

Request For Quotation

Services de prise en charge médicale des migrants des programmes de retour

RFQ Reference No: 30000033168

Issuing/Publishing Date: 11/09/2026 4:58 PM

County:

Open for Response Date: 21/09/2026 10:55 AM

Objet : Services de prise en charge médicale des migrants des programmes de retour

Madame, Monsieur,

L'**Organisation Internationale pour les Migrations (OIM)** a le plaisir d'inviter les **structures médicales identifiées**, notamment les cliniques, Policliques, à participer à une **Demande de Cotation (RFQ)** relative à la fourniture de services de prise en charge médicale des migrants bénéficiaires des programmes de retour.

Ce projet, référencé sous le numéro de négociation **30000032830**, vise à identifier un ou plusieurs prestataires médicaux capables d'assurer des consultations spécialisées, actes médicaux, examens diagnostiques et autres prestations de santé nécessaires à la prise en charge des bénéficiaires, conformément aux besoins identifiés par l'OIM.

La date de prévisualisation de cette négociation est fixée au **30/09/2026**. Nous vous encourageons à prendre connaissance des exigences techniques, administratives et financières détaillées dans le dossier de Demande de Cotation.

L'ouverture officielle de la période de soumission est prévue le **21/09/2026 à 00h15 (UTC)**, et nous attendons avec intérêt la réception de vos offres.

La date prévisionnelle d'attribution du marché est fixée au **30/09/2026 à 00h15 (UTC)**. Cette consultation représente une opportunité importante pour les structures médicales de contribuer à la mission humanitaire de l'OIM en assurant un accès à des soins de qualité pour les migrants.

Nous sommes convaincus que l'expertise, les capacités techniques et l'engagement de votre structure dans la fourniture de services de santé contribueront à la réalisation de cet objectif et au bien-être des bénéficiaires de nos programmes.

Votre participation à cette consultation est grandement appréciée et nous nous réjouissons de recevoir votre proposition ainsi que d'explorer les possibilités d'un partenariat fructueux. Ensemble, nous pouvons apporter une contribution significative à l'amélioration de la santé et des conditions de vie des personnes que nous accompagnons.

Pour toute question ou demande de clarification, n'hésitez pas à nous contacter. Nous restons à votre disposition tout au long du processus de soumission.

Cordialement,

**[Nom du Responsable des Achats]
[Adresse e-mail du Responsable des Achats]
Organisation Internationale pour les Migrations (OIM)**

Issued by: Route des Morillons, 17 Geneva Switzerland

Name: BOUBACAR SEYBOU

Proprietary and Confidential

Title: Chef de Mission OIM Mali

Date: 2026-09-11 16:58:44.0

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Requirements

**Response is required*

Evaluation Criteria:

- Primary Evaluation will be conducted on a Pass/Fail basis.
- Technical Evaluation will be conducted on a Pass/Fail basis only for those suppliers who successfully pass the Primary Evaluation.

Section 1. Primary Examination

1.

Le soumissionnaire est admissible et n'est pas inclus dans la liste d'inéligibilité des Nations Unies	« Accepté » ou « Rejeté »
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2.

Exhaustivité de la cotation. Toutes les annexes à renvoyer et tous les autres documents requis en vertu de la présente demande de cotations ont bien été fournis et chaque document présenté est complet.	« Accepté » ou « Rejeté »
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3.

Le soumissionnaire accepte les Conditions Générales du Contrat de l'OIM.	« Accepté » ou « Rejeté »
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Section 2. Eligibility & Qualification Criteria

1.

Brève description du prestataire y compris l'année et le pays de constitution en société, et les types d'activités menées.	« Accepté » ou « Rejeté »
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2.

Le soumissionnaire doit avoir une représentation au Mali. Il doit être dûment enregistré au Mali et remplir les exigences administratives, fiscales et sanitaires y relatives (Registre de Commerce, Numéro d'identification fiscale, licence d'exploitation. Les autorisations professionnelles applicables)	« Accepté » ou « Rejeté »
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Section 3. Critères techniques

1.

Le soumissionnaire doit démontrer une expérience dans la fourniture de services médicaux, hospitaliers et de prise en charge des patients en présentant au moins trois (3) contrats ou références similaires exécutés avec succès au cours des cinq (5) dernières années. Les preuves acceptables comprennent notamment des copies de contrats, des bons de commande, des certificats de bonne exécution ou des attestations de services rendus.	Accepté / Rejeté	
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2.

Le soumissionnaire doit disposer d'une autorisation légale d'exercer délivrée par les autorités compétentes et fournir toutes les licences, agréments, autorisations et certifications réglementaires applicables à l'exercice des activités médicales.	Accepté / Rejeté	
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3.

Le soumissionnaire doit démontrer la disponibilité d'un personnel médical qualifié comprenant au minimum des médecins généralistes, infirmiers et spécialistes adaptés aux prestations proposées. Les CV, diplômes, certifications professionnelles et attestations d'affiliation à l'INPS devront être fournis.	Accepté / Rejeté	
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4.

