****

**ANNEXURE 1: BID SPECIFICATION**

**STATE INFORMATION TECHNOLOGY AGENCY (SOC) LTD**

Registration number 1999/001899/30

|  |  |
| --- | --- |
| **RFB REF. NO:** | **RFB 2720-2022** |
| **DESCRIPTION** | **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.**  |
| **PUBLICATION DATE** | **24 March 2023** |
| **BRIEFING SESSION** | **A Compulsory Virtual Briefing Session will be held as follows:** **Date: 31 March 2023****Time: 10:00 am (South African Time)****Venue****: Online (Teams). Bidders are requested to indicate in writing on the below email address of their intension to attend the briefing session, following which a link will be shared via email to allow attendance of the briefing session:** **Mogau.sebothoma@sita.co.za** |
| **CLOSING DATE FOR QUESTIONS / QUERIES** | **14 April 2023**  |
| **RFB CLOSING DETAILS** | **Date: 21 April 2023** **Time: 11:00 am (South African Time)****Place: Tender Office, Pongola In Apollo, 459 Tsitsa Street, Erasmuskloof, Pretoria (Head Office).**  |
| **RFB VALIDITY PERIOD** | **120 Days from the Closing Date** |

**Note: Prospective bidders must be registered on National Treasury’s Central Supplier Database (CSD) prior to submitting bids.**

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1. INTRODUCTION

# PURPOSE AND BACKGROUND

## PURPOSE

The purpose of this RFB is to invite Suppliers (hereinafter referred to as “bidders”) to submit bids/ for the “Provision, customisation, testing, commissioning, piloting and implementation of a Centralised Healthcare Information System (CHIS) hosted off-premises in a private cloud and offered as a service in the Limpopo Department of Health (LDoH) for a period of sixty (60) months.

## BACKGROUND

The LDoH has forty-one (41) hospitals in which the current Provincial Health Information System (PHIS) is deployed in a decentralised model. This model is complex and does not share the patient database across the province to enable good clinical care. The version of the current system does not offer much as compared to the solutions available today. Hence, the objective of this bid is to replace a current on-premises PHIS with a Centralised Healthcare Information System that is hosted on an off-premise private cloud infrastructure and offered as a service to each of the hospitals and should be extendable to other healthcare facilities like Primary Healthcare facilities.

# SCOPE OF BID

## SCOPE OF WORK

2.1.1. The scope of work by the bidder is to supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure. The required CHIS must at least contain the following modules:

* Patient identification;
* Healthcare provider identification;
* Healthcare facility identification;
* Patient registration and record management;
* Electronic document management;
* Patient appointments scheduling;
* Hospital visits;
* Care events or episodes;
* Patient history;
* Laboratory tests and orders;
* Patient medicine management;
* Interventions and procedures;
* Clinical observations and notes;
* Patient consent;
* Patient referrals;
* Births and deaths registration;
* Patient admission and discharge;
* Patient billing;
* Patient transfers;
* Patient records – other;
* Hospital ward facility management;
* Hospital theatre facility management;
* Other hospital facility management;
* Reports and communication;
* Security authorisation and system administration or system control;
* Patient data privacy and confidentiality;
* System architecture;
* Database audit trail or journal;
* Messaging standards compliance;
* Coding and content standards compliance;
* Data quality, integrity and accuracy;
* System user interface;
* System documentation;
* Customer staff training;
* System scalability;
* System backup, disaster recovery, service continuity and downtime procedures;
* Screening of people;
* Household Profiling;
* Queue Management System;
* Mobility Solutions (patient, healthcare worker and system user);
* Staff scheduling;
* Electronic signature; and
* Interface with other systems currently used by government.

 **NB:** SITA cloud instances are Windows and Linux.

**NOTE (1):**

**Coding and content standards compliance:**

**The system must support fully some or all of the Integrating the Healthcare Enterprise (IHE) profiles listed in the 2021 Heal The Normative Standards Framework for digital health interoperability in South Africa: 2021 HNSF attached as ANNEX D.**

**NOTE (2):**

**SITA reserves the right to include the hosting services to be provided by SITA, or by the Bidder.**

**NOTE (3):**

**The bidder will ensure a 99,99% availability of the system at all times.**

2.1.2. Provide access to the CHIS via web interface to all Healthcare facilities using an enterprise license for unlimited number of users.

2.1.3. Undertake a due diligence exercise and perform an analysis of the current healthcare facility manual and electronic workflow processes in hospitals for patient consultations, admission, discharge, billing of services, revenue collection and healthcare provision as well as at LDoH head office and issue an analysis report with graphic workflow process depictions accompanied by a report with processes that will either replace the manual processes or enhance the electronic processes.

2.1.4. Provide Change Management services to assist the Department to transition from the current to new system.

2.1.5. Migrate data from the current on-premises PHIS, deployed in a distributed model in each hospital in the Limpopo Province to the new CHIS.

2.1.6. The bidder should ensure that duplicate patient records are merged.

2.1.7. The proposed solution should be flexible (scalable) to add other modules.

2.1.8. Provide comprehensive 24/7 Maintenance and support (including system enhancement) of the CHIS for the contract period.

2.1.9. Interface CHIS with internal and external systems i.e., Medical aids, Pharmacies, Patient administration system, clinical and allied modules, etc.

2.1.10. Provide Training on CHIS to the Department at all applicable levels with competency certificate.

**NOTE (4) :**

**SUB-CONTRACTING AS A CONDITION OF TENDER**

SITA/LDOH, in terms of the SITA Preferential Policy (PPP), has an obligation to advance designated groups which includes black SMMEs (i.e. Exempted Micro Enterprises (EME) and Qualifying Small Enterprises (QSE) for the supply of certain ICT goods or services where feasible to subcontract for a contract above R50m, an organ of state must apply sub-contracting to advance designated groups.

The bidder is required to subcontract a minimum of 30% of the value of this contract to EMEs, and/or QSEs which is at least 51% owned by black people, black women, youth, or people with disabilities.

## DELIVERY ADDRESS

The services must be supplied to the following address:

Limpopo Department of Health Head Office

Fidel Castro Ruz House

18 College Street, Polokwane, 0700

And in the following facilities:

