

REQUEST FOR INFORMATION

I. Description of the Requirement

The International Organization for Migration (IOM) runs large-scale global health assessment (HA) programs to assist migrants with satisfying immigration health screening requirements and to provide medical documentation required by various destination countries. Pre-departure HAs are an obligatory part of the immigration process for certain categories of migrants (such as visa applicants, resettlement refugees and labour migrants). HAs are run in more than 48 countries, through 70+ IOM clinics. HAs are delivered by IOM staff and IOM-affiliated providers, usually in urban settings, although some of the HA procedures (e.g. treatment) can be delivered in camps. While the majority of the HA services are provided by IOM staff, some are provided by third parties. IOM has two institutional databases where all personal and medical data of HA clients are stored.

IOM staff verify the client's identity at all points in the HA process, including at registration, radiology, phlebotomy, laboratory testing, physical examination, vaccinations, additional pre-departure evaluations or interventions, and (for refugees) pre-embarkation checks. As clients move through the HA process from one medical examination stage to another, it is crucial to ensure that identities are verified with high certainty throughout the whole HA cycle – that it is the same person participating in each stage of the assessment. It is equally important to ensure that none of the clients are able to use multiple identities during the HA process.

IOM staff involved in the HA process perform identity verification of clients relying mainly on their travel documents and supporting identity documents. While this approach offers some protection against substitution, unintended human errors may happen at critical points of the process. Such errors include clerical errors, which may compromise the integrity of HA processing, especially when opening client records or printing out labels for chest X-rays or laboratory samples. Cases of deliberate fraud are quite rare but not unknown. In order to consolidate the integrity of HA process, IOM intends to integrate biometric technologies in the HA cycle to dramatically reduce the possibility of error and fraud.

II. IOM's Current Thinking

IOM wishes to procure a solution that will introduce biometrics into the HA process to ensure that persons who attend for the initial enrolment into the program are one and the same as those who participate in the various stages of screening and subsequently travel to the destination country.

As a result of a detailed study by a biometrics expert, the current thinking is that two biometrics will be employed in the solution, and these are the face and iris biometrics.

Many of the HA locations have multiple assessment stations, meaning that they require several sets of biometric capture devices and workstations.

IOM currently records the biographical details of all applicants into two central databases known as MiMOSA and the UK Tuberculosis Detection Programme Global Software (UKTB GS), but this does not currently include any biometric data. A separate biometric database but linked to MiMOSA is proposed as part of the solution.

Typically, IOM handles the HA processing of around 350,000 persons per annum globally, but each person can require up to 5 or 6 assessments at different times and by various providers. It is anticipated that the biometrics of each client would be retained for 7 years.

On some occasions, the entire HA process can take many years to complete, especially if there are complications around arranging travel to the destination country. Applicants going through the HA process can vary in age from small babies to much older people. The choice of biometrics is critical as the solution must be robust and the biometrics stable across the age ranges and across a long period of time.

Biometrics capture will mostly take place in controlled conditions in air-conditioned offices or clinics, but there are some exceptions, where air conditioning might have failed or when biometrics have to be recorded in the field.

As well as biometrics capture sensors for use in fixed locations, IOM also require mobile units that the team can take with them periodically to use in clinics in other locations that are only visited now and then. This activity could be undertaken in any country at any time of the year, so the biometric scanners need to be resilient to mobile use in a wide range of climatic conditions.

To give an indication of the size of the requirement, our biometrics consultant identified a need for the following number of devices:

Facial image cameras	Iris image cameras
1046 for fixed locations plus 67 for mobile units	464 for fixed locations plus 67 for mobile units

The IOM-affiliated health screening centres do not have access to MiMOSA because it is only available on an IOM internal network. As a result of this the biometric system will require a browser-based user interface that can be viewed from with MiMOSA for IOM staff and externally for staff at the IOM-affiliated health screening centres.

IOM would like to procure the services of an experienced Systems Integrator to develop and deliver the solution and wish to de-risk the delivery of this solution as much as possible.

It is vital that this programme is a success and IOM likes the idea of starting small and growing, so that the solution can be piloted initially in a one or a handful of locations and lessons learned can be built into the programme for the gradual roll-out to all 70+ locations.