Le soumissionnaire doit démontrer sa capacité à assurer la disponibilité des services médicaux, du personnel clé et des services d'urgence vingt-quatre heures sur vingt-quatre (24h/24) et sept jours sur sept (7j/7), conformément aux besoins opérationnels de l'OIM.	Accepté / Rejeté	
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5.

Le soumissionnaire doit présenter une méthodologie détaillée décrivant les procédures de consultation, d'hospitalisation, de gestion des urgences, de référencement, de suivi médical, de facturation, de reporting et de gestion des dossiers médicaux conformément aux présents TDR.	Accepté / Rejeté	
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6.

Le soumissionnaire doit démontrer sa capacité à assurer le transport médicalisé des bénéficiaires entre les centres de transit et les structures de santé à tout moment. Une description des moyens logistiques disponibles devra être fournie.	Accepté / Rejeté	
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7.

Le soumissionnaire doit démontrer sa capacité à assurer l'hospitalisation des bénéficiaires, y compris la prise en charge des cas psychiatriques lorsque requis, ainsi que leur suivi médical jusqu'à leur sortie ou leur retour au centre de transit.	Accepté / Rejeté	
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8.

Le soumissionnaire doit disposer des capacités nécessaires pour assurer la prise en charge des urgences médicales et chirurgicales des bénéficiaires ainsi que leur référencement vers un niveau supérieur de prise en charge lorsque nécessaire. Les procédures correspondantes devront être fournies.	Accepté / Rejeté
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9.

Le soumissionnaire doit démontrer sa capacité à assurer les consultations médicales, les évaluations préalables au départ, l'interprétation des examens complémentaires, la prescription des traitements et la production des rapports médicaux requis par l'OIM. Une méthodologie détaillée devra être fournie.	Accepté / Rejeté	
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10.

Le soumissionnaire doit disposer d'un système de gestion et d'archivage électronique des dossiers médicaux garantissant la traçabilité, la confidentialité et la conservation des informations médicales conformément aux bonnes pratiques médicales et aux exigences de protection des données.	Accepté / Rejeté	
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11.

Le soumissionnaire doit disposer d'un laboratoire médical fonctionnel capable de réaliser les examens biologiques de base nécessaires à la prise en charge des bénéficiaires. Une description des capacités techniques du laboratoire devra être fournie.	Accepté / Rejeté	
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12.

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Le soumissionnaire doit démontrer sa capacité à assurer le transport médicalisé des bénéficiaires entre les centres de transit et les structures de santé à tout moment. Une description des moyens logistiques disponibles devra être fournie.	Accepté / Rejeté
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13.

Le soumissionnaire doit présenter une méthodologie détaillée décrivant les procédures de consultation, d'hospitalisation, de gestion des urgences, de référencement, de suivi médical, de facturation, de reporting et de gestion des dossiers médicaux conformément aux présents TDR.	Accepté / Rejeté	
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14.

Le soumissionnaire doit s'engager à respecter les principes de confidentialité médicale, de protection des données personnelles, de non-discrimination et d'éthique médicale conformément aux exigences des présents TDR.	Accepté / Rejeté	
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Lines

Delivery Requirements:

Currency of the Quotation:XOF					
INCOTERMS:					
Item No	Description	UOM	Qty	Unit price	Total price
	Acte medical et intervention	Units	1		
Total Price					

SECTION 2: INSTRUCTIONS TO PROPOSERS

Method of Submission	Quotations must be submitted as follows: E-tendering or email
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a Supplier's preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Supplier Code of Conduct	All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: Supplier Code of Conduct (ungm.org).
Conflict of Interest	UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.
General Conditions of Contract	Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement .
Eligibility	Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative.
Currency of Quotation	Quotations shall be quoted in CFA Franc BCEAO
Duties and taxes	The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below: All prices shall: ☒ be inclusive of VAT and other applicable indirect taxes ☒ be exclusive of VAT and other applicable indirect taxes
Language of quotation and documentation including catalogues, instructions and operating manuals	
Documents to be submitted	Bidders shall include the following documents in their quotation: ☒ Annex 2: Quotation Submission Form duly completed and signed ☒ Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 ☐ Other
Quotation validity period	Quotations shall remain valid for days from the deadline for the Submission of Quotation.

