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| MISSION |  | REGION |  |
| DATE |  | COMPILED BY |  |
| EMAIL |  | PHONE |  |

# Logistics Assessment

Procurement

| **Final Checklist for Procurement Assessment Activities** | | **Done** | **Comments** |
| --- | --- | --- | --- |
| 1 | Establish a list of items, services and equipment (even if are tentative) required for:   * Project Activities development * Operational support (office, communication, fleet, facilities, etc) * Include program teams in the planning process |  |  |
| 2 | Determine the different markets and supplier availability for the items identified, taking in consideration the desired criteria; Quality/price/reliability/capacity/packaging and marking/delivery time |  |  |
| 3 | Evaluate possible procurement sources from local, regional and international manufacturers, suppliers and vendors. Ensure that goods are not anticipated from another source (in-kind, regional stockpile, etc) |  |  |
| 4 | Based on your organization guidelines/policy, the context and the type of intervention consider appropriate purchasing strategy. |  |  |
| 5 | Based on the above, evaluate the resources needed to succeed; extend and composition of the team, facilities and logistic budget. |  |  |

### Useful tips:

*Preferably source locally rather than import, taking into account quantity and quality available.*

*Get feed-back from other clients.*

*Develop pre-supply agreement (Long term agreements) for essential commodities and high turn-over commodities (strategic commodities)*

*Ensure inspection and documentation of goods received.*

*Maintain clear documentation of all steps in the procurement process for memory and audit purposes.*

*Enact simplified emergency procurement procedures to speed up the procurement process (Before activating any emergency procurement procedures, first check the donor requirements and restrictions for specific projects and/or ask for specific waivers or derogations) and if appropriate:*

* *Increase limits of approval and authorisation for purchases.*
* *Increase checks signatory limits.*
* *Suspend the requirement for multiple quotes-authorise single or sole-source purchases where justifiable.*
* *Suspend sealed and public bidding procedures (if this is part of your normal process).*

*Decentralise procurement to enable larger-scale procurement at the field level.*

*Immediately process payments due to vendors, as any delay in payments might hinder the delivery of goods.*

