

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: [4200653895](#)

Date: 27 March 2024

SECTION 1: Request For Quotation (RFQ) for the Engagement of service provider for Mental Health and Psychosocial Support

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Signature: _____

Name: Emmylin NABANOBE

Title: PLO

Date: 27.03.2024

SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission of Quotation	<p>10th April 2024 at 10:00am</p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/.</p>
Method of Submission	<p>Quotations 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 Click or tap here to enter text.</p> <p>Bid submission address: iomlagostenders@iom.int</p> <ul style="list-style-type: none"> ▪ File Format: PDF for all files ▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. ▪ All files must be free of viruses and not corrupted. ▪ Max. File Size per transmission: 30MB in total ▪ Mandatory subject of email: 4200653895 Engagement of service provider for Provision of Mental and Psychosocial Support Services ▪ 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. ▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible. ▪ The proposer should receive an email acknowledging email receipt.
Cost of preparation of quotation	<p>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.</p>
Supplier Code of Conduct	<p>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).</p>
Conflict of Interest	<p>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.</p>
General Conditions of Contract	<p>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.</p>
Eligibility	<p>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.</p>
Currency of Quotation	<p>Quotations shall be quoted in Click or tap here to enter text.</p>
Duties and taxes	<p>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:</p> <p>All prices shall:</p> <p><input checked="" type="checkbox"/> be inclusive of VAT and other applicable indirect taxes</p> <p><input checked="" type="checkbox"/> be exclusive of VAT and other applicable indirect taxes</p>
Language of quotation and documentation including catalogues, instructions and operating manuals	<p>English</p>
Documents to be submitted	<p>Bidders shall include the following documents in their quotation:</p> <ol style="list-style-type: none"> Annex 2: Quotation Submission Form duly completed and signed (and preferably stamped)

	<p>2. Annex 3: Technical and Financial Offer duly completed and signed (and preferably stamped)</p> <p>3. Company Profile (including the names of owners, key officers, technical personnel)</p> <p>4. Copy of Corporate Affairs Commission Certificate (CAC).</p> <p>5. Tax Compliance: Submit 2021 Tax Clearance Certificate</p> <p>6. Audited Financial Statements for the last two (2) years</p> <p>7. List of of contracts with the UN/GoN and Corporate entities for the last 1 year (completed and/or ongoing)</p> <p>8. Dully filled, signed, and stamped Vendor Information Sheet Vendor code of Conduct and Declaration of Conformity.</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p>
Quotation validity period	Quotations shall remain valid for forty-five(45) 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	<p><input checked="" type="checkbox"/> Not permitted</p> <p><input type="checkbox"/> Permitted (please specify, i.e. by LOTS only or by line item, etc)</p>
Payment Terms	<p><input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation.</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p>
Contact Person for correspondence, notifications and clarifications	<p>Focal Person: : OKEMUO Stella</p> <p>E-mail address: sokemuo@iom.int</p> <p>Attention: Quotations shall not be submitted to this address but to the address for quotation submission above.</p>
Clarifications	Requests for clarification from bidders will not be accepted any later than 5 days before the submission deadline. Responses to request for clarification will be communicated through email by 04 April 2024
Evaluation method	<p><input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p>
Evaluation criteria	<p><input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1</p> <p><input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract</p> <p><input checked="" type="checkbox"/> Comprehensiveness of after-sales services</p> <p><input type="checkbox"/> Earliest Delivery /shortest lead time</p> <p><input type="checkbox"/> Others <i>(for ex, environmental criteria/considerations, etc)</i></p>
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	Notice of award, Service Agreement
Expected date for contract award.	25 April 2024
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.

ANNEX 1: SCHEDULE OF REQUIREMENTS

A. Preliminary Examination of Bids [Pass/Fail criteria]

This stage of the evaluation is to assess the document formality required for each bidder with pass or fail criteria before undertaking their detailed examination or evaluation. Confirmation will be done one by one, whether the submitted documents and format are in conformity with the requirement as mentioned in 9.1 above. In case of no submission or missing of any of required documents deemed as important, such Applicant shall be disqualified at this stage.

No.	Requirements	Compliance Rating
1	Annex 2: Quotation Submission Form duly completed and signed (and preferably stamped)	Pass/Fail
2	Annex 3: Technical and Financial Offer duly completed and signed (and preferably stamped)	Pass/Fail
3	Company Profile (including the names of owners, key officers, technical personnel)	Pass/Fail
4	Copy of Corporate Affairs Commission Certificate (CAC).	Pass/Fail
5	Curriculum Vitae (CV) for Proposed Professional Staff	Pass/Fail
6	Registration Certificate as proof of registration as a Mental health Institution	Pass/Fail
7	Provide evidence that the Mental Health institution is domiciled in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo and Kano	Pass/Fail
8	Audited Financial Statements for the last two (2) years	Pass/Fail
9	Dully filled, signed, and stamped Vendor Information Sheet Vendor code of Conduct and Declaration of Conformity.	Pass/Fail

*Bidders must attain the rating of “pass” in all areas shown as of “high” importance so as to proceed to the technical evaluation.

