Exchange rate at the invoice date (if offered in USD)</p> <ul style="list-style-type: none"> International companies will be paid in USD or PO currency. <p>N.B:</p> <ul style="list-style-type: none"> Local company is the company legally registered in the Syrian Arab Republic regardless of the owner(s) nationalities'(s) International company is the company legally registered out of Syrian Arab Republic regardless of the owner(s) nationalities'(s).
Liquidated Damage	<p>Will be imposed as follows:</p> <ul style="list-style-type: none"> Percentage of contract total per calendar day of delay: 1% Maximum number of calendar days of delay 10 calendar days, after which UNFPA may terminate the contract without any liability against UNFPA
Evaluation Criteria	<ul style="list-style-type: none"> Technical responsiveness/Full compliance to requirements and lowest price Full acceptance of the UNFPA General Terms and Conditions Shortest lead time maximum upon releasing Purchase Order Quantities are tentative and may be changed later.
UNFPA will award to:	One or more suppliers (UNFPA reserves the rights to change the quantities and split contract award).
Type of Contract to be Signed	Purchase Order
Conditions for Release of Payment.	Written Acceptance of Goods of beneficiary based on full compliance with RFQ requirements.
Annexes to this RFQ	<ul style="list-style-type: none"> Quotation Form (Annex 1) <p>Annex 1 need to be duly completed and submitted in order to qualify for the procurement process.</p> <ul style="list-style-type: none"> UNFPA General Conditions (Annex 2) Questionnaire for Pharmaceuticals (Annex 3) (to be completed prior awarding the contract).



United Nations Population Fund,
UNFPA Syria
Website: www.unfpa.org

Annex-1 Quotation Form

Name of Bidder: _____

Bidder Contact Details: (Phone No., Email) _____

Request for Quotation No: UNFPA/SYR/RFO/RH/02-2023/02

Currency of Bid price: _____

Delivery time (weeks from receipt of order till dispatch): _____

Expiration of Validity of Quotation (The quotation shall be:

Valid for a period of at least **three (3) months** after the Closing date.): _____

“Partial quotes are permitted per line. However, the bidder shall submit the offer for the full quantity”

Price Schedule:

#	Item	UoM	Qty.	U. Price	Sub-Total Price	Lead-time (day)
1	Miconazole nitrate 400 mg vaginal suppository	Suppository	40,000			
2	(Nystatin + Dexamethasone) vaginal Cream 20g	Tube	15,000			
Grand Total Amount						

I hereby certify that this company, which I am duly authorized to sign for, accepts the terms and conditions of UNFPA (<http://www.unfpa.org/resources/unfpa-general-conditions-contract>) and we will abide by this quotation until it expires.

Name and title

Date and Place



ANNEX-3: UNFPA Questionnaire OF Pharmaceutical Products

Please complete all the fields in the questionnaire as required and attach the requested supporting documents. **Please fill out one form separately for each pharmaceutical product.**

1) MANUFACTURER DETAILS

Name of manufacturer:

Physical address (include Block number, line number etc.):

Postal address:

City:

Country:

Telephone:

Fax:

E-mail:

Website:

A. Include a copy of registration certificate or evidence that the product is registered in the country of intended use.

2) FINISHED DRUG PRODUCT

2.1. IDENTIFICATION

Content	Active Pharmaceutical Ingredient	Amount in dosage form or amount per unit (Strength)
Active Ingredient 1		
Active Ingredient 2 (if applicable)		

Inactive Ingredients (excipients) of medical/pharmaceutical relevance (e.g. sugar, allergens such as preservatives, lactose) amount in dosage form or per dosage unit (e.g. Contains Alcohol 10%):

Brand/trade name (if any):

Dosage form (select below):

Tablets

- Uncoated
- Sugar coated
- Film coated
- Enteric coated

Capsules

Syrup/oral liquids

Injection

- Microcrystalline suspension
- Oily solution
- Aqueous solution
- Powder for injection

Implants

Route of administration (select below):

- Oral
 I.M.
 I.V.
 S.C.
 Other (Please specify)



ANNEX-3: UNFPA Questionnaire OF Pharmaceutical Products

2.2 PACKAGING

Number of dosage units per unit packs:

Description of primary packaging materials:

B. Attach package insert and/or patient information leaflet (PIL).

C. Picture/photo of the finished pharmaceutical product and labelling.

D. Certificate of analysis for at least one recently released batch (not more than 1 year old).

2.3 SHELF LIFE and STORAGE CONDITIONS

Shelf life as it appears on the packaging:

Temperature:

Light:

Humidity:

Other (Specify):

2.4. REGULATORY STATUS

Registration Number of Pharmaceutical Product:

Valid until:

Regulatory issued by (Name of Agency):

Country:

E. Valid GMP certificate for Finished Pharmaceutical Products (FPP).



ANNEX-3: UNFPA Questionnaire OF Pharmaceutical Products

3) DECLARATION BY BIDDER/MANUFACTURER

F. Filled out declaration from bidder/manufacturer.

[Company letterhead]

Declaration by bidder/manufacturer

I, the undersigned certify that all the information in this declaration and all accompanying documentation is correct and updated. I further certify that I have examined the following statements and I attest to their accuracy.

1. The holder of the national registration follows national requirements for handling adverse reaction on its products.
2. The holder of the national registration follows national requirements for handling batch recalls of its products.
3. The formula to be supplied is exactly the same as the formula approved by National Regulatory Authority (NRA), (*insert name of NRA*). The strength, specifications (API, excipients and FPP), etc. are exactly the same as the formula approved NRA.
4. The primary packaging is exactly the same in all aspects, including specifications, as the primary packaging approved for use in the same product as approved by the NRA .
5. The secondary packaging is exactly the same in all aspects, including specifications, as the primary packaging approved for use in the same product as approved by the NRA.
6. The information in the questionnaire/dossier submitted to UNFPA contains information which is the same as the information in the dossier which is approved by the NRA.
7. The package insert, summary of product characteristics, patient information leaflet submitted in the submission are the same as those approved by the NRA.
8. Where there are any differences in any aspect of the product including formula, manufacturing site of API, manufacturing site of FPP, specifications of primary packaging, specifications of secondary packaging, package insert, summary of product characteristics, patient information leaflet, I have stipulated these and the justification for the changes in a separate document and submitted to UNFPA.

Name:

Signature:

Position in Company:

Date:



ANNEX-3: UNFPA Questionnaire OF Pharmaceutical Products

Annex: Checklist of attachments required

Please ensure that all documents necessary to enable objective evaluation of your product are attached. This checklist may not be exhaustive.

- A. Copy of the registration certificate or evidence that the product is registered in the country of intended use.
- B. Package insert and patient information leaflet (PIL).
- C. Picture/photo of the finished pharmaceutical product and labelling.
- D. Certificate of analysis for at least one recently released batch (not more than 1 year old).
- E. Valid GMP certificate for Finished Pharmaceutical Product (FFP).
- F. Filled out declaration from bidder/manufacturer.