| **No.** | **Building Description** | **Address** |
| --- | --- | --- |
|  | Seshego hospital | Seshego-A, Polokwane, 1389 |
|  | Helene Franz hospital | Bochum Road,Bochum, 0790 |
|  | Zebediela hospital | Magatle Next to Magatle Police Station, Magatle Village, Gompies |
|  | Lebowakgomo hospital | Zone A,Orrie Baragwanath Pass,Lebowakgomo, 0737 |
|  | W.F Knobel hospital | WF Knobel Hospital, Ga-Ramoshwane,1685 |
|  | Botlokwa hospital | Botlokwa Hospital, Mmatseke, 0812 |
|  | CN Phatudi hospital | Maake Village, Makhubidung Shiluvane Road, Tzaneen, 0850 |
|  | Sekororo hospital | Madeira Midvillage, D24 Road, Trichardtsdal, 0890, 0890 |
|  | Kgapane hospital | Rapitsi Gakgapane Location, Modgadji Road, Duiwelskloof, 0835, 0835 |
|  | Nkhensani hospital | 0826, Giyani Main Rd, Giyani-C, Giyani, 0826 |
|  | Van Velden hospital | 3rd Ave, Arbor Park, Tzaneen, 0850 |
|  | Maphutha L Malatji hospital | Maputa Drive, Namakgale-E, Phalaborwa, 1391 |
|  | Jane Furse hospital | Jane Furse hospital PRIVATE BAG X429, Jane Furse 108, 1085 |
|  | Dilokong hospital | Mokgorwane Gowe Village, Cnr R37 &, Modikwa Road, Driekop, 1129 |
|  | Mecklenburg hospital | Mecklenburg Hospital, Moroke Village, Burgersfort, Limpopo |
|  | Matlala hospital | Matlala 22 Marble Hall Road, Tsimanyana Village, Marblehall, 0450, 0450 |
|  | Groblersdal hospital | Groblersdal 18 Voortrekker Rd, 0470 Elias Motsoaledi, Groblersdal, 0470 |
|  | Elim hospital | Elim District Hospital, Mpheni, Elim, 0960 |
|  | Donald Fraser hospital | Vhufuli Tshitereke Village, Thohoyandou, 0971, 0950 |
|  | Malamulele hospital | Malamulele-A, Malamulele, 0982 |
|  | Louis Trichardt hospital | Louis Trichardt Me Louis Trichardt Cnr Snyman &, Hospitaal St, Louis Trichardt, 0920 |
|  | Siloam hospital | Siloam Hospital, Siloam, 0993 |
|  | Messina hospital | Cnr whyte and N1 Rd, Musina, 0900 |
|  | Thabazimbi hospital | Thabazimbi Hospital, Thabazimbi, 0387 |
|  | Warmbaths hospital | 57 Voortrekker Rd, Bela-Bela, 0480 |
|  | Witpoort hospital | 1 Jan Lee Street, Lephalale, 0555 |
|  | FH Odendaal hospital | 146 Berg St, Modimolle, 0510 |
|  | George Masebe | Mabula Bakenberg Road, Mokopane, 0601, 0380 |
|  | Voortrekker hospital | 2 Geyser St, Trim Park, Mokopane |
|  | Letaba hospital | Nkowakowa Tzaneen Lydenburg Road, Letaba, Tzaneen, 0870, 0870 |
|  | Mokopane hospital | Mahwelereng C Dudu Madisha St,Mokopane,0601, 0626 |
|  | Philadelphia hospital | 246 Philadelphia Main Road, Dennilton AH, 1030 |
|  | St. Ritas hospital | Nebo Street, Glen Cowie, 1061 |
|  | Ellisras hospital | Alwyn Street & Chris Hani Ave, Lephalale, 0555 |
|  | Tshilidzini hospital | Phundamaria Main Road, Shayandima, Thohoyandou, 0945 |
|  | Mankweng hospital | Polokwane Local Municipality |
|  | Pietersburg hospital | Dorp St, Hospital Park, Polokwane, 0699 |
|  | Evuxakeni hospital | Main Road, Giyani, 0826 |
|  | Hayani hospital | Road, R523, Thohoyandou |
|  | Thabamoopo hospital | Unit A Old Hospital, 2512 Lebowakgomo, Lepele-Nkumpi Rural, 0737 |
|  | FH Odendaal MDR Hospital | 54 Thabo Mbeki Drive, Modimolle, 0510, South Africa |

## CUSTOMER INFRASTRUCTURE AND ENVIRONMENT REQUIREMENTS

N/A

# REQUIREMENTS

## PRODUCT REQUIREMENTS

1. Notwithstanding shortcomings, contradictions and/or inconsistencies, if any, in this bid specification, which is only a minimum specification, a bidder must make provision for a complete and fully functional centralised healthcare information solution provided as software as a service that delivers the required functionality cost-effectively and efficiently.
2. The bidder must be responsible for the provisioning and commissioning of the entire solution, regardless of the fact that the bidder’s products might need to interface or integrate with products of other suppliers of the LDoH.
3. The bidder must bear the responsibility for, and the cost of, the bidirectional interface of the cloud computing software as a service centralised healthcare information solution with the system.
4. The successful bidder must undertake a due diligence exercise and perform an analysis of the current healthcare facility manual and electronic workflow processes in hospitals for patient admission, discharge, billing, revenue collection and healthcare provision as well as at LDoH head office, and issue an analysis report with graphic workflow process depictions accompanied by a report with processes that will either replace the manual processes or enhance the electronic processes.
5. Should the bidder be unsuccessful in commissioning and rolling out the required cloud computing software as a service centralised healthcare information solution interface or integration and within the contracted or agreed timeframe, a replacement solution or facility will be sought subsequently by the LDoH, and the bidder must bear the full costs of this replacement solution or facility.

# BID EVALUATION STAGES

1. The bid evaluation process consists of several stages that are applicable according to the nature of the bid as defined in the table below.
2. **The bidder must qualify for each stage to be eligible to proceed to the next stage of the evaluation.**

|  |  |  |
| --- | --- | --- |
| **Stage** | **Description** | **Applicable for this bid YES/NO** |
| Stage 1  | Administrative pre-qualification verification | YES |
| Stage 2A | Technical Mandatory requirement evaluation | YES |
| Stage 2B | Technical Functionality requirement evaluation | YES |
| Stage 2C | Technical Proof of Concept requirement evaluation | YES |
| Stage 3 | Special Conditions of Contract verification | YES |
| Stage 4  | Costing and Preference | YES |

* 1. ADMINISTRATIVE PRE-QUALIFICATION

# ADMINISTRATIVE PRE-QUALIFICATION REQUIREMENTS

## ADMINISTRATIVE PRE-QUALIFICATION VERIFICATION

1. The bidder **must comply** with ALL of the bid pre-qualification requirements in order for the bid to be accepted for evaluation.

If the Bidder failed to comply with any of the administrative pre-qualification requirements, or if SITA is unable to verify whether the pre-qualification requirements are met, then SITA reserves the right to-

* 1. Reject the bid and not evaluate it, or
	2. Accept the bid for evaluation, on condition that the Bidder must submit within 7 (seven) days any supplementary information to achieve full compliance, provided that the supplementary information is administrative and not substantive in nature.

## ADMINISTRATIVE PRE-QUALIFICATION REQUIREMENTS

1. **Submission of bid response**: The bidder has submitted a bid response documentation pack –
	1. that was delivered at the correct physical or postal address and within the stipulated date and time as specified in the “Invitation to Bid” cover page, and;
	2. in the correct format as one original document, one copy and two copies on memory stick / USB.
2. **Attendance of briefing session**: **A Compulsory Virtual briefing is required**. The bidder has to sign the briefing session attendance register using the same information (bidder company name, bidder representative person name and contact details) as submitted in the bidder’s response document.
3. **Registered Supplier.** The bidder is, in terms of National Treasury Instruction Note 4A of 2016/17, registered as a Supplier on National Treasury Central Supplier Database (CSD).

# TECHNICAL MANDATORY

## INSTRUCTION AND EVALUATION CRITERIA

1. The bidder must comply with ALL the requirements as per section 6.2 below **by providing substantiating evidence** in the form of documentation or information, failing which it will be regarded as “NOT COMPLY”.
2. The bidder **must provide a unique reference number** (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response. During evaluation, SITA reserves the right to treat substantiation evidence that cannot be located in the bid response as “NOT COMPLY”.
3. The bidder **must complete the declaration of compliance** as per section 6.3 below by marking with an “X” either “COMPLY”, or “NOT COMPLY” with ALL of the technical mandatory requirements, failing which it will be regarded as “NOT COMPLY”.
4. The bidder must comply with ALL the TECHNICAL MANDATORY REQUIREMENTS in order for the bid to proceed to the next stage of the evaluation.
5. No URL references or links will be accepted as evidence.

