

## IOM MISSION – NIGERIA

### ***CALL FOR EXPRESSION OF INTEREST FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT(MHPSS) SERVICE PROVIDERS***

#### 1. ***Timeline***

Call for Expression of interest ID #	MHPSS 2024-01
Posted (date)	24 January 2023
Clarification Request Deadline	10 February 2024
Application Deadline	25 February 2024- 16:00hrs
Notification of Results	28 February 2024

#### 2. ***Locations***

Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo and Kano;

#### 3. ***Sector(s) and area(s) of specialization***

IOM is seeking to partner with health services actors in the provision of direct specialized mental health and psychosocial support services to returned migrants in areas of high return in Nigeria. The service provider will offer clinical and psychosocial care, including counseling, psychoeducation and strengthening the beneficiary support system for migrants with mental health needs and other vulnerable groups. This partnership seeks to strengthen the referral system to ensure migrants access a comprehensive continuum of care upon return.

#### 4. ***Issuing Agency-*** IOM

##### **Specific context**

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 that strips-off migrants familiar social safety nets, and increase risk of deprivations, torture and human rights violations amidst limited resources. Upon their return to communities of origin, migrants also face other challenges and stressful experiences that need to be addressed if their reintegration is to be sustainable, of priority is the need to address mental health-related concerns. IOM therefore seeks to engage both governments, and private, Mental Health institutions in provision of mental healthcare for migrants in areas of high return within Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo, and Kano.

#### 5. ***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 and Kano;

- Must provide Specialized Mental Health or Psychosocial Support services, as part of their activities; in-patient care services is highly desired.
- Must operate facilities or conduct activities that are conducive to the promotion of psychosocial and mental well-being.
- 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.

**Selection criteria**

Preference will be given to Mental Health facilities using the following components:

- Accreditation and Licensing: Accreditation by relevant mental health organizations and compliant with local regulations and licensing requirements.
- Qualified and Licensed Professionals: Qualified and licensed mental health professionals, including psychiatrists, psychologists, social workers, counselors, and other specialized staff.
- Range of Services: The range of mental health services offered, including therapy options (individual, group, family), psychiatric care, crisis intervention, and any specialized programs or treatment modalities.
- Evidence-based practices: facility's commitment to evidence-based practices in mental health treatment.
- Patient-Centered Approach: Prioritizing patient-centered approach, emphasizing collaboration between providers and patients, as well as involving family members where appropriate.
- Crisis Management and Emergency Services: the facility's protocols for handling crises and emergencies, ensuring they have the resources and expertise to manage unexpected events.
- Continuity of Care: the facility's approach to continuity of care, including transitions between different levels of care and coordination with other healthcare providers to ensure comprehensive treatment.
- Accessibility: the facility's location and accessibility, as well as the ease of transportation for patients and their families. A convenient location can contribute to consistent attendance and engagement in treatment.
- Family Engagement: The facility's involvement of patients and their families in the treatment process. Open communication and involvement of loved ones can contribute to better outcomes.
- Cost and Insurance Coverage: The costs associated with the services provided and the facility's acceptance of National Health Insurance Service. Clarity on financial matters.
- Outcome and success rate: facility's track record, outcomes, and success rates in treating mental health conditions.
- Confidentiality Policy: the facility has robust confidentiality policies and practices to protect the privacy of patients.

**6. Selection Criteria**

The following evaluation criteria shall be used to evaluate the proposals received:

**A. Preliminary Examination of Proposals [Pass/Fail criteria]**

This stage of the evaluation is to assess the document formality required for each applicant with a pass or fail criteria before undertaking their detailed examination or evaluation. Confirmation will be done one by one, whether the submitted documents and format conform with the requirement as mentioned above. In case of no submission or missing of any of the required documents deemed as important, such Applicant shall be disqualified at this stage.

Eligibility Requirement	Importance	Criteria
Registration Certificate as proof of registration as a Mental health Institution	High	Pass/Fail

Provide evidence that the Mental Health institution is domiciled in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo and Kano	High	Pass/Fail
Valid Certificate of Registration (Certificate of Incorporation) or other applicable license/ documentation for government institutions.	High	Pass/Fail
Detailed Programs for rehabilitation and recovery programs.	Medium	Pass/Fail
Submission of valid 2022 Tax Clearance Certificate (if applicable)	Medium	Pass/Fail
<b>*Applicants must attain the rating of “pass” in all areas shown as of “high” importance to proceed to the technical evaluation/examination.</b>		

**B. Technical Examination [Weighted criteria]:**

Technical Qualifying criteria are the minimum requirements that will be evaluated on a weighted basis. This will determine whether the proposal is substantially responsive to the technical requirements. All proposals must be checked for substantial responsiveness to the technical requirements.

