**INTRODUCTION**

The MOMENTUM Integrated Health Resilience (MIHR) Project is funded by the U.S. Agency for International Development (USAID) and implemented by IMA World Health (IMA) with partners JSI Research & Training Institute, Inc. (JSI), Pathfinder International, and other partners, under USAID cooperative agreement #7200AA20CA00005. IMA is looking for a company/consultant to conduct a Security Risk Assessment (SRA) in Niger with special focus on the city of Niamey, and the administrative regions of Dosso and Tahoua.

Companies/consultants must submit a technical and a cost proposal. The technical proposal should include your technical capabilities, a description of how the work will be carried out, and how long the assessment with report will take to complete. The cost proposal should include a detailed budget with costs necessary to complete the work. Please ensure the budget shows the amount of time (in days/hours) that will be required to conduct this assessment.

Main objective of the scoping mission is to assess the feasibility of effective and efficient high-impact public health interventions the regions of Dosso and Tahoua, with administrative and technical support in Niamey. This will need to consider the humanitarian and security situation in these three regions due to the major disruptions resulting from the instability in this part of the country located in the tri-border area.
(Mali/Niger/Burkina Faso). It will also address the multiple impacts on communities' access to basic social services and on resilience.

Below is the scope of work for the proposal. The deliverable expected is a comprehensive Security Risk Assessment for Niger with a particular focus on the city of Niamey, and the administrative regions of Dosso and Tahoua.

Corus in partnership with Momentum invites qualified suppliers to submit offers in accordance with the requirements and specifications listed in this document.

Technical Specification / Scope of Work

I. **Scope of Work**

<table>
<thead>
<tr>
<th>General Description</th>
<th>What the deliverable should include at a minimum?</th>
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</table>
| Context analysis and safety and security risks for Niger with special focus on Niamey, Dosso, and Tahoua | Detailed report on the overall security situation in **Niger with particular focus on the city of Niamey and the administrative regions of Dosso and Tahoua**. A comprehensive analysis must determine potential exposure and impact to an international non-governmental organization (INGO) to the various threats identified. Each threat should be assessed to consider the likelihood of it occurring and the potential impact on an INGO should it occur. General security measures and mitigation procedures should be proposed and evaluated for their potential to reduce likelihood, impact, or both. The following should also be included:  
- Movement and travel in the country  
- Full actor mapping including key players and their political, strategic, and/or military stances and objectives  
- Possible offensive movements or attacks on key areas and potential impact to the project  
- Economic assessment – market prices, commodity availability, food availability, and status of restaurants, black market rates, formal and black-market exchange rates  
- Medical assessment – hospitals and clinics in the area identified for treatment of minor injuries and stabilization for trauma injuries. Report on hospitals and clinics in the areas or recommend mitigation measures for medical cases. |
| Office location analysis for Niamey, Dosso, and Tahoua | Identify the best areas/locations in terms of safety and security for offices in **Niamey, Dosso, and Tahoua**. Provide explanation of why these areas are preferred. Provide information on potential office space possibilities and upgrades recommended to improve physical security. If guards are recommended, provide approximate costs. |
| Accommodation - housing and lodging for Niamey, Dosso, and Tahoua | Identify safe and secure potential accommodation options for third-country national MIHR staff. Provide information/recommendation/contacts on potential hotels for travelers and provide analysis of hotel vs guesthouses in **Niamey, Dosso**, |
and Tahoua. The recommended lodging should include safe-havens, security guards, and basic amenities. Lastly, potential hotels in which to hold conferences should be identified.

<table>
<thead>
<tr>
<th>Report on anti-foreign sentiments</th>
<th>Report on any form or reported cases of anti-foreign sentiments in the area, regardless of nationality.</th>
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<tr>
<td>Report on other NGO/INGO</td>
<td>Provide a list of the NGOs, nature of their work, and contact information if available.</td>
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<tr>
<td>presence – status and operations in Niamey, Dosso, and Tahoua</td>
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<tr>
<td>Security and health contact</td>
<td>Provide key contacts with location and contact information for Police, Medical Facilities, UN and other.</td>
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<tr>
<td>information for Niamey, Dosso,</td>
<td></td>
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<tr>
<td>and Tahoua</td>
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<tr>
<td>Transportation</td>
<td>Report on reliable transportation options for movement around town in Niamey, Dosso, and Tahoua. Security of transportation in rural areas of Dosso and Tahoua must also be included, both for Nigerien nationals and foreign nationals.</td>
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<tr>
<td>Contingency Planning</td>
<td>Report on friendlies in the area that could and would assist an INGO in a worst-case scenario.</td>
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<tr>
<td>Marking / Branding</td>
<td>Report on any Branding / Marking concerns or issues.</td>
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<tr>
<td>COVID-19</td>
<td>Overview of government COVID-19 policies and procedures, their potential impacts on project movement and implementation, and potential mitigation measures.</td>
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<tr>
<td>Recommendations</td>
<td>Overall recommendations and assessment on whether it is safe to proceed with project implementation and operations in the country, with specific focus on Niamey, Dosso, and Tahoua.</td>
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II. **Mission timeframe and key activities**

The company or consultants to be selected shall:

- specify the composition of the evaluation team (short bios).
- provide a timeline for the evaluation activities (See example below).

