



**EXPRESSION OF INTEREST**  
**FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)**  
**SERVICES PROVIDERS**

**(Re-advertisement)**

Due to technical difficulties, this EOI is re-advertised. Applications made during the previous posting period might not have been received. Interested applicants are encouraged to apply, including those who sent in an application during the previous posting from 27<sup>th</sup> February to 8<sup>th</sup> March, 2019.

**BACKGROUND**

Experiences associated with irregular migration through the Central Mediterranean route from Nigeria through North Africa to Europe often exert great mental strain on migrants. This route proves extremely dangerous as migrants often struggle to cope with stressors associated with the hazardous journey and return to their communities of origin, amidst limited resources, stripped off familiar social safety nets, and other deprivations, torture and human rights violations. Upon their return, returned migrants also face other challenges and stressful experiences which need to be addressed if their re-integration is to be sustainable. Incorporating Mental Health and Psychosocial Support (MHPSS) component into IOM activities is part of the integrated approach to ensure sustainable and comprehensive reintegration of returning migrants by ensuring their psychological needs are also met. However, there is currently limited access to mental health and psycho-social support services in areas of high returns and this creates a challenge in reintegrating returnees in a sustainable manner.

With support of the European Union (EU) and Government of the United Kingdom, IOM is implementing several programs aiming to improve the reintegration of returnees through providing protection and assistance to vulnerable and stranded migrants, including voluntary return and support for sustainable reintegration in the communities of origin.

Within this framework, IOM is seeking to partner with relevant MHPSS stakeholders and civil societies in areas of high return in Nigeria to strengthen direct assistance and enhance provision of mental health and psychosocial support services to returned migrants, including vulnerable groups, through participation in respective state-level coordination of MHPSS services via a technical working group, and a functional referral system, capacity building activities, forming and coordinating MHPSS support groups and delivering counseling sessions to returned migrants. This partnership seeks to strengthen the technical and material capacities of partners in provision of MHPSS services to returned migrants and in turn enable such partners organize and deliver activities as well as implement MHPSS related policies and programmes in their areas of focus.

**IOM NIGERIA HEAD OFFICE:**

No 11 Haile-Selassie Street, Asokoro District, Abuja  
Tel: +234-8134673873, +234.7011824415, • E-mail: [iomnigeria@iom.int](mailto:iomnigeria@iom.int)  
Internet: <http://www.iom.int>

## ELIGIBILITY

This expression of interest is open to public and private institutions, civil society organizations that meet the following minimum requirements:

### A: Institutions

- Must be licenced to operate in Nigeria and registered with the relevant state agencies, with preference given to those who operate within or near either of the following states: Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo;
- Must provide Mental Health or Psychosocial Support services, as part of their activities;
- Must operate facilities or conduct activities that are conducive to the promotion of psychosocial and mental wellbeing;
- Must be familiar with the principles of humanitarian assistance.
- Must be registered with the Corporate Affairs Commission.
- Can be either a public or private entity.

Or

### B. Civil Society Organizations:

Civil society organizations with the below experience in the following states: Lagos, Delta, Edo, Abuja, Ogun, Imo and Oyo

- Must have at least 4 years' experience in supporting returned migrants and/ or vulnerable populations via various mental health or psychosocial support interventions.
- Have at least 4 years' experience in providing community awareness on issues related to mental health and psychosocial support, uptake of health services, stigma reduction initiatives
- Have experience at least 4 years' experience in facilitating peer education or supporting establishment of peer groups.
- Experience in working with community support groups or supporting establishment of community support groups to address social norms
- 3 to 4 years' experience in group or individual counselling among vulnerable groups and linking them to their respective communities
- Must be involved in enhancing and building increased resilience among vulnerable groups.
- 3 to 4 years' experience in providing community based initiatives including but not limited to actors who manage safe spaces, or group recreational activities or shelter services.
- Utilize a monitoring and evaluation system for follow-up of clients.
- Registration with appropriate government ministries, including licenses and certificates.
- Interested applicants must be based in any of the states listed above

**Applicants are obliged to complete an assessment questionnaire through this link:**  
<https://nigeria.iom.int>

### QUERIES RELATED TO APPLICATIONS:

Service providers requiring any clarifications on the content of this document may notify the IOM in writing at the following email address: [procurementlagos@iom.int](mailto:procurementlagos@iom.int) and [IOMLagosTenders@iom.int](mailto:IOMLagosTenders@iom.int). IOM will respond to any request for clarification received on or before **19<sup>th</sup> April 2019**.

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## METHOD OF APPLICATION

IOM invites interested service providers to submit an expression of interest, along with a cover letter in support of their application, addressed to the **IOM Lagos Procurement Unit** and sent to the following email [procurementlagos@iom.int](mailto:procurementlagos@iom.int) and [IOMLagosTenders@iom.int](mailto:IOMLagosTenders@iom.int) on or before **19<sup>th</sup> April, 2019**.