## TECHNICAL MANDATORY REQUIREMENTS

| ***TECHNICAL MANDATORY REQUIREMENTS*** | ***Substantiating evidence of compliance****(used to evaluate bid)* | ***Evidence reference****(to be completed by bidder)* |
| --- | --- | --- |
| 1. **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. | The Bidder must attach to ANNEX B a copy of valid documentation (certificate, letter, license, or any substantive evidence) as proof that the bidder is an OEM/OSM, or accredited by the OEM/OSM to provide the proposed Centralised Healthcare Information System (CHIS) solution.**NOTE**: SITA reserves the right to verify the information provided. | <provide unique reference to locate substantiating evidence in the bid response – see Annex B, section 11.1> |
| 1. **BIDDER EXPERIENCE AND CAPABILITY REQUIREMENTS**

The bidder must have provided projects for a Centralised Healthcare Information System (CHIS), or similar hosted in a private cloud in the last 10 years. | The Bidder must provide the following: * 1. Complete table 1 in Annex B by providing 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;

**and*** 1. A reference letter (in a formal custom letter-head and signed by the customer) for each of the customers confirming the that the bidder completed such project as stated in the table reference information provided.

**NOTE (1):** SITA reserves the right to verify information provided.**Note (2):**Failure to complete Table 1 fully as indicated above will result in disqualification. | <provide unique reference to locate substantiating evidence in the bid response – see Annex B, section 11.2, table 1> |
| 1. **TECHNICAL MANDATORY FUNCTIONAL REQUIREMENT**

**The bidder must confirm compliance to the Service/Technical Functional scope requirements.** | The Bidder must confirm that they comply with the Service/Technical Mandatory Functional Requirements by completing ANNEX C: Addendum 1. | <provide unique reference to locate substantiating evidence in the bid response – see Annex B, section 11.3 and Annex C: Addendum 1>  |
| 1. **SPECIAL CONDITIONS OF CONTRACT**

**The Bidder must accept the following:****All the Special Conditions of Contract (SCC) as stated in section 8.2.** | The Bidder **must** accept **All** the Special Conditions of Contract (SCC) as stated in section 8.2.**Note (1):**Failure to complete and submit both the documents as indicated above will result in disqualification. | <provide unique reference to locate substantiating evidence in the bid response – see Annex B, section 11.4> |

## DECLARATION OF COMPLIANCE

|  | **Comply** | **Not Comply** |
| --- | --- | --- |
| The bidder declares by **indicating with an “X”** in either the “COMPLY” or “NOT COMPLY” column that –* 1. The bid complies with each and every TECHNICAL MANDATORY REQUIREMENT as specified in SECTION 6.2 above; AND
	2. Each and every requirement specification is substantiated by evidence as proof of compliance.
 |  |  |

# TECHNICAL FUNCTIONALITY EVALUATION REQUIREMENTS

* 1. **INSTRUCTION AND EVALUATION CRITERIA**
	2. The bidder **must complete in full all the TECHNICAL FUNCTIONALITY requirements.**
	3. The bidder **must provide a unique reference number** (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response. During evaluation, SITA reserves the right to treat substantiation evidence that cannot be located in the bid response, as “NOT COMPLY”. The evidence needs to be attached to ANNEX B.
	4. **Evaluation per requirement.** The evaluation (scoring) of bidders’ responses to the requirements will be determined by the completeness, relevance and accuracy of substantiating evidence.
	5. Each TECHNICAL FUNCTIONAL requirement will be evaluated using a rating scale as per the table below:

| **Evaluation criteria**  | **Score** |
| --- | --- |
| **Irrelevant** (Does not meet minimum requirement) | 0 |
| **Good** (Meets minimum requirements) | 3 |
| **Excellent** (Exceeds minimum requirements) | 5 |

* 1. Weighting of requirements: The full scope of requirements will be determined by the following weights:
	2. **Weighting of requirements:** The score for the desktop evaluation of TECHNICAL FUNCTIONALITY REQUIREMENTS will be calculated as follows:

|  |  |  |
| --- | --- | --- |
| # | **Technical Functionality requirements** | **Weight** |
| 1 | Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure | 20% |
| 2 | Provide access to the CHIS via web interface to all Healthcare facilities using an enterprise license for unlimited number of users | 20% |
| 3 | Provide Change Management services to assist the Department to transition from the current to new system | 20% |
| 4 | The bidder should ensure that duplicate patient records are merged | 20% |
| 5 | The proposed solution should be flexible (scalable) to add other modules | 20% |
|   |  | **100%** |

* 1. Each Bidder will be evaluated on each individual requirement as indicated in the table below.
	2. The value scored for each requirement will be multiplied with the specified weighting for the relevant requirement.
	3. **Minimum threshold:** To be eligible to proceed to the next stage of the evaluation the bid must achieve a minimum threshold overall score of 60%.

**Note: The bidder must achieve at least 60% for each of the Technical Functional requirement sections as indicated in table above, failing which will result in disqualification.**

* 1. **Evaluation per requirement**. The evaluation (scoring) of bidders’ responses to the requirements will be determined by the completeness, relevance and accuracy of substantiating evidence
	2. **SITA reserves the right to verify information / evidence provided by the Bidder.**

| ***TECHNICAL FUNCTIONALITY REQUIREMENTS*** | ***Substantiating evidence and evidence reference to be completed by bidder****.* *Evaluation per requirement: Each requirement indicated in the tables below must be completed and will be scored.* | ***Weighting*** | ***Evidence reference****(to be completed by bidder)* |
| --- | --- | --- | --- |
| 1. The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:

Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure.  | **Evidence:**The bidder must provide the product specification brochure, or architecture documentation indicating how the proposed product or solution complies with the following technical requirements:Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure. **Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | <provide unique reference to locate substantiating evidence in the bid response – Annex B, section 11.5.1> |
| 1. The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:

Provide access to the CHIS to all Healthcare facilities using an enterprise license for unlimited number of users. | **Evidence:**The bidder must provide the product specification brochure, or architecture documentation indicating how the proposed product or solution complies with the following technical requirements:Provide access to the CHIS to all Healthcare facilities using an enterprise license for unlimited number of users.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | <provide unique reference to locate substantiating evidence in the bid response – Annex B, section 11.5.2> |
| 1. The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:

Provide Change Management services to assist the Department to transition from the current health information system to new health information system. | **Evidence:**The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:Provide Change Management services to assist the Department to transition from the current health information system to new health information system.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | <provide unique reference to locate substantiating evidence in the bid response – Annex B, section 11.5.3> |
| 1. The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:

The bidder should ensure that duplicate patient records are merged. | **Evidence:**The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:The bidder should ensure that duplicate patient records are merged.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | <provide unique reference to locate substantiating evidence in the bid response – Annex B, section 11.5.4> |
| 1. The Bidder must provide documentation indicating how the proposed product, or solution complies with the following technical requirements:

The proposed solution should be flexible (scalable) to add other modules.T | **Evidence:**The bidder must provide the product specification brochure, or architecture documentation indicating how the proposed product, or solution complies with the following technical requirements:The proposed solution should be flexible (scalable) to add other modules.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | <provide unique reference to locate substantiating evidence in the bid response – Annex B, section 11.5.5> |