*This assessment is not designed to be exhaustive and/or may not fully relevant; skip the section(s)/question(s) that are not applicable in the assessed context or modify as needed.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Regulation Assessment** | | | | | | | | | |
| **National Legislation** | National | **Is the authority in charge to enforce the law fully operational?** | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | |
| Regional | **Name any other authority entitled to enforce the law (if any)** | | | | | |  | |
| Local | **Organization lawyer name and contact (if any)** | | | | | |  | |
| **Applicable Taxes** | Value Added Tax | | VAT Tax %: | |  |  | | | |
| Sales Tax | | Sales Tax %: | |  |  | | | |
| Other kind of Tax | | Other Tax %: | |  | Other Tax Name: |  | | |
| **Minimum mandatory documentation** | | **Purchaser** | | | | | | **Supplier/Provider** | |
| Proof of registration in country | | | | | | Proof of company registration | |
| Power of attorney to represent the organization | | | | | | Audited financial statement | |
| Passport of legal representative | | | | | | Insurance policy | |
| Other: | |  | | | | VAT number | |
|  | | | | | | Other: |  |
| **Additional or common customs to be respected** | | |  | | | | | | |
| **Any other relevant information** | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Market Circumstances Assessment** | | | | | | | | | | | | | | | | |
| **Type of suppliers on the market** | Retailers | | Multipurpose  Specialized in: | | | | | | |  | | | Sufficient number to guarantee real competition? | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| Wholesalers | | Multipurpose  Specialized in: | | | | | | |  | | | Sufficient number to guarantee real competition? | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| Manufactures/Producers | | |  |  |  |  | | --- | --- | --- | --- | | Agriculture | Chemical | Commerce | Construction | | Financial services | Food | Forestry | Tourism | | Mining | Engineering | Media | Oil and Gas | | Shipping | Textile | Transport |  | | | | | | | | | | | | | | |
| Other: | |  | | | | | | | | | | | |
| **Notable market trends** | | | Temporary shortage of some items | | | | | | | | | | Appearance of new products from abroad | | | |
| Sudden closure of suppliers | | | | | | | | | | New norms or purchase conditions | | | |
| Significant prices increasing | | | | | | | | | | Other |  | | |
| Reduced timeframes for public markets opening | | | | | | | | | | Other |  | | |
| **Nearest market from where stock is required** | Travel distance (km) | | |  | | | Travel time (hrs) | |  | | Travel constraints (if any) | | | |  | |
| Dependency | Highly dependent: if the nearestmarket collapses, all surrounding markets will be impacted | | | | | | | | | | | | | | |
| Interconnected: If one market has short shortages the others may be impacted, but can still support | | | | | | | | | | | | | | |
| Independent: markets do not impact each other | | | | | | | | | | | | | | |
| **There is any commodity subject to be a monopoly or under government unique control?** | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | If yes, describe: | |  | | | | | | |
| **Do supplier use any form of long term contracts.** | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | Main external source from where suppliers obtain goods: | | | |  | | | | |
| **Any other relevant information** | | | | | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Supplier Assessment** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Name:** |  | | | | | | | | | | | | | | | | | Is there a contract already in place with supplier? | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | |
| **Contact Details:** |  | | | | | | | | | | | | | | | | | If yes, please indicate end date (DD-MM-YYYY): | |
| **Supplier Location** |  | | | | | | | | | | | | | | | | |
| **GPS Coordinates (DDD.dddddd):** |  | | | | | | | | | | | | | | | | |  | |
| **Items (in stock or in pipeline).**  *Here there is a list of the most common procured items. Consider to increase or delete as per your convenience* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | **Item in Stock** | | |  |  | | --- | --- | |  | **Item in Pipeline** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Water and Sanitation (WASH)** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | |  |  | Water Tank kits | |  |  | Bladder | |  |  | Pipe + fittings | |  |  | Tap stands+ fittings | |  |  | Buckets | |  |  | Water quality testing Kit | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  |  | Water pumps | | |  |  | Waste pumps | | |  |  | Generators | | |  |  | Jerry cans | | |  |  | Water purification tablets | | |  |  | Hand Wash dispenser | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  |  | Vector control spray | | |  |  | Latrines slabs | |  |  | Other: | | | |  |  | Other: | | | |  |  | Other: | | | | | | | |
| **SHELTER** | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | |  |  | Tents | |  |  | Shelter kits | |  |  | Blankets | |  |  | Rubhall/ wiikhall | |  |  | Kitchen sets | | | | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Hygiene kits | |  |  | Tarpaulins sheets | |  |  | Tarpaulins roll | |  |  | Construction tools | |  |  | Mosquito nets | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Lanterns | |  |  | Other: | | |  |  | Other: | | |  |  | Other: | | | | | | |
|  | **FOOD** | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | |  |  | Wheat Flour | |  |  | Corn Flour | |  |  | Oil | |  |  | Beans | |  |  | Sorghum | | | | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Plumpy Nut | |  |  | CSB | |  |  | High Energy Biscuits | |  |  | Salt | |  |  | Rice | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Sugar | |  |  | Lentils | |  |  | Other: | | |  |  | Other: | | |  |  | Other: | | | | | | |
| **OFFICE** | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | |  |  | IT Equipment | |  |  | Consumables | |  |  | Stationary | | | | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Furniture | |  |  | Fuel | |  |  | Electrical supplies | | | | | | | | | |  |  |  | | --- | --- | --- | |  |  | Other: | |  |  | Other: | |  |  | Other: | | | | | |
| **SERVICES** | | | | | | | | | | | | | | | | | | | | | | | |
| Transport  Construction  Catering | | | | | | | | | | | Equipment Maintenance  Office Services  Consultancy | | | | | | | | |  |  | | --- | --- | |  | Other: | |  | Other: | |  | Other: | | | | | |