**Or**

Hard copies of your application can also be submitted to any of our offices listed below:

1. **1, Isaac John Street, Ikeja GRA, Lagos, Lagos state**
2. **3, Aideyan Street, off Ihama Road, GRA, Benin City, Edo state.**
3. **11, Haile Selassie Street, Abuja, FCT.**

The Application document should comprise of the following:

### 1. Cover Letter;

- a. A copy of this Request for Expression of Interest duly signed on all pages by the Company/Service Provider's Authorized Representative; and dully filled questionnaire as mentioned above.

### 2. Technical Proposal

Kindly fill in the below information in the tables provided in Annex A with the below details:

- a. Details of organisational structure and activities.
- b. The list of key staff (CVs should be included as attachments, including description of expertise; work experience, training and education)
- c. Details of location and geographical scope.
- d. Details of vulnerable groups previously assisted (type of vulnerability, age, gender).
- e. If providing child related services, provision of childcare services, whether applicable, by certified educators;
- f. Kindly share one professional reference, with complete contact details.
- g. Kindly share monitoring methodology and tools (assessments, screenings, performance appraisal system, final training evaluation);

### 3. Financial proposal

- a. Overview of services provided to date and respective costs.
- b. Audited reports OR financial reports for the last three (3) years.

### 4. Applications shall be evaluated in accordance with the following criteria:

- a. Capacity
- b. Track Record and Experience
- c. Technical Expertise
- d. Financial Strength

Only eligible and qualified service providers on above shall be invited to participate in the subsequent procurement process.

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5. Applications may be modified or withdrawn in writing, prior to the closing time specified in this Request for EoI. Applications shall not be modified or withdrawn after the deadline.
6. The Service Provider shall bear all costs associated with the preparation and submission of the Application and IOM will not in any case be responsible and liable for the costs incurred.
7. All information given in writing to or verbally shared with the Service Provider in connection with this Request for EoI is to be treated as strictly confidential. The Service Provider shall not share or invoke such information to any third party without the prior written approval of IOM. This obligation shall continue after the procurement process has been completed whether or not the Service Provider is successful.
8. IOM reserves the right to accept or reject any Application, and to cancel the procurement process and reject all Applications, at any time without thereby incurring any liability to the affected Companies/Service Providers or any obligation to inform the affected Companies/Service Providers of the ground for IOM's action.

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**ANNEX A: BIDDERS INFORMATION**

**TABLE 1 – GENERAL INFORMATION**

- Name of the Organization
- Address
- Phone Number
- Email Address
- Address of Other Offices, if any
- Name and Designation of the Contact Person
- Legal Status (*Provide certified copies of Registration*)
- Registration number
- Place of Registration
- Principal place of business

**NB: Provide certified copies**

**TABLE 2 – COMPANY EXPERIENCE IN LAST FOUR YEARS**

- Starting Month/ Year
- Ending Month / Year
- Client
- Location
- Description of services
- Contract Amount

No.	From (Month /Year)	To (Month/Year)	Name of Client	Description of Service	Location	Contract Amount
1						
2						
3						
4						
5						
6						

**NB: Remarks (Provide documentary evidence)**

**TABLE 3 – SIMILAR EXPERIENCE IN LAST THREE YEARS**

- Year
- Client
- Description of works
- Contract Amount
- Location
- Remarks (**Provide documentary evidence (\*)**)

No.	From (Month /Year)	To (Month/ Year)	Name of Client	Description of Service	Contract Amount	Location	Remarks (Provide documentary evidence (*))
1							
2							
3							
4							
5							
6							

**NB: Please include copies of completion certificates issued by former clients and / or performance appreciation / evaluation letters from former clients providing their contact details and approval to contact them.**

**TABLE 4 – ONGOING CONTRACTS**

- Client
- Description of Contracts
- Location
- Amount
- % of Completion (**Provide documentary evidence**)

No.	Client Name	Description of Contract	Location	Contract Amount	% of Completion (Provide documentary evidence)
1					
2					

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3					
4					
5					

**NB: Provide documentary evidence**

**TABLE 5 - ADEQUACY OF WORKING CAPITAL**

- Amount
- Remarks (*Provide documentary evidence*)

**NB: Please provide proof of financial competency and audited financial statements for the last three financial years.**

**TABLE 6 – LIST OF PERMANENTLY EMPLOYED STAFF**

- Name
- Designation Qualification
- No. of Years of Experience

Name	Position	Yrs. With the Firm	Qualification	Years of Experienced On said Position
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**NB: Provide an organizational chart and detailed CVs for key management and technical personnel in the Organization**

**TABLE 8 – ANY OTHER INFORMATION**

**In addition to the required information, Companies may provide brochures and other related documents**

**I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:**

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Name/ Signature/ Date