# Request for Information (RFI)

Provision of **Clinical Training for Leica Neurosurgical Microscope**

**Beneficiary country: Ukraine**

**Reference number: RFI/2020/16362**

**Description:**

UNOPS will provide a collection of information regarding the possibility of procuring of the Clinical Training for Leica Neurosurgical Microscope.

The selection of the supplier (s) will be done by UNOPS according to UNOPS relevant rules and regulations, including the Procurement Manual.

**Deadline date for submission of Request for Information: 23.10.2020**

**Posting date: 13.10.2020**

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DESCRIPTION OF REQUIREMENTS

I) INTRODUCTION:

In this RFI, the United Nations Office for Project Services (UNOPS) intends to identify potential suppliers and to gather ideas from industry for procurement of the Clinical Training for Leica Neurosurgical Microscope.

This RFI will serve to conduct market research to identify firms capable of providing solutions for the above stated requirement. This market research shall be conducted at NO COST TO THE UNITED NATIONS. Suppliers may be requested, as part of this RFI, to present to UNOPS their product.

This announcement is a Request For Information (RFI), not a solicitation for offers, and accordingly, no contract will be awarded from this announcement. No reimbursement will be made for any cost associated with providing information in response to this announcement or any follow-up information requests. There is no solicitation available at this time. Industry responses, as a result of this announcement, shall focus on providing recommendations for the requirements as detailed in the attached Specific Requirements Document. Information provided in the RFI may be used by UNOPS in acquisition documents.

UNOPS appreciates your assistance with this market research and emphasizes that this effort is for planning purposes only. Responses will not be treated as proposals, but may be used to create any subsequent Request for Proposal (RFP) / Invitation to Bid (ITB). Respondents should clearly mark any proprietary information submitted in response to this RFI.

**UNOPS Contact Information:**

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For companies not registered with the **UN Global Marketplace (UNGM)** it is mandatory to do so in order to be able to do business with UNOPS. The UN Global marketplace is a database of active and potential suppliers available to all UN and World Bank procurement personnel, and is the main supplier database of more than 20 UN organizations. To register go to [www.ungm.org](http://www.ungm.org/), click on “REGISTER NOW” or on Registration drop down and select “Register as Supplier”.

II) SPECIFIC REQUIREMENTS / INFORMATION

In this RFI, the United Nations Office for Project Services (UNOPS) intends to identify potential suppliers and to gather ideas from the industry for procurement of the Clinical Training for Leica Neurosurgical Microscope.

Please refer to the Annex I Schedule of requirements under the 'Documents' section.  
  
The purpose of this RFI is to identify potential suppliers and obtain information on available options or potential solutions.  
  
Please provide technical and cost details in the Returnable Forms of the attached documents.  
  
Please note that the technical requirements shown are meant as a guide and bidders can propose alternative solutions that will be suitable.

**Annex 1. Schedule of Requirements.**

**Terms of Reference for Clinical Training for Leica Neurosurgical Microscope**

**1. Introduction**

The United Nations Office for Project Services (UNOPS) is an operational arm of the United Nations, supporting the successful implementation of its partners' peace-building, humanitarian and development projects around the world. UNOPS supports partners to build a better future by providing services that increase the efficiency, effectiveness and sustainability of peace building, humanitarian and development projects. Mandated as a central resource of the United Nations, UNOPS provides sustainable project management, procurement and infrastructure services to a wide range of governments, donors and United Nations organizations.

Ever since its establishment in Ukraine, in 2017, UNOPS aims to contribute to the efforts of the Government of Ukraine to enhance capacities for qualitative execution of activities in the area of health and medical care.

In order to support the capacity of the Ukraine health services, UNOPS procures and delivers medical equipment, which assists the Ukrainian authorities and enables an effective and efficient provision of medical assistance to patients.

**2. Background**

As part of this effort, UNOPS will deliver one neurosurgical operating microscope (Leica M530 OHX) to the hospital in Ukraine under the umbrella of the Ministry of Defence.

The neurosurgical operating microscope is expected to be fully installed and operational at the hospital in Kharkiv by December 2020. While training in the use of the equipment will be provided by the supplier after the delivery of the device, more advanced clinical training would be necessary as the device is highly complex and the medical personnel cannot fully capitalize on all the capacity of the equipment, with their current knowledge and training.

