

## Clarification Questions and Answers:

**RFB 2720-2022: Provision, Customisation, Testing, Commissioning, Piloting and Implementation of a Centralised Healthcare Information System (CHIS) or Healthcare Service Delivery Facilitation System hosted in a private cloud and offered as a service to Limpopo Department of Health (LDoH) for a period of sixty (60) months.**

1. In terms of the language used in the documentation, the specification indicates in page 53 of the addendum, that the patient is "an insured patient", this is applicable in context of America, In South Africa we refer to Medical Aids. Is the department looking into an American based system for this tender?

**There is no preference in American systems, systems will be considered based on satisfying the requirements of the specification.**

2. Can references from sub-contractor(s) be claimed when responding under a sub-contracting arrangement?

**No, only references for the main bidder will be considered.**

3. Do we need to provide Firewalls for the public IP's or just a secure VPN link between hospitals and the cloud platform?

**A secure VPN link between hospitals and cloud platform will be OK. The Department and SITA will advise and assist the winning bidder with issues of connecting to the cloud platform.**

4. Similarly, can references from all parties within a consortium be counted or just those of the lead respondent?

**References from all the parties within the consortium will be considered.**

5. Bid Document – Point 5. Returnables – Schedule 9 required document is the SBD 6.2 (Local Content). There is however no SDB 6.2 Document. Please confirm, if there is another document in the Bid Document which should be SBD 6.2, if it was not referenced correctly in the Bid Document. The <https://www.etenders.gov.za/#> site are continuously consulted for additional information and documents and the listed document queried, is not listed.

**There is no SBD 6.2. It is not applicable to this bid.**

6. Bid Invitation Document – There it is indicated that we need to provide One (1) Original Hard copy, One (1) Hard copy of the Original and Two (2) USB electronic files. In the Bid Document it states One (1) Original, Two (2) Hard copies of the original and One (1) USB electronic files. Which document reflects the correct numbers of documents?

**Please provide One (1) Original Hard copy, One (1) Hard copy of the Original and Two (2) USB electronic files**

7. The most significant question is the insistence on a cloud solution.

At the same time Annexure 1: Bid Specification, in Annex C, item 1.4.14 insists that patient data can still be managed even when the network is unavailable. This demonstrates a different view of the solution than stipulated in the specification of the cloud. In our (substantial) experience, given the unreliability and impermanence of the communications network available in SA, it is extremely unwise to require that the operational processing of each institution should depend entirely on the availability of access to a cloud solution. We ask that we be allowed to present a hybrid

solution with operational processing located at each hospital, and a cloud-based solution for provincial data and analysis capabilities. May we do so without being disqualified please?

**The bidder must propose a solution that meets or complies with all the specification requirements.**

8. We note a similar difference of understanding in the specification of support requirements. We believe that the requirement for 24/7 support, repeated several times, and the required 99.99% availability, is the product of envisaging a cloud-based solution that can perhaps be found in other (better funded) environments. Both requirements are extremely expensive, if not unachievable, and are considered by us to be significantly beyond the real requirements of this environment. The more practical requirement appears in Annex A2 – Special Conditions of Contract, on Page 30, in item 8 – Logistical Conditions, point a) – where **Hours of work**, 07h30 – 16h30 Monday to Friday excluding public holidays are stipulated. We believe that support during these hours is all the support the hospital staff can practically make use of, and request that we be allowed to specify this level of support rather than 24/7 with its concomitant costs and limited use.

**Support is required 24/7, this is hospital environment and cannot afford down-times.**

9. Also, in Annexure 1, item 2.1.6, where “ensure that duplicate records are merged” is required, we must indicate that the reliable merging of records from the PHIS depends on the reliable capture of ID or passport numbers on those records. Where no such reference exists, the records can only be matched on unreliable data such as name or address, and as such could not be automatically merged by a system – they would have to be reviewed manually and a decision taken per match as to whether they could reasonably be the same patient, or not.