Testing is seen as a vital component of the program and bidders will be asked to demonstrate how they will ensure that the chosen solution will meet the key requirements of functionality across all age groups, ethnic variations and in a range of environments. Vendors will also be required to demonstrate the effectiveness of the chosen biometrics over a long period of time.

III. Questions for bidders

In order to validate IOM's thinking, it is asking interested parties to share their best practice thoughts and would appreciate your views on the following statements or questions.

1. IOM's health screening program has been underway for many years, but it would like to enhance the reliability of the HA service offered to migrants and to Member States with the introduction of biometrics to the program. Whilst there is a strong IT capability within IOM that could undertake the integration of a biometric solution into the existing IT infrastructure, it is felt that an experienced Systems Integrator with a history of delivering complex biometric solutions, could deliver these requirements more efficiently and in a cost-effective manner. Please give your recommendations as to the benefits of using a Systems Integrator as opposed to doing the integration work within IOM and reasons for them?
2. The stages of the HA process that will involve biometrics include the initial enrolment of the client into IOM's program and then subsequently checking that it is the same person receiving a treatment, undergoing a screening or taking a flight. The initial enrolment will include a 1:n identification check using iris to ensure that this person is not already enrolled in the system in this or any other identity and then a 1:1 facial image verification check at each further phase of health screening. Iris could also be used as a back-up in situations where the 1:1 facial image match was inconclusive. The health screening process will involve clients of all ages from many different countries and ethnic backgrounds and may take many years. Therefore, it is important to use robust biometric traits that change relatively little over the time. Do you think that the selection of iris and face as chosen biometrics is the best option? Please state whether you agree with this conclusion or challenge this thinking if you disagree, giving your reasons?
3. IOM does not want to introduce too many complications or risks into a process that has been running very smoothly for a long time. In order to de-risk the program IOM thinks that it is important not to get tied into a single source for any component of the solution. This is to avoid a situation when one

vendor goes out of business or ceases to produce a particular piece of hardware and alternatives are not compatible. Alternatively, it could be that an updated piece of software is not compatible with current hardware. For this reason, IOM believes that each piece of biometric hardware (sensors) should have an alternative that is proposed and tested with the solution. Likewise, the biometric matching algorithms should have an alternative solution that has been proven to be interoperable with the existing hardware. Please give your thoughts and recommendations on this point?

4. As stated above, IOM wishes to keep risk to a minimum. Current thinking is that when the HA program reaches the roll-out phase, this should be done incrementally, with just one or a few pilot sites in one location being deployed first. Lessons learned from this and any issues identified would then be incorporated into the next roll-out and the one after that and so on. Do you see any issues with this type of deployment? If so, please explain them and if able, propose an alternative solution?
5. IOM would like to understand what a biometrics system that meets the one outlined in this RFI might cost and how long such a system might take to develop and roll-out. Would you please provide a Rough order of Magnitude (ROM) cost of such a system and an estimate how long it would take to develop and then deploy it to 70+ locations around the world?
6. For such a system IOM would like to know what type of payment process you might normally expect. Is it more cost effective to have a lump sum cost paid against milestones for the entire program or a lump sum cost for software development and integration plus a schedule of device charges, or something else? Please provide your recommendations.

IV. Instructions to Bidders

It is not IOM's wish to give bidders a lot of work to do in order to respond to this RFI. IOM believes that suppliers of biometric solutions with good experience will be able to give their opinion and answers to the questions above without having to do much research. Please limit your answer to each question to no more than one page each.

Responses will be used to validate IOM's approach and for the generation of a Statement of Requirements (SoR) for the Request for Proposals (RFP) stage. They will not be used as part of an evaluation or short-listing process, but submission of a response will be seen as an indication of a bidder registering an interest in the project and a willingness to work collaboratively on this project.

V. Next steps

Shortly after the release of the RFI the Expression of Interest (EoI) phase will begin, in which bidders will be asked to state their experience of delivering similar types of projects. The outcome of the EoI will be that around 3 – 7 bidders will be short-listed and invited to submit a response to the RFP.

During the EoI submission and evaluation phase the Request for Proposals will be developed and prepared for release. This will include a detailed description of the solution and a full Statement of Requirements and Terms and Conditions.