



INVITATION TO SUBMIT EXPRESSION OF INTEREST FOR PROVISION OF MEDICAL SERVICES TO RETURNEES.

(For Short listing of Companies/ Service Providers)

Date: *01.03.2022*

REF: *IOM/NG20/2022/EOI/027*

The International Organization for Migration (IOM) is an intergovernmental humanitarian organization established in 1951 and is committed to the principle that humane and orderly migration benefits both migrants and society.

Assisted Voluntary Return and Reintegration (AVRR) is an indispensable part of IOM's comprehensive approach to migration management and is aimed at promoting orderly and humane return and reintegration of migrants who are unable or unwilling to remain in host or transit countries and wish to return voluntarily to their countries of origin.

IOM Nigeria, in partnership with the European Union, has worked with the Federal Government of Nigeria to provide AVRR support to Nigerian migrants since 2002. The Nigerian mission, while implementing its AVRR projects, is increasingly dealing with migrants that have specific health needs that result from or are as a result of their irregular migratory experience. Hence, as a vulnerable group, their economic and social reintegration often requires additional attention and assistance related to their medical issues. Within this framework, IOM Nigeria seeks to partner with health institutions in Nigeria in the **Provision of medical services to its beneficiaries in Edo, Delta, Ogun, Abuja, Kano, Yobe, Imo and Anambra States.**

The Expression of Interest shall contain information on the following:

- a) Range of relevant medical services offered,
- b) Qualification and experience of relevant professionals and technical personnel currently maintained
- c) Track record and experience of the Health Provider in similar assignment including list of major clients served.
- d) Other relevant information.

The Expression of Interest shall be submitted in original and duplicate copy and should be received either by hand at the following IOM office addresses on or before **21st March 2022, 1600hrs**

IOM Office in Lagos: *No 1 Isaac John street, GRA , Ikeja , Lagos State.*

IOM Benin Office: *No 3 Aideyan street, off Ihama road, GRA , Benin City, Edo State.*

This EOI is only intended for Local Medical Service Providers based in Nigeria particularly in the States of Edo, Delta, Ogun, Abuja, Kano, Yobe, Imo and Anambra.

On the basis of the above information, IOM shall draw up the shortlist of Companies/Service Providers. Only short listed Companies/Service Providers will be invited to submit technical and financial proposals.

Interested Companies/Service Providers may request for the Bid documents including required annexes as well as to obtain further information from IOM by writing to the following address: iomlagostenders@iom.int with subject as IOM/NG20/2022/EOI/027 on or before 16th March 2022, 1600hrs.

IOM reserves the right to accept or reject any Expression of Interest, and to annul the selection process and reject all Expression at any time, without thereby incurring any liability to the affected Companies/Service Providers.

Very truly yours,

[IOM Lagos Procurement](#)



Request for Expression of Interest

The International Organization for Migration (IOM) is an intergovernmental humanitarian organization established in 1951 and is committed to the principle that humane and orderly migration benefits both migrants and society.

In the framework of Assisted Voluntary Return and Reintegration (AVRR), IOM now invites Expression of Interest from Health Services Providers for **Provision of Medical Services to its Beneficiaries Edo, Delta, Ogun, Abuja, Kano, Yobe, Imo and Anambra States.**

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

1. The Application must be submitted either by hand in a sealed envelope to IOM with office address as indicated below:

IOM Office in Lagos: No 1 Isaac John street, GRA , Ikeja , Lagos State.

IOM Benin Office: No 3 Aideyan street, off Ihama road, GRA , Benin City, Edo State.

The submission should be received by IOM not later than ***21st March 2022, 1600hrs.*** Late Application will not be considered.

A detailed description must be provided on how the requirements specified in this document match the capability, experience, knowledge and expertise of the Company/ Service Provider.

2. A detailed description must be provided on how the requirements specified in this document match the capability, experience, knowledge and expertise of the Company/ Service Provider.
3. The Application must be submitted on one original and one copy and envelop 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 Project and name of the Company/Service Provider.
4. The Application must be submitted in the English language and in the format prescribed by IOM. 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 Request for Expression of Interest may be rejected.
5. The Application document should comprise of the following:
 - a. Cover Letter; Clearly indicating the reference number and type of goods/services provided. **See the last page below the list of goods/services and corresponding Reference Numbers**
 - b. A copy of this Request for Expression of Interest duly signed and stamped on all pages by the Company/Service Provider's Authorized Representative; and
 - c. Dully Accomplished Bidders Information (Annex A)
 - d. Dully Accomplished and signed Vendor Information Sheet (Annex B) with All requested information and required documentation attached.

