Procurement for the Provision of Services
for the
Application of Internal Governance Framework (IGF) to
Health Assessment Programmes (HAP)

BID BULLETIN
Addendum No. 1

A. General Instructions to Bidders

1. Clause 4.2 is amended to show longer period for submission of inquiries/clarifications related to the RFP. Clause 4.2 should read as:

“Service Providers/ Consulting Firms may request for clarification(s) on any part of the RFP from 19 February 2020 until 09 March 2020, end of day Geneva Time. The request must be sent in writing at the address indicated in the invitation or by standard electronic means at IGFTendering@iom.int. IOM will respond in writing or by standard electronic means to the said request and this will be made available to all those who acknowledged the Letter of Invitation without identifying the source of the inquiry.”

B. Response to Bidders’ Inquiries/Clarification
B.1 Commercial Inquiries
Q. Would you be so kind to confirm that as part of the UN convention, IOM is exempted from paying taxes?

IOM is an international organization and it enjoys privileges and immunities in accordance with bilateral agreements it has with states. Some of these agreements stipulate that IOM enjoys the same privileges and immunities as the United Nations and/or the UN specialized agencies. In Switzerland, IOM enjoys the same privileges and immunities as the UN. You can see more information in the following links:
IOM issues Swiss VAT exemption forms/ duty-free importation forms to vendors for HQ procurement. As you can understand, IOM does not have a tax ID. Kindly note that whether IOM is exempt from tax in a specific country will also depend the bilateral agreement that IOM has with the specific government.

B.2 Technical Inquiries

Q. We noted that the project should start with IOM Headquarters and Nairobi regional and country HAP offices and then be extended to other HAP offices in Kiev, Bangkok and Jordan. Could you please confirm that the same approach/process is required for each location highlighted in the RFP (review internal documents, perform interviews and process walk-throughs, etc.)? In addition, does the second phase of the assessment should be performed during the 6 months period starting in April 2020?

A. The approach is expected to be the same on the whole, although it is believed that following initial review of the headquarters and Kenya offices, that some refinement and fine tuning may be possible.

The second phase is included during the 6 months from April 2020.

Q. In the RFP, it is mentioned that a global HAP risk assessment should be performed using the risk management methodology of IOM. In addition, a preparation should be made for the rollout of the HAP risk assessment methodology in the field (relevant
country and regional offices, incl webinar). Could you please elaborate on which deliverables should be country/location specific?

A. A detailed risk assessment, covering risks relating to external stakeholders, external contexts (PESTLE), and internal processes for the HAP programme. At a minimum the assessment should include the following categories of risk:

- **Financial and Fiduciary** – i.e. funding constraints, disallowed costs, costing structures for the HAP programme
- **Operational/Programme Objectives** – i.e. Access constraints
- **Human Capital** – i.e. Capacity/competence gaps
- **Legal, compliance and ethics** – i.e. international/donor government laws and regulations, host government laws and regulations, Personnel/HR issues relating to misconduct.
- **Security** – i.e. violence, unrest etc.
- **Occupational Safety and Health** – i.e. accident/illness
- **Beneficiary health, safety and security** – i.e. Inadvertently doing harm
- **Information** – i.e. data breach/loss
- **Stakeholder confidence and reputation** – i.e. damage to image and reputation. (Interrelated to all the above)

In addition, given the nature of the programme, it is expected that the assessment will cover risks relating to the following:

- **Clinical and Ancillary Services**
- **Data/Health Information and Privacy Management**
- **Employee Health**
- **Infection Control**
- **Medical Equipment**
- **Medical Staff Credentialing**
- **Patient/Beneficiary Relations**
- **Quality/Performance Improvement**
- **Safety Management/Environment of Care** – Incident reporting

The risk assessments should include a risk statement linked to causes/driving factors and consequences. The risk management plan should include preventions and controls as well as mitigations to reduce the impact of consequences should the risk event occur. The assessments should highlight control and mitigation gaps for action.

It is expected that there would be a risk assessment for the overall programme and for each specific location visited.

The deliverables for the rollout of the risk assessment methodology include a risk assessment toolkit and a webinar for the regional and country-level managers.
Q. To what extend is it expected to perform the gap analysis (e.g. ‘assess the programme against the governance and control components of the IGF’) on site (headquarters) versus remote?

A. *To be performed on site at HQ and at the locations specified, noting that some of the governance processes are strongly linked between the two. Remote assessment will apply mainly to functions delocalized to the Manila Administrative Center.*

Q. The RFP refers to ‘institutional review of key business operating processes under the Internal Governance Framework (IGF) initiative’. Please provide more insight in the key business operating processes e.g. number of processes, process names).

A. *The key business processes currently under review under the auspices of the IGF are Accounting, Treasury, Budget, Procurement and Supply Chain, Human Resources, Legal, Risk Management and Information and Communication Technology. The IGF is envisioned to be applied across all organizational functions over a three- to five-year period.*

Health Assessment services are a range of programmes that assist in premigration health examinations, as well as on occasion assistance to voluntary returns. In this respect there are a number of technical and clinical elements that are guided by receiving country technical instructions and internal standard operating procedures. The governance processes in terms of finance, procurement and standards are operated at three levels through country offices, regional offices and Global Support and Coordination Structure (GSCS). In addition to the institutional governance mechanism, Health Assessment Programmes have programme-specific Budget Review Committee and Risk Management Task Force.

Q. To what extend is it expected to do the IOM headquarters and regional and country HAP offices process walk-throughs and interviews in the risk assessment on site versus remote? Please also provide in which what processes are included in the process walk-throughs?

A. *Where possible this can be done remote, however given nature of the work at a field level and decentralization of the organization, field visits will be required to deliver these outputs. It is preferred that the interviews with the key stakeholders at HQ should be performed onsite (IOM HQ).*
Q. Does the risk assessment methodology including the risk assessment toolkit include the development of a risk reporting system?

A. No, IOM is implementing a risk reporting system.

Q. Does the risk assessment methodology including the risk assessment toolkit include the development of tools/software?

A. No, IOM is implementing a risk reporting system.

Q. Can you elaborate on the expected role and involvement from the senior health administrator with clinical governance knowledge/background. For example, do we understand correctly this is to embed subject matter expertise into the project with regards to the fit-gap analysis, risk analysis, development of recommendations and if so, could this person (or persons) also have a different job title / educational background but with similar expertise and experience with the purpose to embed the required subject matter expertise in this project?

A. Yes, it is expected that this person/s would be an embedded SME in the project team. The person/s could have a different job title, but it would be expected that some part of there educational background, and certainly their experience and expertise is in a health-related field. Most importantly it would be expected that they have worked in the area of clinical governance or quality management in health.