**This is strict requirement; the bidder will have to determine the degree of records that require merging.**

10. Then in Annexure 1, item 2.1.9 – “interface to other systems” – we tried in the Eastern Cape to interface to RX Solution but they were unable to produce the interface required. We believe that they no longer have development capability in the country so this sort of requirement may be unachievable. Similarly, with other systems, our ability to interface depends entirely on their readiness and willingness to do so. So, any response to such questions must be qualified by this uncertainty. Can you confirm that we will not be disqualified for such qualified answers?

**The bidders will be disqualified.**

11. Also, Annexure 1, item 3.1.e – “responsible for the whole cost of replacement” – this is an unreasonable requirement without any definition of how such failure would be adjudged. We cannot agree to providing an open cheque of this nature. We request that this requirement be withdrawn, or completely revised to be much more reasonable and have clear conditions attached.

**This is standard for all SITA bids and will not be removed.**

12. With regard to the evidence required in Annexure 1 Appendix C, the response column indicates that only Y or N should be entered. Is it acceptable that we also enter the reference to the evidence provided? More importantly can evidence really be required for every item? How do we prove that we create and record a patient number? A screen shot could be fake. Surely the POC will provide all the evidence? Can we assume that if we answer Y, we will be required to provide evidence in the POC, but not in our response – you will believe our Y for now?

**That section does not require evidence.**

13. Can we answer Y with a reference to a qualification that says “ we have not developed this function to date but will do so within the scope of the implementation project”?  
**No, the functionality will be tested at POC and the department requires a full functional system.**
14. C 1.1.2 – Facial recognition only? This is seriously expensive! Will fingerprint recognition not be acceptable?  
**A touchless solution is needed.**
15. C 1.1.11 – What is the PVS system to be used for a means test? Elsewhere the UPFS rules are referenced? Which applies?  
**Existing PVS will be used to check the financial position of the patient. The UPFS question not clear.**
16. C 1.25 & 1.26 – revoke all permission granted by a supervisor if their permissions are revoked. This seems highly impractical – all work would stop until new permissions could be granted to each user. That could take days. Surely the procedure to review all such permissions would be adequate rather than stopping all work? Could this requirement be revised please?  
**No, it will not be revised and remain the way it is.**
17. Does the Limpopo Department of Health have a change management team in place to support the implementation of the system?  
**No, change management is part of implementation**
18. Does the Department have a training team in place to manage the roll-out of training to all the hospital staff and other users?  
**No, training is part of implementation**
19. Does the LDoH have a specific timeline in mind for completing CHIS implementation at all the Hospitals and if so can you indicate timelines?  
**Yes, six (6) months**
20. Does LDoH require the successful bidder to interface/integrate CHIS with NHLS?  
**Yes**
21. 2.1.1. The scope of work by the bidder is to supply, implement and maintain a Centralized Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure.  
**The bidders should check section 8.2 number 6, page 25 of 77**
22. Can references from sub-contractor(s) be claimed when responding under a sub-contracting arrangement? **No, only references of the main bidder will be considered.**
23. Similarly, can references from all parties within a consortium be counted or just those of the lead respondent?  
**References from any of the parties within the consortium will be considered.**

24. In terms of complying with the following requirement: *"The Bidder must provide reference details from at least two (2) customers to whom projects were provided for a Centralised Healthcare Information System (CHIS), or similar hosted in a private cloud in the last 10 years."*

Our question is, can references from all parties within a consortium be counted or just those of the lead respondent?

**References can be from lead respondent or any member of the consortium.**

25. Are there specific payment milestones envisaged for the project, particularly with regards to the first 6 months?

**There will be an SLA signed between the department and winning bidder and that will be addressed within the SLA**

26. Are there specific documentation requirements linked to each milestone? **No**

27. Is the system implemented in each of the 41 locations the same, or have local changes been made to it? If so, will a list of these changes be provided by SITA?

**Yes, it will be the same, localisation on currency, language (South English), other symbols, etc should be taken into consideration**

28. What governance structure is in place for the project to ensure that there is a single point of decision-making with regards to customisation and change?

**There will be a project steering committee, which will be guided by the SLA signed between the department and the winning bidder**

29. How many years of data is expected to port to the new system?

**The current System has been implemented since 2006, roughly 23 years of data in the current system**

30. The RFB refers to certified training. Does this mean that the training is certified by the OEM, or is another form of certification required?