Price variation	No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received.
Partial Quotes	☐ Not permitted ☐ Permitted (please specify, i.e. by LOTs only or by line item, etc)
Payment Terms	☐ 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation. ☐ Other
Contact Person for correspondence, notifications and clarifications	Focal Person: E-mail address: Attention: Quotations shall not be submitted to this address but to the address for quotation submission above.
Clarifications	Requests for clarification from bidders will not be accepted any later than days before the submission deadline. Responses to request for clarification will be communicated by .
Evaluation method	☐ The contract will be awarded to the lowest price substantially compliant offer. ☐ Other
Evaluation criteria	☐ Full compliance with all requirements as specified in Annex 1 ☒ Full acceptance of the General Conditions of Contract ☐ Comprehensiveness of after-sales services ☐ Earliest Delivery /shortest lead time ☐ Others (for ex, environmental criteria/considerations, etc)
Right not to accept any quotation	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
Right to vary requirement at time of award	At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions.
Type of Contract to be awarded	.
Expected date for contract award.	.
Policies and procedures	This RFQ is conducted in accordance with Policies and Procedures of IOM
UNGM registration	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at www.ungm.org . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has

	implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM.
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ANNEX 1: SCHEDULE OF REQUIREMENTS

Technical Specifications for Goods:

Item No	Minimum technical requirements	Unit	Quantity

Delivery Requirements:

Delivery Requirements	
Delivery date and time	Bidder shall deliver the goods After Contract signature.
Delivery Terms (INCOTERMS 2020)	
Customs clearance (must be linked to INCOTERM)	☐ Not applicable Shall be done by: ☐ Name of organisation ☐ Supplier/bidder ☐ Freight Forwarder
Exact Address(es) of Delivery Location(s)	
Distribution of shipping documents (if using freight forwarder)	
Packing Requirements	
Training on Operations and Maintenance	
Warranty Period	
After-sales service and local service support requirements	
Preferred Mode of Transport	Choose an item.
Other information	

ANNEX 2: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:		
RFQ reference:		Date: .

VENDOR INFORMATION SHEET [Vendor Information Sheet.xlsx](#)

BIDDER'S DECLARATION OF CONFORMITY This form is mandatory to fill in and sign by every vendor who submits quotation

Yes	No	
☐	☐	On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM.
☐	☐	On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.
☐	☐	On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.

Yes	No	
☐	☐	On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.
☐	☐	On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct .
☐	☐	It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration.
☐	☐	On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM.
☐	☐	IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration.

Signature: _____

Name:

Title:

Date: .

ANNEX 3: TECHNICAL AND FINANCIAL OFFER – GOODS

Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:		
RFQ reference:		Date: .

Currency of the Quotation: INCOTERMS:					
Item No	Description	UOM	Qty	Unit price	Total price
1.					
2.					
3.					
4.					
5.					
Total Price					
Transportation Price					
Insurance Price					

Installation Price	
Training Price	
Other Charges (specify)	
Total Final and All-inclusive Price	

Compliance with Requirements

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Minimum Technical Specifications	☐	☐	
Delivery Term (INCOTERMS)	☐	☐	
Delivery Lead Time	☐	☐	
Warranty and After-Sales Requirements	☐	☐	
Validity of Quotation	☐	☐	
Payment terms	☐	☐	
Other requirements [pls. specify]	☐	☐	

Other Information:

Estimated weight/volume/dimension of the Consignment:	
Country/ies of Origin: (if export licence required this must be submitted if awarded the contract)	

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.	
<i>Exact name and address of the company</i> Company Name Address: Phone No.: Email Address:	Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address:

ANNEX 3: TECHNICAL AND FINANCIAL OFFER - SERVICES

Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No

alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:		
RFQ reference:		Date: .

Technical Offer

Provide the following:

- a brief description of your qualification, capacity and expertise that is relevant to the Terms of Reference.
- a brief methodology, approach and implementation plan;
- team composition and CVs of key personnel

Financial Offer

Provide a lump sum for the provision of the services stated in the Terms of Reference of your technical offer. The lump-sum should include all costs of preparing and delivering the Services. All daily rates shall be based on an eight-hour working day.

Currency of Quotation:

Ref	Description of Deliverables	Price
1.		
2.		
3.		
4.		
5.		
Total Price		

Breakdown of Fees

Personnel / other elements	UOM	Qty	Unit Price	Total Price
Personnel				
e.g. Project Manager/Team Leader	day			
Other expenses				
International flights				
Subsistence allowance				
Local Transportation				
Communication				
Other Costs: (please specify)				
Total				

Compliance with Requirements

Proprietary and Confidential

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Delivery Lead Time	☐	☐	
Validity of Quotation	☐	☐	
Payment terms	☐	☐	
Other requirements [pls. specify]	☐	☐	

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.	
<i>Exact name and address of company</i> Company Name Address: Phone No.: Email Address:	Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address:

ANNEX 3: TECHNICAL AND FINANCIAL OFFER – WORKS

Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:		
RFQ reference:		Date: .

Technical Offer

Provide the following:

- a brief description of your qualification and capacity that is relevant to the Scope of Works;
- a brief method statement and implementation plan;
- team composition and CVs of key personnel

Financial Offer

Description of Works	UOM	Qty	Unit Price	Total Price

Total				

Compliance with Requirements

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Delivery Lead Time	☐	☐	
Validity of Quotation	☐	☐	
Payment terms	☐	☐	
Other requirements <i>[pls. specify]</i>	☐	☐	

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.

<i>Exact name and address of company</i> Company Name Address: Phone No.: Email Address:	Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address:
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