**3. Objective**

The aim of this exercise is to upgrade the knowledge and training of the medical personnel to a level where they can fully utilize the capacity of the device, through clinical training on microsurgical techniques.

**4. Outputs**

Three doctors equipped to utilize the neurosurgical operating microscope (Leica M530 OHX) at its full capacity.

Six number of support personnel equipped to utilize the neurosurgical operating microscope (Leica M530 OHX) at its full capacity. Complementing the optics of a microscope, explore the benefits of Intraoperative fluorescence in the field of neurosurgery.

**5. Activities**

**5.1. In class, theoretical training; with delivery of educational material printed and provided on USB/CD developed or translated on Ukrainian/ Russian language**

**5.2. Practical training at the Recipient’s premises at the hospital in Kharkiv, where the neurosurgical operating microscope will be installed.**

**5.3. Best practice demonstration and medical training in institution in Ukraine or Europe ;**

Practical training at the Recipient’s premises at the hospital in Kharkiv, where the neurosurgical operating microscope will be installed must include and focus on the following:

* Setting up and safety use of neurosurgery microscopy device
* Configuration of microscopy device and working environment in surgical theater
* Switching to the Back-up Bulb
* Balancing the Surgical Microscope
* Configuring Hand Grip and Foot Controls
* Configuring Light Settings
* Setting up Co-observation, working with Stereo attachment for binocular assistant tube side (main doctor and first assistant)
* Draping the Surgical Microscope, sterile environment and prevent contamination and infections
* Using HD camera and medical monitor
* Exporting Patient Data
* Configuring and Sorting Patient Files

Application of microscopy in general, vascular, spinal and tumor surgery

Best practice demonstration and medical training in institution in Ukraine or Europe must include:

* general, vascular, spinal and tumor surgery
* Intraoperative fluorescence in the field of neurosurgery.
* Configuring fluorescence module:
* Leica FL560 fluorescence module
* Leica FL400 fluorescence module
* Leica FL800 vascular fluorescence modules
* fluorescence mode used to perform Fluorescence in Vascular Neurosurgery
* Using fluorescent modules for surgical treatment of the brain tumour and skull base surgery

\*\*The Bid should include transport, accommodation and catering for all parts of the training, except for the part implemented at the Recipient’s hospital in Kharkiv.

**6. Qualifications of successful suppliers**

Qualification requirements for the company (organization).

Potential bidder/company/ organization/ hospital or health institution should have experience in :

* performing medical staff training for using microscopy devices for neurosurgery
* clinical education of medical doctors in application of microscopes in general, vascular, spinal and tumor surgery

Must have registration for minimum 5 years

Must have at least one application specialist/engineer licensed by Leica company

Must have at least five carried out trainings for medical staff for utilization of microscopy device Leica

Conditions for the health institution in which Best practice demonstration and medical training in institution in Ukraine or Europe task will be implemented:

* There must be a sufficient referral base to provide an adequate case volume and mixture to support the training programme.
* The facility must have designated and fully staffed neurosurgical intensive care beds.
* The facility must have outpatient clinics where non-emergency patients are seen before and after surgical procedures.
* There should be opportunity to obtain experience in functional neurosurgery either within the department or in another neurosurgical department specialized in this field.
* The training programme should be closely associated with the following departments or units officially certified for training:
* department of neurology
* department of surgery and traumatology to support neurosurgical involvement in cranial and spinal trauma
* department of anaesthesiology with special responsibility for neuroanaesthesia
* department or unit of neuroradiology which has imaging techniques with dedicated CT-scanning, access to MR-scanning on site and appropriate angiography equipment for diagnostic procedures and interventional neuroradiology.

Health institution must be fully staffed and appropriately equipped operating theatres with appropriate neurosurgery microscopy device using Intraoperative fluorescence in the field of neurosurgery

In case the bidder is not a health or scientific educational institution in the field of health, the bidder is obliged to provide proof (letter of intent, contract, decision) that the health or scientific institution, institute will perform the planned training

The bidder is obliged to provide all consumables , agents for Intraoperative fluorescence, animal and human material and everything else necessary for education and performance of diagnostic procedures during the courses including medical uniforms and personal protective equipment necessary for training in other medical institutions.

The Bidder should provide all training in Ukrainian or Russian language. In case the ‘’Best practice demonstration and training’’ task will be organized at a facility in Europe, English language with translation/interpretation will be acceptable.