Technical Specifications for Services/ Terms of reference:

1. Timeline

Posted (date)	27 March 2024
Clarification Request Deadline	04 April 2024
Application Deadline	10 April 2024- 10:00hrs

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 counselling, 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, counsellors, 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-Centred Approach: Prioritizing patient-centred 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
Submission of valid 2022 Tax Clearance Certificate (if applicable)	Medium	Pass/Fail
*Applicants must attain the rating of "pass" in all areas shown as of "high" importance to proceed to the technical evaluation/examination.		

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
General Experience		
Provide evidence of experience in similar services as those required by IOM with International I organizations Government institutions and Private sectors.	Evidence of experience providing similar services in at least 5 years	20 Points
	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
Rehabilitation and recovery programs; including but not limited to assessment procedures, intervention (counselling, medical management, psychotherapy, group therapy, crisis intervention, psychiatric rehabilitation, family therapy, holistic therapy), case management and discharge plan to mention but a few), referral to other party, recovery, and rehabilitation (vocational, skill training) etc	Evidence of experience providing similar services in at least 5 years	20 Points
	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
Professional Experience		
Evidence of competent professionals (CVs should be included as attachments	CV of mental health professional with above 5 years' experience in the relevant activity	20 Points
	CV of mental health professional with 4 to 3 years' experience in the relevant activity	15 Points

	CV of mental health professional with 2 to 1 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	20 Points
	Evidence of only one of the stated Criteria	10 points
Financial Capacity		
This category is based on the applicant's financial capability. Required: Copies of the last three years audited financial statements.	Positive Working capital from the audited accounts for the Last three years.	20 Points
	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
<i>*Only applicants that obtain a 50% Pass and above in the technical evaluation shall be shortlisted for physical verification.</i>		

Delivery Requirements

Delivery Requirements	
Delivery date and time	Bidder shall deliver the services After Contract signature/ PO
Delivery Terms (INCOTERMS 2020)	The service will be done in Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo and Kano
Customs clearance (must be linked to INCOTERM)	<input checked="" type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input type="checkbox"/> Supplier/bidder <input type="checkbox"/> Freight Forwarder
Exact Address(es) of Delivery Location(s)	Lagos, Delta, Edo, Abuja, Ogun, Imo, Oyo and Kano
Distribution of shipping documents (if using freight forwarder)	NA
Packing Requirements	NA
Training on Operations and Maintenance	NA
Warranty Period	2 years
After-sales service and local service support requirements	NA
Preferred Mode of Transport	NA
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:	Click or tap here to enter text.	
RFQ reference:	4200653895 Engagement of service provider for the provision of Mental and Psychosocial support Services(MHPSS)	Date: Click or tap to enter a date.

VENDOR INFORMATION SHEET¹

Please attach the latest vendor information sheet to be filled in and signed by the vendor

BIDDER'S DECLARATION OF CONFORMITY²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.

¹ [Vendor Information Sheet.xlsx](#)

² This form is mandatory to fill in and sign by every vendor who submits quotation

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.unhcr.org/Public/CodeOfConduct .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

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:	Click or tap here to enter text.	
RFQ reference:	4200653895 Engagement of service provider for the provision of Mental and Psychosocial support Services(MHPSS)	Date: Click or tap to enter a 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: NGN

Ref	Output	Duration	Note	Unit Price(NGN)	Total price(NGN)
1.	Registration	One off			
2.	Initial assessment	One off			
3.	Baseline Investigation (Laboratory tests)	One off			
4.	Daily admission rate inclusive of bed rate, feeding and professional care.	Per Day			
5.	Urine drug test				
6.	Out-patient psychotherapy (follow-up)	1			
7.	Family tracing/reunification	1			
8.	Self-care	1	Braiding (female) or haircut (male)		
9.	Crises pick-up/ drop-off	1	Ambulance pick-up form TC/ drop-off at PoC's home.		
Total Price					

Compliance with Requirements

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other requirements [pls. specify]	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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.	
<p><i>Exact name and address of company</i></p> <p>Company Name: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text. Click or tap here to enter text.</p> <p>Phone No.: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>	<p>Authorized Signature:</p> <p>Date: Click or tap here to enter text.</p> <p>Name: Click or tap here to enter text.</p> <p>Functional Title of Authorised Signatory: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>