**By the OEM**

31. Does SITA expect a support resource to be deployed to each of the 41 sites during the go-live period?

**This will depend on the implementation strategy that the bidder will propose.**

32. The Proof of Concept (PoC) needs to take place at a client site. Can this be done virtually over Zoom, if the client site is not in South Africa?

**Yes, it can be done on site or Virtually.**

33. During the PoC, the client may not allow access to their live data due to confidentiality concerns, therefore what would SITA wish to see during the PoC that would be sufficient for purposes of evaluation?

**A presentation, a demo and virtual tour of users using the system or an actual tour if it is local within the borders of RSA.**

34. Is there any specific requirement for a Business Intelligence Tool and is there any BI tool currently in use in the Department? Have licenses been purchased for the tool?

**There are no specific requirements. There is no BI tool on the current system. No.**

35. Section 1.1 (c) of the Invitation to Bid indicates that forms should not be re-typed, however some sections of Annexure 1 state that the bidder must provide a unique reference number (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response.

*E.g. 11.5.1 The Bidder needs to attach the required evidence here. Provide unique reference to locate substantiating evidence in the bid response here.*

Is the expectation not that the unique reference should be indicated on that specific section for easy referencing? Are we expected to insert the reference number on the actual form?

**This is referring to re-typing the entire bid document; the document has been provided in Word format so that those evidence references can be typed in. Furthermore, do not retype the pricing spreadsheet or edit formulas.**

36. Will SITA consider an extension on the bid submission date, for a period of two weeks?

**It was indicated in the briefing that the closing date of 21 April 2023 includes an extra seven (7) days to accommodate the Easter holidays and therefore, no extension will be considered.**

37. In terms of complying with the following technical mandatory requirement:

“Bidder Certification / Affiliation Requirements - The bidder must be an OEM/OSM, or accredited by the OEM/OSM to provide for the proposed Centralised Healthcare Information System (CHIS) solution. Note: If the OEM/OSM has a Reseller, or Partner model the OEM/ OSM are not allowed to participate for this tender”. Our question is, if the OEM is an overseas company which is partnering in the form of a consortium, with a local company that primes, is the OEM allowed to be a member of the Consortium?

**In a consortium/joint venture/sub-contract all bidders/partners should be registered on CSD and local revenue services.**

38. In terms of complying with Administrative requirements: Tax Compliance Requirements

Bidders must ensure compliance with their tax obligations. Bidders are required to provide their unique personal Identification Number (PIN) issued by SARS to enable the SITA to verify the taxpayer’s profile and tax status. Application for Tax Compliance Status (TCS) may be made via e-filing through the SARS website, [www.sars.gov.za](http://www.sars.gov.za). Bidders may also submit a hard copy TCS certificate with their bid. In bids where a consortium, joint venture or sub-contractors are involved, each part must submit a separate TCS PIN / CSD registration number.

**Our question is, are overseas bidders / partners to the consortium required to register on CSD and have local (SA) Tax Clearance?**

**On tax, SBD 1 under paragraph 3 provides that bidders that responded with a “no” to all the questions, are not expected to be tax registered on the closing date and time. On the CSD registration, paragraph 3.3 of the Instruction Note 4a of 2016/17 excludes foreign suppliers with no locally registered entity in SA.**

39. In terms of complying with the following requirement: “The Bidder must provide reference details from at least two (2) customers to whom projects were provided for a Centralised Healthcare Information System (CHIS), or similar hosted in a private cloud in the last 10 years;”

**Our question is, can references from all parties within a consortium be counted or just those of the lead respondent?**

**References from all parties of the Consortium will be considered.**

**Can references from a sub-contractor also be submitted and counted as reference?**

**No, references from sub-contractors will not be considered or counted.**

40. In terms of complying with the following requirement, **BIDDER CERTIFICATION / AFFILIATION REQUIREMENTS** The bidder must be an OEM/OSM, or **accredited** by the OEM/OSM to provide for the proposed Centralised Healthcare Information System (CHIS) solution. **Note:** If the OEM/OSM has a Reseller, or Partner model the OEM/ OSM are not allowed to participate for this tender. **Our question is, if the OEM is an overseas company which is partnering in the form of a consortium, with a local company that primes, is the OEM allowed to be a member of the Consortium?**

**Answer: The solution is for the local company to be a reseller of the overseas OEM.**

41. Will SITA provide the infrastructure?

**The bidders should provide cloud hosting platform.**

42. Can we assume that implementation will be using a template solution with best practices across LDoH?

**As long as it satisfies the requirements**

43. What are the number of patients treated per year and the number of episodes to be able to provide the solution sizing?