* 1. **TECHNICAL PROOF OF CONCEPT (DEMONSTRATION) REQUIREMENT**

**7.2.1 INSTRUCTION AND EVALUATION CRITERIA**

1. Only those bids that successfully passed all of the previous evaluation stages will progress to this evaluation stage, namely Proof of Concept (Demonstration).
2. The Bidder will be required to do a Live Proof of Concept (Demonstration).
3. The bidder will be expected to provide urls or web address in which the presentations were based on.
4. Only bids that meet the minimum threshold requirements for this section will proceed to the next evaluation stage for Price/BBBEE.
5. Bidders who successfully obtain the minimum threshold for functionality Desktop Evaluation of 60% will be requested to illustrate and demonstrate via a **Live POC (Proof of Concept)** demonstration that Bidder’s solution is capable of delivering as per the scope requirements.
6. The Live POC (Proof of Concept) demonstration will be done on site where the system is currently running.
7. All of the Proof of Concept (POC) requirements must be presented and demonstrated in full.
8. **Evaluation per requirement**. The evaluation (scoring) of bidders’ responses to the **Live POC (Proof of Concept)** requirements will be determined by the completeness, relevance and accuracy of demonstration.
9. The bidder will be expected to provide urls or web address in which the presentations were based on.
10. Only bids that meet the minimum threshold requirements for this section will proceed to the next evaluation stage for Price/BBBEE.
11. Each Live POC (Proof of Concept) requirement will be evaluated using a rating scale as per the table below:

| **Evaluation criteria**  | **Score** |
| --- | --- |
| **Irrelevant** (Does not meet minimum requirement) | **0** |
| **Good** (Meets minimum requirements) | **3** |
| **Excellent** (Exceeds minimum requirements) | **5** |

1. **Weighting of requirements**: The full scope of requirements will be determined by the following weights:

| # | ***TECHNICAL POC (Proof of Concept) REQUIREMENTS*** | **Weight** |
| --- | --- | --- |
| 1 | Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure | 20% |
| 2 | Provide access to the CHIS via web interface to all Healthcare facilities using an enterprise license for unlimited number of users | 20% |
| 3 | Provide Change Management services to assist the Department to transition from the current to new system | 20% |
| 4 | The bidder should ensure that duplicate patient records are merged | 20% |
| 5 | The proposed solution should be flexible (scalable) to add other modules | 20% |
|   |  | **100%** |

1. Each Bidder will be evaluated on each individual requirement as indicated in the table in below.
2. The value scored for each requirement will be multiplied with the specified weighting for the relevant requirement.
3. **Minimum threshold.** To be eligible to proceed to the next stage of the evaluation the bid must achieve a minimum threshold score of **60%.** No single category may score **less than 60%** of the required functionality.

**NB: SITA reserves the right to verify the information provided.**

1. Evaluation per requirement. The evaluation of the Live POC (Proof of Concept) demonstration requirements will be evaluated as follows:

| ***TECHNICAL POC (Proof of Concept) REQUIREMENTS*** | ***Substantiating evidence and evidence reference to be completed by bidder****.* *Evaluation per requirement: Each requirement indicated in the tables below must be completed and will be scored.* | ***Weighting*** | ***Evidence reference****(to be completed by bidder)* |
| --- | --- | --- | --- |
| 1. The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:

Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure.  | **Evidence:**The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:Supply, implement and maintain a Centralised Healthcare Information System (CHIS) that will be hosted in a SITA approved cloud infrastructure. **Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | < Bidder will provide information and demonstration during the Live POC demonstration session> |
| 1. The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:

Provide access to the CHIS via web interface to all Healthcare facilities using an enterprise license for unlimited number of users. | **Evidence:**The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:Provide access to the CHIS via web interface to all Healthcare facilities using an enterprise license for unlimited number of users.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | < Bidder will provide information and demonstration during the Live POC demonstration session> |
| 1. The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:

Provide Change Management services to assist the Department to transition from the current health information system to new health information system. | **Evidence:**The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:Provide Change Management services to assist the Department to transition from the current health information system to new health information system.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | < Bidder will provide information and demonstration during the Live POC demonstration session> |
| 1. The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:

The bidder should ensure that duplicate patient records are merged. | **Evidence:**The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:The bidder should ensure that duplicate patient records are merged.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | < Bidder will provide information and demonstration during the Live POC demonstration session> |
| 1. The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:

The proposed solution should be flexible (scalable) to add other modules.T | **Evidence:**The Bidder must demonstrate by providing a Live Demonstration indicating how the proposed product or solution complies with the following technical requirements:The proposed solution should be flexible (scalable) to add other modules.**Evaluation*:***0=Does not meet minimum requirement3= Meets minimum requirements5= Exceeds minimum requirements | 20% | < Bidder will provide information and demonstration during the Live POC demonstration session> |

* 1. SPECIAL CONDITIONS OF CONTRACT (SCC)

# SPECIAL CONDITIONS OF CONTRACT

## INSTRUCTION

1. The successful supplier will be bound by Government Procurement: General Conditions of Contract (GCC) as well as this Special Conditions of Contract (SCC), which will form part of the signed contract with the successful Supplier. However, SITA**/LDoH** reserves the right to include or waive the condition in the signed contract.
2. SITA reserves the right to –
	1. Negotiate the conditions, or
	2. Automatically disqualify a bidder for not accepting these conditions.
	3. Award to multiple bidders.
	4. **Include the hosting services to be provided by SITA, or by the Bidder.**
3. In the event that the bidder qualifies the proposal with own conditions, and does not specifically withdraw such own conditions when called upon to do so, SITA will invoke the rights reserved in accordance with subsection 8.1(2) above.
4. The bidder must **complete the declaration of acceptance** as per section 8.3 below by marking with an **“X”** either “ACCEPT ALL” or “DO NOT ACCEPT ALL”, failing which the declaration will be regarded as “DO NOT ACCEPT ALL” and the bid will be disqualified.

## SPECIAL CONDITIONS OF CONTRACT

1. **CONTRACTING CONDITIONS**
	1. **Formal Contract. The Supplier must enter into a formal written Contract (Agreement) with LDOH.**
	2. **Right of Award.** SITA/LDOH reserves the right to award the contract for required goods or services to multiple Suppliers.
	3. **Right to Audit. SITA/LDOH reserves the right, before entering into a contract, to conduct or commission an external service provider to conduct a financial audit or probity to ascertain whether a qualifying bidder has the financial wherewithal or technical capability to provide the goods and services as required by this tender.**
2. **DELIVERY ADDRESS.** The supplier must deliver the required products or services at as indicated in Section 2.2, Delivery Address
3. **DELIVERY SCHEDULE**
	1. The scope of work (Section 2.1) and Section 3 (Requirements) must be completed within 6 months after the contract has been awarded. to
	2. The Supplier is responsible to perform the work as outlined in the following Breakdown Structure (WBS):

| **WBS** | **Statement of Work** | **Delivery Timeframe** |
| --- | --- | --- |
|  |
|  | The bidder must supply the work breakdown structure for duration of 6 months  | 60 months |