**Qualification requirements for the trainer(s).**

One certified neurosurgeon with PhD in neurosurgery permanently working as a professor of medical faculty, or working as a head of neurosurgery clinic/ department for more than 5 years.

Trainer should possess the necessary clinical, teaching and administrative skills, and commitment to conduct the programme. Trainers should provide evidence of scholarly activities (clinical and/or basic research, publications in peer reviewed journals and participation in neurosurgical scientific meetings). Trainers will require secretarial and administrative support.

One application specialist with a minimum work experience in educating medical staff and working with Leica microscopy devices for at least 3 years, authorized by the manufacturer or authorized by representative of Leica Microsystems company.

**7. Timing**

The training should last not more than one month and should be implemented in February 2021.

In class, theoretical training and practical training at the Recipient’s premises at the hospital in Kharkiv, where the neurosurgical operating microscope will be installed must be organized for a minimum 7 working days with regular work with patients and neurosurgery department.

Best practice demonstration and medical training in a health institution in Ukraine or Europe must be organized in duration of minimum 15 working days. In case that beneficiary hospital can not send all medical staff at once, the bidder should provide an option for training in two groups.

**8. Expected outcome**

The neurosurgical operating microscope in Kharkiv is utilised at its full technological capacity, by properly trained medical personnel.

Annex II. Returnable Forms.

Note to Offerers: The following returnable forms are part of this RFI and must be completed and returned by offerers. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Forms as instructed and return them as part of your proposal by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

**Form A: Company Profile**

Offerers are required to complete the Data Tables below.

Name of **RFI Offerer**: [insert name]

**Section 1: Offerer's qualification, capacity and expertise**

|  |  |
| --- | --- |
| **1** | **Provide a brief description of your organization’s (company’s) capability to undertake the assignment size (number of employees and activities volume), and potential to carry out the assignment, past performance and indicating the number of years of experience in medical and/or clinical training services.**  **[Insert response here]** |
| **2** | **Provide a brief description of the methodology for providing the services. It should describe any tools, software or applications employed for performing the services and adding value.**  **[Insert response here]** |
| **3** | **Provide description of the measures employed to ensure the quality of the services and indicate the type of tests that will be performed to ensure that students obtained required skills and type of Certification documents that will be issued.**  **[Insert response here]** |

**Section 2: Offerer’s previous experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client:**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
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**Form B: Price Form**

Offerers shall fill in these Price Schedule Forms in accordance with the instructions indicated.

Name of **RFI Offerer**: [insert name]

All prices should be in USD and should exclude VAT and any other taxes.

**Proposal Summary**

|  |  |
| --- | --- |
| **Total Price for the assignment (services), USD** | [insert amount] |
| **Other related costs (if applicable), USD** | [insert amount] |