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Action</th>
<th>Responsible person</th>
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<td>(add lines as needed)</td>
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III. **Methodology**

While the below is not a comprehensive list, the methodology should be built through:
• Informal and formal information gathering through face-to-face meetings with targeted key informants¹,
• research on the Internet,
• visits to relevant sites.

Formal targeted data collection will be done during the visit in the concerned regions (meeting with authorities and community members). The team should also meet with other NGOs whenever possible, as well as UN structures and national institutions.

In order to be considered, quotes must be valid for at least 90 days and must include all of the following:
- Complete vendor contact information – including vendors physical address and full legal name.
- The price offered for the needed goods and/or services, including associated costs.
- Current contact information for at least 3 past customer references.
- All information relevant to demonstrating the vendor’s ability to meet Corus’s Evaluation Criteria (see below).

Quotes will be evaluated based on the following Evaluation Criteria:

<table>
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<tr>
<th>Ability to meet the Description/Scope of Work/Specifications above</th>
<th>Price and Value</th>
<th>Acceptable Past Performance</th>
<th>Time to complete Scope of Work:</th>
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Please submit your quote via email to: procurement@corusinternational.org

Quotes submitted after the deadline has passed or that do not include all of the information requested may be rejected.

By responding with a quote you are accepting the requirements as outlined above, including any delivery requirements and payment terms.

This RFQ is non-binding and in no way obligates Corus to award any contract. Corus reserves the right to purchase any or all of the items requested, to adjust quantities if necessary, or to make no purchase. Firm commitment to purchase is not established until a written order is issued by Corus. Corus will not pay for a vendor’s quote preparation costs.

Corus procurement staff are instructed not to request or accept any commission relating to this order, and Corus has procedures in place to detect such payments. Please do not offer or pay any such commission, as this could result in your quotation being rejected. Please report any Corus representative asking for such a payment to the following email address: Procurement@corusinternational.org

As a minimum, offers must show:

1. The RFP reference number;
2. Signed, dated and stamped offer;
3. Company legal entity registrations and/or certifications;

¹ Produce a contact table of key people met during the assessment.
(4) Audited Financial Report for previous year, or equivalent financial statements
(5) Payment and wire transfer instructions;
(6) The name, addresses (street, email, other), and telephone number of the Bidder;
(7) A detailed technical description /specification of proposed services being offered in sufficient
detail to evaluate compliance with the requirements in the solicitation;
(8) Terms of any offer related warranty;
(9) Price and any discount terms, including transport and insurance cost, as applicable;
(10) “Remit to”/“Submit to” address, if different than mailing address;
(11) Past performance information, to include recent and relevant contracts for the same or
similar items and other references (including contract numbers, points of contact with
telephone numbers and other relevant information).

Failure to submit above listed documents will result in automatic disqualification of bidders.
ATTACHMENT A. VENDOR CERTIFICATION

CHECK HERE ☐ IF NON-US BUSINESS PROCEED TO ATTACHMENT B

CHECK HERE ☐ IF PROCUREMENT IS ABOVE $30,000 (USG Contracts) and $25,000 (USG Cooperative Agreements and Grants) AND COMPLETE QUESTIONS 10 AND 11.

The NAICS code for this procurement is 423110, and the size standard is 100 employees. For the purposes of this procurement, a small business is one that has 100 employees or less.

VENDOR NAME:
________________________________________________________________________

1. Vendor ☐is or ☐is not a U.S. based small business? (If “no” – go to question 9, and answer question 9. If “yes” – continue with question 2.)

2. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more veterans, AND are the management and daily operations controlled by one or more veterans? ☐YES ☐NO

3. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO

4. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more service-disabled veterans, AND are the management and daily operations controlled by one or more service-disabled veterans? ☐YES ☐NO

5. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO

6. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more women, AND are the management and daily operations controlled by one or more women? ☐YES ☐NO

7. Is your company a SBA certified small, disadvantaged business? ☐YES ☐NO

8. Is your company a SBA certified HUBZone small business concern? ☐YES ☐NO

9. Are you, is your company, or any one of its principal officers presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency? ☐YES ☐NO
10. What is your company’s DUNS#: ____________________________?

11. When does your SAM (System for Award Management) registration expire: _________?
ATTACHMENT B. QUOTE COVER SHEET

Vendor Name: _____________________________

Physical address: ___________________________

City, State, Zip: _____________________________

Primary Contact: __________________________

Tel: _______________________________________

Fax: _______________________________________

Email: ______________________________________

Name of Authorized Official to Sign Contract: _______________________________

Title of Authorized Official: ______________________________________________

Certification: I certify that information provided is true and correct. The offer is valid for a minimum of 90 days.

Signature: _____________________________

Date: _________________________________
ATTACHMENT C. PAST PERFORMANCE

Complete the table below. Please include contact information for past customers that can provide professional references for your organization.

VENDOR NAME: ________________________________

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<tr>
<th>#</th>
<th>Reference Contact Name</th>
<th>Organization Name</th>
<th>Telephone</th>
<th>Email</th>
<th>Date Services Performed</th>
<th>Type of Services Performed</th>
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