**The system should not depend on the number of patients treated or number of episodes.**

44. What are the estimated number of concurrent doctors and nurses to be able to provide the solution sizing?

**The number of clinicians will not stay the same due to various reasons, hence the proposed system should not be limited.**

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49. Can we assume the following to be out of scope?

- Integration to reporting systems i.e., DHIS - **No**
- Medication system - **No**
- Blood, transfusion system - **No**
- Laboratory and pathology system - **No**
- Radiology system - **No**
- Scanning system and OCR recognition – **No**
- Medical devices - **Yes**
- Decision support systems - **No**

50. Do all hospitals have RX solution as their Pharmacy dispensing system?

**Yes, but some also use the PDSX system**

51. What is the functionality of Rx solution system i.e., Dispensing and Stock Control or only Dispensing?  
**Stock control and dispensing in some hospitals**
52. Do all hospitals have the same stock visibility system? **Yes**
53. Is the stock visibility system used for stock management at the pharmacy as well as hospital/wards stock? **Yes**
54. Do all hospitals have the same RIS/DICOM/Radiology system? **No**
55. Integration to PVS System for means test. **Yes**
56. Is there a data migration strategy for LDoH? **No, bidder to propose strategy**
57. Does LDoH have DBA resources to perform ETL processes? **This is SaaS, bidder to provide as a service**
58. What is the scope of data to be migrated? **Static Master data**
59. Is there an active integration/middleware layer at LDoH? **No**
60. Who will be responsible for managing the integration layer? **Winning Bidder**
61. Are there additional integrations required to additional systems other than those listed in section 1.43.3? **There might be other systems in future that may need integration**
62. What training facilities, capacity & infrastructure (PC's, projectors, whiteboards, markers) does LDoH have? **Bidder to provide**
63. Is there a current online training tool / elearning? **None**
64. Does LDoH require End User manuals - printed copies per individual? **Electronic copies will do**
65. Where do we add "Substantiating evidence" on the bid response table in Annex C, Addendum 1? Additional column? **Annex C, Addendum 1 does not require substantiating evidence. The bidder must confirm compliance or non-compliance to the Technical Mandatory Functional Requirements**
66. Does LDoH have an external healthcare provider register? What is the name of this register? **No**
67. Does LDoH have an internal HCM system? **PERSAL System is used across government as transversal solution**
68. Does LDoH have a scanning solution and does this integrate to other systems?
69. Is there a mobile provider contract to send bulk SMSs? **No**
70. Does LDoH have a dietary system, integrated to the kitchens and wards? **No**
71. What financial system/remittance system is being used? **BAS**
72. What financial reports would be produced by the CHIS system? **Reporting should be flexible to allow any type of report that may be required**
73. Does LDoH have a Queue Management System? Does it currently integrate to any system? **No**
74. Which column do we list the ICD-10 codes in? **This will be discussed with the successful service provider during contracting if necessary.**
75. What information is available for the "screening tool". Please provide examples. **These details will be discussed with the successful bidder**
76. Do you have a payment gateway for patients to pay bills? **YES**
77. Where should pricing for Organisational Change Management be reflected. There is no provision in the pricing schedule. **The pricing spreadsheet is final.**
78. Please provide a list of hospitals with sizes, beds, level of care, etc. for rollout planning purposes. **List will be shared**
79. We require a view of the number of users that will be required to perform patient billing and accounts receivable per hospital. **Number of users unlimited as a requirement.**
80. What is the Procurement and Logistics system that is currently being utilised by LDoH? In the briefing session it was stated that no ERP Functionality is required. But in the tender document, reference is made to Stock Management and Procurement. **LOGIS is being used.**