**Breakdown of costs for the services.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **N** | **Activity/Cost component** | **Location** | **Duration (days)** | **Unit of measurement** | **Cost of 1 Unit** | **Number of units** | **Total cost of activity** |
| **1** | **In-class theoretical training for doctors and support personnel** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 1.1, 1.2, 1.3, 1.4) |
| 1.1 | **In-class theoretical training for doctors and support personnel to utilize the neurosurgical operating microscope (Leica M530 OHX)** | please insert location (city, country) | please insert proposed number of days needed to complete the activity | Unit of measurement for training is 1 specialist for 1 working day | please insert cost of 1 working day of specialist's work | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 1.2 | **Issuance of training materials and certificates for 9 participants (3 doctors and 6 support personnel)** |  |  | 1 set of materials for 1 participants | please insert cost of 1 set of training materials | 9 | Please insert total cost of activity (Unit cost X Number of units) |
| 1.3 | **Rent of the training facilities (if applicable)** | please insert location (city, country) | please insert proposed number of days needed to complete the activity | 1 working day | please insert cost of 1 working day for rent of the training facilities | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 1.4 | **Additional services** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 1.4.1, 1.4.2, 1.4.3) |
| 1.4.1 | **Travel costs** | please insert location (city, country) |  | Round trip for 1 participant (from Kyiv, Ukraine to the training location) | please insert cost of 1 round trip for 1 participant | 9 | Please insert total cost of activity (Unit cost X Number of units) |
| 1.4.2 | **Accommodation costs** | please insert location (city, country) | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Accommodation for 1 participant for 1 day | please insert cost for accommodation of 1 participant for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| 1.4.3 | **Catering costs** | please insert location (city, country) | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | 1 day (3 meals for day) | please insert cost for 3 meals catering for 1 participant for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| **2** | **Best practice demonstration at a medical training or institution** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 2.1, 2.2, 2.3) |
| 2.1 | **Best practice demonstration at a medical training or institution to utilize neurosurgical operating microscope (Leica M530 OHX)** | please insert location (city, country) | please insert proposed number of days needed to complete the activity | Unit of measurement for training is 1 specialist for 1 working day | please insert cost of 1 working day of specialist's work | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 2.2 | **Rent of the training facilities (if applicable)** | please insert location (city, country) | please insert proposed number of days needed to complete the activity | 1 working day | please insert cost of 1 working day for rent of the training facilities | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 2.3 | **Additional services** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 2.3.1, 2.3.2, 2.3.3) |
| 2.3.1 | **Travel costs** | please insert location (city, country) |  | Round trip for 1 participant (from Kyiv, Ukraine to the training location) | please insert cost of 1 round trip for 1 participant | 9 | Please insert total cost of activity (Unit cost X Number of units) |
| 2.3.2 | **Accommodation costs** | please insert location (city, country) | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Accommodation for 1 participant for 1 day | please insert cost for accommodation of 1 participant for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| 2.3.3 | **Catering costs** | please insert location (city, country) | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | 1 day (3 meals for day) | please insert cost for 3 meals catering for 1 participant for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| **3** | **Practical training at the Recipient’s premises at the hospital** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 3.1, 3.2) |
| 3.1 | **Practical training at the Recipient’s premises at the hospital to utilize the neurosurgical operating microscope (Leica M530 OHX)** | Kharkiv, Ukraine | please insert proposed number of days needed to complete the activity | Unit of measurement for training is 1 specialist for 1 working day | please insert cost of 1 working day of specialist's work | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 3.2 | **Additional services** | | | | | | Please insert total cost of activity (sum of the total costs of the activities 3.2.1, 3.2.2, 3.2.3) |
| 3.2.1 | **Travel costs** | please insert location (city, country) from which specialists will travel to Lviv, Ukraine |  | Round trip for 1 specialist (from Kyiv, Ukraine to the training location) | please insert cost of 1 round trip for 1 specialist | please insert proposed number of days needed to complete the activity | Please insert total cost of activity (Unit cost X Number of units) |
| 3.2.2 | **Accommodation costs** | Lviv, Ukraine | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Accommodation for 1 specialist for 1 day | please insert cost for accommodation of 1 specialist for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| 3.2.3 | **Catering costs** | Lviv, Ukraine | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | 1 day (3 meals for day) | please insert cost for 3 meals catering for 1 specialist for 1 day | please insert proposed number of days needed to complete the activity (number of days for training + 2 days) | Please insert total cost of activity (Unit cost X Number of units) |
| **4** | **Total proposed cost of the assignment** | | | | | | Please insert total cost of the assignment (sum of the total costs of the activities 1, 2, 3) |

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**Form C: Company Information Form**

The Offerers shall fill in this Form in accordance with the instructions indicated below.

Name of **RFI Offerer**: [insert name]

* **Background and Expertise of Organization:**

|  |  |
| --- | --- |
| **Full legal name of Bidder** | [complete] |
| **What year was your firm/organization established?** | [complete] |
| **Address of registered office** | [complete] |
| **Name of Representative** | complete] |
| **Has your firm/organization ever filed or petitioned for bankruptcy?** (If YES, explain in detail the reasons why, filing date, and current status.) | [complete] |
| **Does your firm have an actual or potential conflict of interest in this procurement process?** (Refer to Section II: Instructions to Bidders, Article 4, for details on conflict of interest) | [Insert either “No”, or “Yes” in which case please provide details on your actual or potential conflict of interest here] |

* **UNGM Registration and UNOPS Vendors**

It is desired that the Bidder goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Registration/RegisterSupplier.aspx> and fills out the registration.

If the Bidder is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm’s information on UNGM is current.

|  |  |
| --- | --- |
| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No If yes, [insert UGNM vendor number] |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No If yes, [insert UNOPS vendor ID] |

* **Contact details of persons that UNOPS may contact:**

|  |  |
| --- | --- |
| **Name/Surname** | [complete] |
| **Title** | [complete] |
| **Tel Number (direct)** | [complete] |
| **Email address (direct):** | [complete] |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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