1. **SERVICES AND PERFORMANCE METRICS**
	1. The bidder will ensure a 99,99% availability of the system at all times.
	2. The Supplier is responsible to provide the following services as specified in the Service Breakdown Structure (SBS):
		1. Provide comprehensive 24/7 Maintenance and support (including system enhancement) of the CHIS for the contract period.
		2. The supplier is expected to do data migration upon receiving the award letter within 6 months.
2. **SUPPLIER PERFORMANCE REPORTING**
	1. **The Supplier will report on a weekly basis to SITA/LDOH during the design, installation and implementation phase of the project; weekly written reports are to be presented to the SITA/LDOH on the progress of the preceding week until installation process has been completed.**
	2. **Monthly meetings to be scheduled between SITA/LDOH and service provider and also ADHOC meetings from both sided.**
	3. **The Supplier is required to generate regular reports as outputs during the maintenance and support cycle within the following service levels (the report type will drive the service level agreement; definition of the content of each report type will be finalised at the time of concluding the contracted service level agreement).**
3. **SITA APPROVED CLOUD**
	1. The facility must maintain a history log of access to it, containing a user-id, date and time of access, healthcare facility, workstation, and a transaction identifier.
	2. all access to service subscriber production systems and infrastructure on which the cloud computing SaaS centralised healthcare information system solution resides must require multifactor authentication to reduce the impact of credentials stolen or intercepted by an unauthorised person or hacker.
	3. the actions that individuals take while they have privileged or administrative access should be logged and recorded in audit trails that can be clearly and fully understood when they are subsequently reviewed. This must include clear information about data or files that have been transferred into or out of the production environment.
	4. As a SaaS vendor you hereby undertake to provide to the LDoH as a service **subscriber privileged and administrative action logs and audit trails** on a regular quarterly basis for review by LDoH staff and its internal auditors. The LDoH must have a self-service ability to request these action logs and audit trails and the SaaS vendor shall furnish them within three business days.
	5. As the SaaS vendor, you hereby undertake that any **transfer of data** or electronic communication between your cloud computing SaaS centralised healthcare information system solution service and LDoH endpoints must be encrypted in transit with standardised protocols such as Transport Layer Security or IPsec, and the versions of these protocols must be recent with no known vulnerabilities.
	6. In a service level agreement (SLA) that will ensue from the award of this bid, the bidder undertakes to provide the **recovery time objective** (RTO) and the **recovery point of objective** (RPO) of the common application infrastructure used to power up the cloud computing SaaS centralised healthcare information system solution service. The bidder must be willing to make available to the LDoH test results demonstrating their disaster recovery and high availability.
	7. The bidder must allow the data storage limits to be surpassed by the LDoH without adversely impacting the delivery and the availability of the cloud computing SaaS centralised healthcare information system solution service or degrading the quality of the service and, in this event, the bidder must notify in realtime the LDoH GITO **when a defined data storage limit is exceeded** and provide the LDoH with options for reducing the size of data in storage.
	8. The bidder must provide the LDoH on an ongoing basis with the **city or cities or town or towns of all the data centres that store the data** for the cloud computing SaaS centralised healthcare information system solution service. The primary data centre must be designated and the data centre/s used for load balancing or disaster recovery must be situated in the Republic of South Africa for the entire duration of the contract between the successful bidder and the LDoH. This is non-negotiable.
	9. It shall be **transparent** to the LDoH at all times **where the** cloud computing SaaS centralised healthcare information system solution **service is physically hosted** by the bidder.
	10. The bidder shall not arbitrarily and unilaterally **move** the cloud computing SaaS centralised healthcare information system solution **service data** from one primary hosting locale to another without a prior advance consultation with the LDoH.
	11. The bidder shall provide to the LDoH **details of the infrastructure or technology platform** (hardware, operating system/s, systems software, middleware, virtualisation, etc.) underpinning the cloud computing SaaS centralised healthcare information system solution service **in the form of a** **non-disclosure agreement** to be entered into with the LDoH. A pro-forma of such a non-disclosure agreement must be submitted with the bid.
	12. If the bidder does not own/operate/provide their own infrastructure and platform, but makes **use of another entity’s infrastructure** as a service or platform as a service, the bidder shall disclose who the other entity or entities are so that the LDoH may inspect or audit the entire service provision value chain.
	13. **The bidder shall provide the LDoH with a bulk data export and import facility for moving large amounts of data into the cloud computing SaaS centralised healthcare information system solution service and from the service on physical removable data storage media (USB 3.0 or external SATA) and the timeframe (in hours or days) for actually importing into the service data delivered to the bidder by the LDoH after receipt by the bidder shall be given.**
	14. The bidder shall provide the LDoH with a standard **pro-forma service level agreement for bulk data import/export**. Such an SLA must be submitted with the bid.
	15. The bidder shall make use of **private or virtual private network connections** between the data centres hosting the cloud computing SaaS centralised healthcare information system solution service.
	16. The bidder shall provide the LDoH with the configurations and considerations they need for the **LDoH firewall** in order to make use of the cloud computing SaaS centralised healthcare information system solution service. The configuration settings shall include specified ports, IP address ranges and connections from wildcard domain names.
	17. The bidder must conduct **network performance and latency tests** for each physical location of the cloud computing SaaS centralised healthcare information system solution service and locale for access to the service on an annual basis and share the outcomes with the LDoH in the form of a report.
	18. **The successful bidder shall never lose LDoH data and this clause shall be a non-negotiable condition in the service level agreement.**
	19. Although the successful bidder as the cloud computing SaaS centralised healthcare information system solution service provider owns or may own the rights to the overall service and its underpinning physical infrastructure, **the LDoH shall retain the ownership rights and title to all data, inputs and outputs of consuming the service**. This data ownership right and title shall remain vested in the LDoH even in the event of an acquisition of the bidder or in the event of bankruptcy of the bidder. In the event of the latter, the bidder must provide the LDoH six months and expertise to get its data out of the service infrastructure of the bidder.
	20. **The bidder must provide the LDoH in the service level agreement, in addition to availability, RTO and RPO metrics, other performance metrics including but not limited to, issue resolution, requests fulfilment and regular audits by both the Limpopo Provincial Internal Audit and the Auditor-General of South Africa. The performance metrics must measure a positive end-user experience such as end-user response time for the service.**
	21. **If and when the service level agreement metric target/s are not met, the bidder shall offer the LDoH in addition to service refunds and credits with a documented procedure to escalate an issue/s, determine the root cause/s and resolve or address the issue that caused the failure to meet the service level agreement metric target/s.**
	22. **Should there be a need to effect a change in the service level agreement which will affect the behaviour of the service, whether it be language, terminology, exclusions, terms, measurements, etc. the bidder shall provide the LDoH with an advance notice of not less than 90 days before the change can be implemented and to which the bidder shall adhere.**
	23. **In the event that the bidder has publicly available and accessible terms and conditions of a standard service level agreement, the LDoH reserves the right to negotiate a custom service level agreement that will be based on the terms and conditions of this bid prior to the commencement of the use of the cloud computing SaaS centralised healthcare information system solution service.**
	24. **If and when the bidder misses a service level agreement metric target/s, or there is a variance, the bidder shall notify the LDoH immediately via a dashboard and by email and telephone (within 5 minutes of occurrence) to a designated contact of the LDoH. The bidder’s notification shall be detailed and an LDoH acknowledgement of the notification shall be recorded by the bidder.**
	25. **The bidder shall count all downtime events such as service outages that have not been initiated by the LDoH, against service availability and service performance. This means that any scheduled, announced, planned, unplanned and malicious events shall all count against the service level agreement service availability and performance metric targets.**
	26. **The bidder shall meet bi-monthly with the LDoH to review service availability, performance, issues and requests, at the premises of the LDoH. The bidder shall provide the service review report at least 5 business days in advance of the date of a meeting. An annual schedule of such meetings shall be provided by the bidder.**
	27. **The bidder shall meet annually with the LDoH to review the service level agreement, which review shall take into account service availability, performance, issues, requests and audit outcomes for a preceding year. A reviewed service level agreement shall bear a version number and a history of revision.**
	28. **The bidder shall offer the LDoH a dashboard depicting the health of the service in a granular fashion and service level agreement availability and performance metrics, also in a granular fashion. The dashboard shall be viewable in the offices of the LDoH GITO, the Deputy Director-General for Healthcare Services, the Deputy Director-General for Tertiary Health and Academic Development, the Chief Director for Hospital Services, hospital chief executive officers, the Head of Department or Accounting Officer and the Member of the Executive Council for Health. This dashboard shall be updated in intervals of 5 minutes.**
	29. **The bidder shall provide the LDoH with a tier 2 support service on a 24 hours a day 7 days a week basis, with a guaranteed acknowledgement and live human response time of 15 minutes or less to a service request.**
	30. **The bidder shall offer the LDoH a standard free, online self-service support facility that includes frequently asked questions (FAQs), a knowledge base and a discussion forum for LDoH cloud computing SaaS centralised healthcare information system solution service administrators and end-users. The discussion forum must have evidence of regular participation and moderation by the bidder’s support staff.**
	31. **The bidder shall provide the LDoH with an incident management system for identifying, submitting or logging and tracking the cloud computing SaaS centralised healthcare information system solution service incidents, and such a system shall be available online, accessible via an application programming interface to customers or clients of the bidder, and shall include the capability to submit incidents and to track statuses of logged incidents.**
	32. **The bidder shall have a listing of established and official partners of the bidder that is available to the customers or clients of the bidder via a website or customer portal. The partner list must be organised and broken down by the kind of service that a partner provides to the bidder in relation to the cloud computing SaaS centralised healthcare information system solution service.**
