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

BID BULLETIN
Addendum No. 2

This Addendum No. 02 is issued to address inquiries and clarifications received from bidders and modify information provided on the Request for Proposal for the Provision of Services for the Application of Internal Governance Framework (IGF) to Health Assessment Programmes (HAP) issued to the prospective Bidders on 20 February 2020.

A. General Instructions to Bidders

Clause 8.5 of the RFP is deleted and should read as:

8.5 Proposals must be received by IOM at the place, date and time indicated in the invitation to submit proposal or via electronic mail at IGFTendering@iom.int on or before 23 March 2020, end of day Geneva Time. Time zone difference and email inbox capacity of IOM and Service Providers/Consulting Firms must be taken into consideration. Email address IGFTendering@iom.int has 5MB capacity per email. Any Proposal submitted by the Service Providers/Consulting Firms after the deadline for receipt of Proposals prescribed by IOM shall be declared “Late,” and shall not be accepted by the IOM and returned to the consultant unopened.

B. Response to Bidders’ Inquiries/Clarification

B.1 Commercial Inquiries

none

B.2 Technical Inquiries

Q. Given that the assessment of Internal Governance Framework (IGF) will be against the existing HAP operating model (HAP programmes and the existing support organisation (finance, procurement, human capital, legal,...), to what extent will each support function make their leaders available for assessment interviews? From what country offices, regional offices and GSCS (Global Support & Coordination Structure)?

A. Interviews with key business process owners (such as finance, procurement, human resources etc.) will be facilitated as far as possible, as it will be essential to ensure that the methodology for applying the IGF is relevant and applicable to support
functions as well as programmatic areas. With the various ongoing initiatives under the Internal Governance Framework reform, as well as the parallel process for IOM’s new Strategic Vision, which are being led by or require input from support function business owners, it will be important to manage the work in a way which is least burdensome on IOM colleagues. IOM will work with the chosen service provider to identify key individuals with whom interviews are needed. However, to avoid overburdening staff and duplicating work, we are asking service providers to leverage work produced by other service providers including engaging with other key consultancies, where possible. Furthermore, Skype calls with individuals from other locations could also be arranged.

Q. Regarding the HAP operating model, what magnitude of IOM and non-IOM resource are involved in the HAP Operating Model (central Full-Time Equivalent (FTE), remote/local FTE, IOM and non-IOM)?

A. Nine Hundred Seventy-Three (973) FTEs are directly working on health assessments (this excludes support staff); the breakdown will be provided at the time of contract negotiation.

Q. How will the IOM help coordinate this assessment with the other change initiatives going on (supply chain management operating model design, delegation of authority review, …) so that this IGF assessment against HAP becomes also future-looking?

A. Representation from the IGF Coordination Team will be included in the core Project Team for the work covered by this Request for Proposals. This representation will support the coordination of this work with other initiatives currently taking place under the auspices of the IGF to ensure that the assessment aligns with ongoing work. Furthermore, service providers are being encouraged as much as possible to leverage on work produced by other service providers including engaging with other key consultancies relating to the IGF such as the Business Transformation, Change Management and Delegation of Authority, as well as others as applicable.

Q. Do we have an understanding of what HAP operations will be digitalised?

A. HAP operations are highly digitalized. All country offices involved in health assessments use several electronic platforms (depending on the requirements of destination countries) to record results of health assessments. Additionally, there are “satellite” applications for specific technical areas, such as laboratory, radiology, vaccine stock management and several others are under development. Support functions such as resource management use separate electronic platforms. Details will be provided in due time.
Q. Will you have a global process map you could share in due time, process map relevant for the HAP operations?

A. Yes, detailed workflows are available and will be shared in due time.

Q. To what level your programmatic HAP processes are documented (management process level, procedures, work instructions, …)?

A. IOM has global as well as country-specific Standard Operating Procedures (SOPs), manuals and instructions for various aspects of HAPs. HAP Standards are close to finalization and will be rolled out in the next few months. A number of other regulatory/reference materials are under development.

Q. Regarding the webinars (point f. from the 'Deliverables' section in the RFP), is there an existing IOM platform to host/deliver the webinar sessions? If so, would the IOM upload/integrate the webinar learning content onto the IOM platform?

A. IOM uses WebEx and BlueJeans platforms to deliver webinars.

Q. Do you intend to have pre-recorded webinars or live webinars (in the form of coaching support)?

A. Both. Live webinars will include Q&A session. The webinars then will be recorded and shared to the colleagues who cannot attend the live ones.

Q. Referring to point b. ('Deliverables' section in the RFP), the IOM will provide a HAP risk assessment template. Will this template already include some pre-identified risks, measures and controls?

A. Yes, the template will pre-populated with the risks already identified as well as mitigations and controls. This will not be exhaustive and will need to be updated as part of the work, but there will be examples for the service providers reference.