- e. Duly Accomplished and signed Code of Conduct for Suppliers (Annex C).
 - f. Terms of Reference document – provides an understanding of the required services.
6. Companies/Service Providers requiring any clarifications on the content of this document may notify IOM in writing at the following address: iomlagostenders@iom.int with subject as **IOM/NG20/2022/EOI/027**. IOM will respond to any request for clarification received on or before **16th March 2022, 1600hrs**.
7. Applications shall be evaluated in accordance with the following criteria:

No.	Requirements	Compliance Rating
1.	Cover letter in Company's letterhead.	Pass/Fail
2.	Company Profile (including the names of owners, key officers, technical personnel)	Pass/Fail
3.	Certified true copy of Certificate of Business Registration/ Incorporation. Registration with the Corporate Affairs Commission (CAC).	Pass/Fail
4.	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.	Pass/Fail
5.	Registration/certificate of permits with Federal Ministry of Health and/or appropriate state agencies concerned with accreditation and monitoring of Health care facilities	Pass/Fail
6.	Tax Compliance: Evidence of Tax payment for the last three (3) years	Pass/Fail
7.	Audited Financial Statements and/or certified Bank Statements for the last three (3) years.	Pass/Fail
8.	List of all contracts entered into for the last 3 years (completed and/or ongoing). Support this with documentary evidence such as copies of contracts, Purchase Orders etc.	Pass/Fail
9.	Current practicing licenses with Medical and Dental Council of Nigeria (MDCN)	Pass/Fail
10.	Dully filled, signed, and stamped Annex B and C (vendor Information Sheet and Vendor code of Conduct)	Pass/Fail

Only eligible and qualified Service Providers based on above shall be invited to participate in the bidding/tender process.

- 8. 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.
- 9. The Company/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.
- 10. All information given in writing to or verbally shared with the Company/Service Provider in connection with this Request for EoI is to be treated as strictly confidential. The Company/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 Company/Service Provider is successful.
- 11. 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.

ANNEX A: BIDDERS INFORMATION

Bidders should provide the following information in table form and provide proof:

TABLE 1 – GENERAL INFORMATION

- Name of the Company
- Address
- Phone Number
- Fax 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
- VAT Registration number

Provide certified copies

TABLE 2 – COMPANY EXPERIENCE IN LAST THREE YEARS

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

Remarks (**Provide documentary evidence**)

TABLE 3 – SIMILAR EXPERIENCE IN LAST THREE YEARS

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

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**)

TABLE 5 - ADEQUACY OF WORKING CAPITAL

- Source of credit line
- Amount
- Remarks (*Provide documentary evidence*)

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

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

TABLE 7 – LIST OF PLANT AND EQUIPMENT (OWNED AND HIRED)

- Description whether Owned or Leased
- Year of Manufacture

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:

Name/ Signature/ Date

ANNEX D

TERMS OF REFERENCE (TOR)

Background

Assisted Voluntary Return and Reintegration (AVRR) is an indispensable part of IOM's comprehensive approach to migration management and is aimed at promoting orderly and humane return and reintegration of migrants who are unable or unwilling to remain in host or transit countries and wish to return voluntarily to their countries of origin.

IOM Nigeria, in partnership with the European Union, has worked with the Federal Government of Nigeria to provide AVRR support to Nigerian migrants since 2002. The Nigerian mission, while implementing its AVRR projects, is increasingly dealing with migrants that have specific health needs that result from or are as a result of their irregular migratory experience. Hence, as a vulnerable group, their economic and social reintegration often requires additional attention and assistance related to their medical issues. Within this framework, IOM Nigeria seeks to partner with health institutions in Nigeria in the provision of medical services to its beneficiaries.

Objective: The aim is to facilitate continuum of care and mitigate against adverse health outcome that may impact negatively on the sustainability of their economic and social reintegration.

Medical services to be provided:

- General and specialist care including, pediatrics, obstetrics/gynecologists, surgery, Ear/Nose/Throat, dentistry, psychiatry and psychotherapy, ophthalmology, physiotherapy, etc.
- Emergency services.
- Catering services for in-patients.
- Laboratory and radiological diagnostic services.
- Immunizations and well-child clinic.
- Sexual and reproductive health services.
- Referral linkages and follow-up care.
- Ambulance services.
- Supply of medications.

Documentations

The below documentation requirements and reports will be an integral part of IOM partnership with the service provider:

- Formal referral using IOM referral template. This will include beneficiaries' details and IOM reference codes which will be used in subsequent communications on the patient.
- Medical report/treatment plan and cost estimate within 24hours after the Initial clinical evaluations/assessment
- Biweekly medical report for in-patients (if admission exceeds 2weeks)
- Discharge summary and follow-up plans
- Receipt for payments

NOTE: Medical service providers from states of high return: Edo, Delta, Ogun, Abuja, Kano, Yobe, Imo and Anambra are highly needed.