	33. **Should the LDoH not be a member of the customer advisory panel or have no direct representation on that panel, the bidder shall provide the LDoH with a self-service facility to submit feature requests, service enhancements, new end-user requests, and general feedback and suggestions.**
	34. **The bidder shall notify the LDoH with regard to forthcoming changes and potential operating issues with new releases for the cloud computing SaaS centralised healthcare information system solution service. In such cases the bidder shall provide and follow documented change management processes and procedures that include but are not limited to notifications to customers or clients of the bidder of any changes that will noticeably have an impact on the service.**
	35. **The bidder shall also provide the LDoH with a test and validation procedure as part of the change management information to assure the LDoH that changes to the production service have been thoroughly tested before they are effected.**
	36. **The bidder must have in place a documented incident prioritisation procedure that includes definitions of severity of issues, e.g. critical, major, minor, enhancive, etc. with associated response and resolution times.**
	37. **The bidder must have in place documented incident response plan/s that detail the roles and responsibilities of both the bidder and the LDoH.**
	38. **The bidder shall provide, and hereby undertakes to do so, the LDoH with data validation and migration support for moving into and out of the cloud computing SaaS centralised healthcare information system solution service, and this support shall include, but not limited to, expertise and tools.**
	39. **The bidder shall assign to the LDoH a cloud computing SaaS centralised healthcare information system solution service support manager and a dedicated technical account manager/representative who will serve as escalation points for support and account issues respectively, and also serve as a relationship broker between the bidder and the LDoH.**
	40. **The bidder shall offer the LDoH trial or proof-of-concept and test options that permit the LDoH to try the cloud computing SaaS centralised healthcare information system solution service before committing contractually, and these options shall be free of charge and shall have no limitation or restriction to access to the core functionality of the service. Such options shall also extend to new functionality of the service.**
	41. **The bidder shall offer professional services for implementation, deployment and support and, should such services be offered by a partner of the bidder, that partner shall have training and special access to the bidder’s resources and environment.**
	42. **The bidder shall provide a free tier 1 service desk support for direct interaction with LDoH end-users, and the tier 1 support staff shall have direct and integrated access to the bidder’s tier 2 support staff.**
	43. **All incidents, issues and/or problems logged by the bidder on their incident management system shall reflect a symptomatic statement of the issue/incident/problem viewed from the perspective of the end-user who logged it, a diagnosis of the underlying root cause/s made by a bidder’s support staff member, the remediation action/s undertaken by the support staff member/s, and a recommendation/s to prevent a recurrence. Such an issue/incident/problem database shall be accessible to and searchable by the LDoH GITO staff.**
	44. **The bidder shall provide the LDoH with the cloud computing SaaS centralised healthcare information system solution service health dashboard that contains at least 6 months of trailing health history to enable the LDoH to review service health and service level agreement status.**
	45. **The bidder shall provide the LDoH with a means to extract from the cloud computing SaaS centralised healthcare information system solution service and produce quarterly and as a need arises basic healthcare indicators expressed in the National Indicator Data Set (NIDS) which is made available on an annual basis.**
	46. **The cloud computing SaaS centralised healthcare information system solution service statistical reports shall be available in both Microsoft Excel and Adobe Acrobat Reader formats using the NIDS.**
	47. **A choice of business intelligence tools for online analytical processing and NIDS statistical reporting and for dynamically building up or populating the NIDS database/data warehouse using data from the production cloud computing SaaS centralised healthcare information system solution service shall be made available by the bidder to the LDoH.**
4. **CERTIFICATION, EXPERTISE AND QUALIFICATION**
	1. **The Supplier represents that,**
		1. **it has the necessary expertise, skill, qualifications and ability to undertake the work required in terms of the Statement of Work or Service Definition and;**
		2. **it is committed to provide the Products or Services; and**
		3. **perform all obligations detailed herein without any interruption to the Customer.**
	2. The Supplier must provide the service in a good and workmanlike manner and in accordance with the practices and high professional standards used in well-managed operations performing services similar to the Services;
	3. The Supplier must perform the Services in the most cost-effective manner consistent with the level of quality and performance as defined in Statement of Work or Service Definition;
	4. **Original Equipment Manufacturer (OEM) or Original Software Manufacturer (OSM) work. The Supplier must ensure that work or service is performed by a person who is certified by Original Equipment Manufacturer or Original Software Manufacturer, including the minimum following certification:**
5. **LOGISTICAL CONDITIONS**
	1. **Hours of work**, 07h30 – 16h30 Monday to Friday excluding public holidays.
	2. Provision to be made for work which will be Saturday and Sunday at the Head Office for two weekends.
	3. In the event that SITA/**LDoH** grants the Supplier permission to access SITA's/ **LDoH’s** Environment including hardware, software, internet facilities, data, telecommunication facilities and/or network facilities remotely, the Supplier must adhere to SITA's/**LDoH’s** relevant policies and procedures (which policy and procedures are available to the Supplier on request) or in the absence of such policy and procedures, in terms of, best industry practice.
	4. **Tools of Trade**. The Supplier must bring their necessary tools of trade in order for them to perform their duties adequately.
	5. **On-site and Remote Support**. The Supplier must give off-site and remote support, and only when off-site support is not sufficient, then on-site support will be required upon approval by **LDoH** representative.
	6. **Support and Help Desk**. After hours helpdesk support is required for the period of the first three months per site during weekdays including weekends and public holidays.
6. **SKILLS TRANSFER AND TRAINING**
	1. The Supplier must provide certified training on the proposed solution or product to technical staff and operator to enable **LDoH** to operate and support the product or solution after implementation.
	2. The formal basic and advanced certified training to be done for **LDoH** operators and technical team.
7. **REGULATORY, QUALITY AND STANDARDS**
	1. **The Supplier must for the duration of the contract ensure compliance with ISO/IEC General Quality Standards, ISO27001, and Protection of Personal Information Act (POPIA).**
	2. **The Supplier must for the duration of the contract ensure compliance with the POPIA and records retention in compliance with the National Health Act and the Occupational Health and Safety Act and the HPCSA guideline.**
	3. **The Supplier must for the duration of the contract ensure compliance with General Quality Standards, ISO 9001.**
	4. **The Supplier must for the duration of the contract ensure that the proposed product or solution conform to the list of Government Minimum Interoperability Standards (MIOS).**
8. **PERSONNEL SECURITY CLEARANCE**
	1. **The Supplier personnel who are required to work with GOVERNMENT CLASSIFIED information or access government RESTRICTED areas must be a South African Citizen and at the expense of the Supplier be security vetted (pre-employment screening, criminal record screening and credit screening).**
	2. **The Supplier must ensure that the security clearances of all personnel involved in the Contract remains valid for the period of the contract.**
	3. **The Supplier must provide proof of security vetting.**
9. **CONFIDENTIALITY AND NON-DISCLOSURE CONDITIONS**
	1. **The Supplier, including its management and staff, must before commencement of the Contract, sign a non-disclosure agreement regarding Confidential Information.**
	2. Confidential Information means any information or data, irrespective of the form or medium in which it may be stored, which is not in the public domain and which becomes available or accessible to a Party as a consequence of this Contract, including information or data which is prohibited from disclosure by virtue of:
		1. the Promotion of Access to Information Act, 2000 (Act no. 2 of 2000);
		2. being clearly marked "Confidential" and which is provided by one Party to another Party in terms of this Contract;
		3. being information or data, which one Party provides to another Party or to which a Party has access because of Services provided in terms of this Contract and in which a Party would have a reasonable expectation of confidentiality;
		4. being information provided by one Party to another Party in the course of contractual or other negotiations, which could reasonably be expected to prejudice the right of the non-disclosing Party;
		5. being information, the disclosure of which could reasonably be expected to endanger a life or physical security of a person;
		6. being technical, scientific, commercial, financial and market-related information, know-how and trade secrets of a Party;
		7. being financial, commercial, scientific or technical information, other than trade secrets, of a Party, the disclosure of which would be likely to cause harm to the commercial or financial interests of a non-disclosing Party; and
		8. being information supplied by a Party in confidence, the disclosure of which could reasonably be expected either to put the Party at a disadvantage in contractual or other negotiations or to prejudice the Party in commercial competition; or
		9. information the disclosure of which would be likely to prejudice or impair the safety and security of a building, structure or system, including, but not limited to, a computer or communication system; a means of transport; or any other property; or a person; methods, systems, plans or procedures for the protection of an individual in accordance with a witness protection scheme; the safety of the public or any part of the public; or the security of property; information the disclosure of which could reasonably be expected to cause prejudice to the defence of the Republic; security of the Republic; or international relations of the Republic; or plans, designs, drawings, functional and technical requirements and specifications of a Party, but must not include information which has been made automatically available, in terms of the Promotion of Access to Information Act, 2000; and information which a Party has a statutory or common law duty to disclose or in respect of which there is no reasonable expectation of privacy or confidentiality;
	3. Notwithstanding the provisions of this Contract, no Party is entitled to disclose Confidential Information, except where required to do so in terms of a law, without the prior written consent of any other Party having an interest in the disclosure;
	4. Where a Party discloses Confidential Information which materially damages or could materially damage another Party, the disclosing Party must submit all facts related to the disclosure in writing to the other Party, who must submit information related to such actual or potential material damage to be resolved as a dispute;
	5. Parties may not, except to the extent that a Party is legally required to make a public statement, make any public statement or issue a press release which could affect another Party, without first submitting a written copy of the proposed public statement or press release to the other Party and obtaining the other Party's prior written approval for such public statement or press release, which consent must not unreasonably be withheld.
10. **GUARANTEE AND WARRANTIES**