| **Other in stock:** | |  | | | | | | | | | | | | **Other in pipeline:** | | | |  | | | | | |
| **Supplier Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Identification** | Legal name | | | | |  | | | | | | | | | Country of operation | | | | | | |  | | |
|  | Commercial Name | | | | |  | | | | | | | | | State/Province | | | | | | |  | | |
| Company type | | | | |  | | | | | | | | | City | | | | | | |  | | |
| Main subject of activity/type of business | | | | |  | | | | | | | | | Address | | | | | | |  | | |
|  | License/Registration Number | | | | |  | | | | | | | | | ZIP Code | | | | | | |  | | |
| Independent Worker | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | Time Zone | | | | | | |  | | |
| Working Language | | | | |  | | | | | | | | | Office Phone | | | | | | |  | | |
| Default Currency | | | | |  | | | | | | | | | Feedback Mechanism email | | | | | | |  | | |
| **Contact Details**  **& Web Contacts** | Contact Person Full name | | | |  | | | | | | | | | | Fax | |  | | | | | | | |
| Display name | | | |  | | | | | | | | | | Web Address | |  | | | | | | | |
| Email | | | |  | | | | | | | | | | Other URL | |  | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | Other URL | |  | | | | | | | |
| Job Title | | | |  | | | | | | | | | | Other URL | |  | | | | | | | |
| **Financial Information** | Estimated Yearly Income | | | | |  | | | | | | | | | | | | | | | | | | |
| Bank Certificate of Solvency | | | | |  | | | | | | | | | | | | | | | | | | |
| **Ethics and environment Information** | Gender Balance policy in place | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | | | |
| Environment care policy in place | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | | | |
| Waste management policy in place | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | | | |
| No child labour policy in place | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | | | |
| **Describe how often stocks are replenished** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **What (other) services can this supplier provide?** | Transport  Customs clearance | | | | | | | | | | | Packaging/ marking  Kitting | | | | | | | | Can build to specification | | | | |
| Other: |  | | | | | | | | | | | | | | | | | | | | | | |
| **Has this supplier been working with other humanitarian organisations / relief operations before?** | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | If yes, give details below: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Has this supplier a proper complaint mechanism?** | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | If yes, give details below: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Any additional information: e.g. access, availability of additional storage facilities etc.** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Delivery and Documentation** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the supplier able to provide all documentation required for the type of goods?** | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | **Is the supplier able to provide all certifications required for the type of goods?** | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| **For every consignment, the Provider could send the following documents** | | | | Delivery Note  Packing List  Commercial Invoice | | | | | | | | | | | | Certificate of Origin  Certificate of conformity | | | | | | | | |
| **How will the supplier handle the logistics of delivery?** | | | | Internal logistics department  3PL Logistics provider | | | | | | | | | | | | Freight agents  Other | | | | | | | | |
| **What mode of transport will the good be transported in?** | | | | Rail | | | Sea | | | | | | Road | | Air | Electronically | | | | |  | | | |
| Other: | | |  | | | | | | | | | | | | | | | | | |
| **Specify the lead-time for the delivery of the goods - from order confirmation up to final delivery in designated location** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Payment** | | | | | | | | | | | | | | | | | | | | | | | | |
| **What are the accepted payment methods?** | | | | |  |  |  |  | | --- | --- | --- | --- | | Bank Transfer | Online/Credit Card | Check | Cash | | | | | | | | | | | | | | | | | | | | | |
| **What are the payment terms?** | | | | On reception of invoice | | | | | | | | | | | | | | | | | | | | |
| After issue of invoice. Specify days: | | | | | | | | | | |  | | | | | | | | | |
| **Does he require any advance payment?** | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | If yes, please specify: | | | | |  | | | | | | | | | |
| **Medical and Pharmaceutical goods (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **This supplier is able to provide the following information per item?** | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | Name of Manufacturer | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | Shelf-live duration if applicable | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | Origin on packing list | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | Certificate of analyses | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | Certificate of Origin | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | Certificate of conformity | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | Batch number | | |  | | | | |  | | | |
| Any other relevant specification: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **For thermo sensitive items *(between 15°c & 25°c)*, this supplier is able to provide:** | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Temperature recorder devices | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Humidity recorder devices | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Standard package for Tropical environment | | | | | | | | | | | | | |
| **For cold chain items *(between 2°c &85°c)*, this supplier is able to provide able to provide:** | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Temperature recorder devices | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Packaging goods to ensure the cold chain is maintained | | | | | | | | | | | | | |
| **For controlled drug or drug precursors, this supplier is able to provide:** | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Temperature recorder devices | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | Appropriate packaging | | | | | | | | | | | | | |