Criteria	Requirement	Rating
<b>General Experience</b>		
Provide evidence of experience in similar services as those required by IOM with International organizations, Government institutions and Private sectors.	Evidence of experience providing similar services in at least 5 years	<b>20 Points</b>
	Evidence of experience providing similar services in the last 3 years	15 Points
	Evidence of experience providing similar services in the last 2 years	10 Points
Duration of experience in proposed work:	Above 5 years	<b>20 Points</b>
Total number of years providing Mental health field	3 to 4 years	15 Points
	1 to 2 years	10 Points
<b>Professional Experience</b>		
Evidence of competent professionals (CVs should be included as attachments	CV of lead trainers with above 10 years' experience in the relevant activity	<b>20 Points</b>
	CV of lead trainers with 5 to 9 years experience in the relevant activity	15 Points

	CV of lead trainers with 1 to 4 years experience in the relevant activity	10 Points
Evidence of the existence of a proper organizational governance structure (Organization's organogram and CV of key Management staffs)	Evidence of the Organization's organogram and CV of key Management staff	<b>20 Points</b>
	Evidence of only one of the stated Criteria	10 points
<b>Financial Capacity</b>		
This category is based on the applicant's financial capability.  <b>Required:</b>  Copies of the last three years audited financial statements.	Positive Working capital from the audited accounts for the Last three years.	<b>20 Points</b>
	Positive Working capital from the audited accounts for the last two years.	15 points
	Positive Working capital from the audited accounts for the last one year.	10 points
<b><i>*Only applicants that obtain a 50% Pass and above in the technical evaluation shall be shortlisted for physical verification.</i></b>		

### Expression of Interest submission guidelines

This document contains instructions on the preparation and submission of the Application including Annex A: IP Information.

The Application must be submitted either by hand or through mail-in sealed envelope to [iomlagostenders@iom.int](mailto:iomlagostenders@iom.int) on or before 25 February 2024- 16:00hrs Late Applications will no longer be considered.

1. A detailed description must be provided on how the requirements specified in the Call for Expression of Interest (CEI) issued by IOM will be matched by the capabilities, experience, knowledge, and expertise of the Bidders
2. The Application must be submitted in one original and one copy, and the envelope must be marked "Original" and "Copy" as appropriate. If there are any discrepancies between the original and the copy the original governs. Both envelopes shall be placed in an outer envelope and sealed. The outer envelope shall be labeled with the submission address, reference number and title of the activity, and name of the Bidder.
3. The Application must be submitted in the English language and in the format prescribed by IOM within the CEI. All required information must be provided, responding clearly and concisely to all the points set out. Any application which does not fully and comprehensively address this CEI requirement may be rejected.
4. The Application document should comprise the following:
  - a. Cover Letter.
  - b. Duly accomplished application documentation as outlined within the CEI signed on all pages by the Bidder's Authorized Representative; and

c. Any other relevant documents

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 Bidder 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. IOM on no occasion will ask for an application fee from Bidders.
8. All information given in writing to or verbally shared with the Bidders in connection with this CEI is to be treated as strictly confidential. The Bidder shall not share or invoke such information to any third party without the prior written approval of IOM. This obligation shall continue after the selection process has been completed whether or not the Bidder's application is successful.
9. IOM will treat all information (or that marked proprietary/sensitive/financial) received from Bidders as confidential and any personal data in accordance with its Data Protection Principles.
10. The Bidder by applying gives consent to IOM to share information with those who need to know for the purposes of evaluating and managing the proposal.
11. IOM reserves the right to accept or reject any Application, and to cancel the process and reject all Applications, at any time without thereby incurring any liability to the affected Bidders or any obligation to inform the affected Bidder of the ground for IOM's action.

**PARTNER REFERENCES CHECKLIST**

The below information is requested to be included in the response to the CEI issued by IOM:

**TABLE 1 – SIMILAR EXPERIENCE IN LAST THREE YEARS (free format)**

- Year
- Lead partner
- Description of activity
- services Amount
- Remarks (Provide documentary evidence (\*))

**TABLE 3 – LIST OF KEY Professionals (free format)**

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

Provide an organizational chart and detailed CVs for key management and personnel.

**TABLE 4 – ANY OTHER INFORMATION (free format)**

In addition to the required information, potential partners may provide any other related documents.