The Supplier warrants that:

* 1. The warranty of goods supplied under this contract remains valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier;
	2. as at Commencement Date, it has the rights, title and interest in and to the Product or Services to deliver such Product or Services in terms of the Contract and that such rights are free from any encumbrances whatsoever;
	3. the Product is in good working order, free from Defects in material and workmanship, and substantially conforms to the Specifications, for the duration of the Warranty period;
	4. during the Warranty period any defective item or part component of the Product be repaired or replaced within 3 (three) days after receiving a written notice from **LDoH**;
	5. the Products is maintained during its Warranty Period at no expense to **LDoH**;
	6. the Product possesses all material functions and features required for **LDoH**’s Operational Requirements;
	7. the Product remains connected or Service is continued during the term of the Contract;
	8. all third-party warranties that the Supplier receives in connection with the Products including the corresponding software and the benefits of all such warranties are ceded to **LDoH** without reducing or limiting the Supplier’s obligations under the Contract;
	9. no actions, suits, or proceedings, pending or threatened against it or any of its third-party suppliers or sub-contractors that have a material adverse effect on the Supplier’s ability to fulfil its obligations under the Contract exist;
	10. **LDoH** is notified immediately if it becomes aware of any action, suit, or proceeding, pending or threatened to have a material adverse effect on the Supplier’s ability to fulfil the obligations under the Contract;
	11. any Product sold to **LDoH** after the Commencement Date of the Contract remains free from any lien, pledge, encumbrance or security interest;
	12. SITA’s/**LDoH’s** use of the Product and Manuals supplied in connection with the Contract does not infringe any Intellectual Property Rights of any third party;
	13. the information disclosed to SITA/**LDoH** does not contain any trade secrets of any third party, unless disclosure is permitted by such third party;
	14. it is financially capable of fulfilling all requirements of the Contract and that the Supplier is a validly organized entity that has the authority to enter into the Contract;
	15. it is not prohibited by any loan, contract, financing arrangement, trade covenant, or similar restriction from entering into the Contract;
	16. the prices, charges and fees to SITA/**LDoH** as contained in the Contract are at least as favourable as those offered by the Supplier to any of its other customers that are of the same or similar standing and situation as SITA/**LDoH**; and
	17. any misrepresentation by the Supplier amounts to a breach of Contract.
1. **INTELLECTUAL PROPERTY RIGHTS**
	1. **LDoH** retains all Intellectual Property Rights in and to **LDoH**'s Intellectual Property. As of the Effective Date, the Supplier is granted a non-exclusive license, for the continued duration of this Contract, to perform any lawful act including the right to use, copy, maintain, modify, enhance and create derivative works of **LDoH** 's Intellectual Property for the sole purpose of providing the Products or Services to **LDoH** pursuant to this Contract; provided that the Supplier must not be permitted to use **LDoH**'s Intellectual Property for the benefit of any entities other than **LDoH** without the written consent of **LDoH**, which consent may be withheld in **LDoH**'s sole and absolute discretion. Except as otherwise requested or approved by **LDoH**, which approval is in **LDoH**'s sole and absolute discretion, the Supplier must cease all use of **LDoH**'s Intellectual Property, at of the earliest of:
		1. termination or expiration date of this Contract;
		2. the date of completion of the Services; and
		3. the date of rendering of the last of the Deliverables.
	2. If so required by **LDoH**, the Supplier must certify in writing to **LDoH** that it has either returned all **LDoH** Intellectual Property to **LDoH,** or destroyed or deleted all other **LDoH** Intellectual Property in its possession or under its control.
	3. **LDoH**, at all times, owns all Intellectual Property Rights in and to all Bespoke Intellectual Property.
	4. Save for the license granted in terms of this Contract, the Supplier retains all Intellectual Property Rights in and to the Supplier’s pre-existing Intellectual Property that is used or supplied in connection with the Products or Services.
	5. Provide **LDoH** with the compliant safety file.
2. **GENERAL**
	1. The supplier will be bound by Government Procurement: General Conditions of Contract.
	2. (GCC) as well as this Special Conditions of Contract (SCC), which will form part of the signed contract with the Supplier. However, **LDoH** reserves the right to include or waive the condition in the signed contract.
	3. SITA/**LDoH** reserves the right to:
		1. Negotiate the conditions, or
		2. Automatically disqualify a bidder for not accepting these conditions.
		3. Right to Audit: SITA/**LDoH** reserves the right, before entering into a contract, to conduct or commission an external service provider to conduct probity to ascertain whether a qualifying bidder has the technical capability to provide the goods and services as required by this tender.
	4. “The parties in this Agreement agree that the offer price of all the equipment shall be at the wholesale price or below wholesale price as agreed with the OEM. Should, at any time during the existence of the agreement that the offered price which is higher than the wholesale price or as agreed with the OEM, SITA/**LDoH** shall be entitled to such wholesale price with the exclusion of the mark-up which the reseller may have charged”.