**Note: No Financial Proposal is required at this stage.**

IOM Mission – (Nigeria)

IOM Call for Expression of Interest ID#:

**Terms of Reference**

Introduction
Assisted voluntary return and reintegration (AVRR) is a key strategy in ensuring the humane and orderly movement of migrants. It is an indispensable component of a migration management approach that is intended to be mutually beneficial to migrants, governments, and other sectors of society affected by migration. IOM implements the AVRR which has well-tailored reintegration measures supporting the socio-economic integration of returnees in their country of origin.
Background
<p>The International Organization for Migration (IOM) aims to contribute to the government of Nigeria’s efforts to sustainably reintegrate returning Nigerian migrants, and promote safe migration among aspiring youth and source communities.</p> <p>Since 2017, IOM and the government of Nigeria have provided assisted voluntary return and reintegration support to more than 35,000 Nigerian migrants stranded along the Central Mediterranean route. It has become pertinent to establish a more sustainable system of reintegration support and provide socio-economic assistance to returned migrants through aligning IOM approaches in interventions.</p> <p>This expression of interest aims to seek Mental Health service providers and facilities at, both state and community levels in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo, and Kano with required operational and technical expertise to offer a wide range of Mental Health and psychosocial support services.</p>
Objective
The main objective of the assignment is to provide specialized MHPSS services to returned migrants.
Proposed interventions
<p>The following sectors (including, but not limited to):</p> <p>Assessments, in-patient/out-patient care, Individual psychotherapy, Group Therapy, Family therapy, Psychiatric evaluation and medication, Peer support Therapy, Case management, social and life skills training, and trauma-informed care</p>
Expected results:
Impact:

Proposed timelines for the activity(s):
Qualification and experience:
<ul style="list-style-type: none"> <li>• Must be a registered institution.</li> <li>• Must operate in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo, and Kano.</li> <li>• Must submit a current list of programs along with duration.</li> <li>• Can be either a private or public organization</li> </ul>
Submission of the Technical Proposal:
Technical Proposals must be submitted on or before 1600hrs on 14 <sup>th</sup> April 2023
Method of submission:
<p>The technical proposal must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering</p> <p><input checked="" type="checkbox"/> Email</p> <p><input type="checkbox"/> Courier / Hand delivery</p> <p><input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a></p> <p>Bid submission address: <a href="mailto:iomlagostenders@iom.int">iomlagostenders@iom.int</a>.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> File Format: <a href="#">PDF</a>.</li> <li><input type="checkbox"/> File names must be a maximum of 60 characters long and must not contain any letter or special character other than from the Latin alphabet/keyboard.</li> <li><input type="checkbox"/> All files must be free of viruses and not corrupted.</li> <li><input type="checkbox"/> Max. File Size per transmission: <a href="#">35MB</a>.</li> <li><input type="checkbox"/> Mandatory subject of the email: <a href="#">Expression of Interest to provide vocational skills training in the reintegration of returned Nigerian migrants in Lagos, Kano Yobe, Oyo, and Ogun State.</a></li> <li><input type="checkbox"/> 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”.</li> <li><input type="checkbox"/> It is recommended that the entire Proposal be consolidated into as few attachments as possible.</li> </ul>

**Partners General Information Questionnaire**

Call for Interest ID number:	
Full name of the Service provider and abbreviation:	
Address and e-mail of contact person:	
Date of completion:	
The existing partnership with IOM?	
If yes, when did it start?	

A. BACKGROUND AND GOVERNANCE	
Is your facility legally registered in Nigeria? If yes, please provide a Valid Certificate of Registration (Certificate of Incorporation) or other applicable license/ documentation for government institutions as attachments.	
Is your organization/facility registered with Health regulatory Boards? If yes, please provide registration Certificate as proof of registration as a Mental Health Institution	
Is the facility based in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo, and Kano? If yes, provide evidence that the Training institution is domiciled in these states	
Do you produce annual audited financial statements that are publicly available? If yes, please attach copies for the last 3 years. If not please explain.	
Does your management or ownership have any affiliation with IOM that would result in a conflict of interest?	
Does the organization uphold its tax obligation? If yes, please submit a valid 2022 Tax Clearance Certificate	
B. ORGANIZATIONAL STRUCTURE	
Is an updated organizational structure/chart and the CVs of key professionals attached to the application?	
C. PREVIOUS EXPERIENCE	
Has the Organization provided similar services to international organizations, Government institutions and Private sector? If yes, please Provide this information and attach evidence of experience in similar services as those required by IOM with International organizations, Government institutions and Private sector.	

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