NOTE: These conditions will form part of the contract obligations and suppliers are expected to comply in order for **LDoH** to conclude an agreement with the potential suppliers. Failure to comply during finalisation of a contract may result to disqualification.

1. **COUNTER CONDITIONS**

Bidders’ attention is drawn to the fact that amendments to any of the Bid Conditions or setting of counter conditions by bidders may result in the invalidation of such bids.

1. **FRONTING**
	1. The SITA/**LDoH** supports the spirit of Broad Based Black Economic Empowerment and recognizes that real empowerment can only be achieved through individuals and businesses conducting themselves in accordance with the Constitution and in an honest, fair, equitable, transparent and legally compliant manner. Against this background the SITA/**LDoH** any form of fronting.
	2. The SITA**/LDoH**, in ensuring that bidders conduct themselves in an honest manner will, as part of the bid evaluation processes, conduct or initiate the necessary enquiries/investigations to determine the accuracy of the representation made in bid documents. Should any of the fronting indicators as contained in the Guidelines on Complex Structures and Transactions and Fronting, issued by the Department of Trade and Industry, be established during such enquiry/investigation, the onus will be on the bidder / contractor to prove that fronting does not exist. Failure to do so within a period of 14 days from date of notification may invalidate the bid / contract and may also result in the restriction of the bidder/contractor to conduct business with the public sector for a period not exceeding ten (10) years, in addition to any other remedies SITA/**LDoH** may have against the bidder/contractor concerned.
2. **BUSINESS CONTINUITY AND DISASTER RECOVERY PLANS**

The bidder confirms that they have written business continuity and disaster recovery plans that define the roles, responsibilities and procedures necessary to ensure that the required services under this bid specification is in place and will be maintained continuously in the event of a disruption to the bidder’s operations, regardless of the cause of the disruption.

1. **SUB-CONTRACTING AS A CONDITION OF TENDER**

SITA/LDOH, in terms of the SITA Preferential Policy (PPP), has an obligation to advance designated groups which includes black SMMEs (i.e. Exempted Micro Enterprises (EME) and Qualifying Small Enterprises (QSE) for the supply of certain ICT goods or services where feasible to subcontract for a contract above R50m, an organ of state must apply sub-contracting to advance designated groups.

The bidder is required to subcontract a minimum of 30% of the value of this contract to EMEs, and/or QSEs which is at least 51% owned by black people, black women, youth, or people with disabilities.

1. **PREFERENCE GOAL REQUIREMENTS**
	1. The Bidder’s **commitment** for the **Preference Goal Requirements** in this tender will be **legally binding** and the Bidder needs to **perform against their commitment** for the duration of the contract which will form part of the Contractual Agreement.
	2. The Bidder **must sustain, or improve** the company’s **BBBEE Level** for the duration of the contact which will form part of the Contractual Agreement.
	3. **Performance of Preference Goal Requirements will be determined annually**. Bidders must submit their Preference status report to SITA indicating progress against the Bidder’s Preferential commitments **within 30 days after each quarter from the commencement date of the contract.**
	4. Bidders need to keep auditable substantive records / evidence and upon request by **SITA/LDoH** must be made available for audit and, or due diligence purposes.
	5. **SITA/LDoH reserves the right** **to** require from a Bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim with regards to preferences, in any manner required by SITA.
	6. **SITA/LDoH reserves the right to** verify information / evidence provided by the Bidder.
	7. **SITA/LDoH reserves the right to** introduce a **penalty of 1%** of the overall annual year spent by **LDoH** for the prior year if the Bidder fails to comply to paragraphs **(a), (b) and (c) above**.
2. **SUPPLIER DUE DILIGENCE**

SITA/**LDoH** reserves the right to conduct supplier due diligence prior to final award or at any time during the Contract period and this may include pre-announced/ non-announced site visits. During the due diligence process the information submitted by the bidder will be verified and any misrepresentation thereof may disqualify the bid or Contract in whole or parts thereof. Due diligence on reviewing all business and Technical processes and Hospitals and Head Office.

## DECLARATION OF COMPLIANCE

|  | **ACCEPT ALL** | **DO NOT ACCEPT ALL** |
| --- | --- | --- |
| 1. The bidder declares to ACCEPT ALL the Special Condition of Contract as specified in section 8.2 above by indicating with an “X” in the “ACCEPT ALL” column.
 |  |  |
| **NOTE: Failing to Accept ALL the Special Condition of Contract as specified in section 8.2 above** **will result in disqualification.** |

* 1. COSTING AND PREFERENCE

# COSTING AND PRICING

## COSTING AND PREFERENCE EVALUATION

1. In terms of the SITA Preferential Procurement Policy (PPP), the following preference point system is applicable to all Bids:
	1. the 80/20 system (80 Price, 20 B-BBEE) for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); or
	2. the 90/10 system (90 Price and 10 B-BBEE) for requirements with a Rand value above R50 000 000 (all applicable taxes included).
2. **The Applicable Preference Point system for this tender is the 90/10 preference point system.**
3. Points for this tender shall be awarded for:
	1. Price; and
	2. Preference points for specific goals.
4. The maximum points for this tender will be allocated as follows, subject to par.2.

 Table: Points allocation

|  |  |
| --- | --- |
| **Description** | **Points** |
| Price | **90** |
| Preference points for specific goals | **10** |
| Total points for Price and preference points for specific goals | 100 |

## COSTING AND PRICING CONDITIONS

1. **SOUTH AFRICAN PRICING**

The total price must be VAT inclusive and be quoted in South African Rand (ZAR).

1. **TOTAL PRICE**
	1. All quoted prices are the total price for the entire scope of required services and deliverables to be provided by the bidder.
	2. The cost of delivery, labour, S&T, overtime, etc. must be included in this bid.
	3. All additional costs must be clearly specified.

**NOTE (1):**

**SITA reserves the right to negotiate pricing with the successful bidder prior to the award as well as envisaged quantities.**

**NOTE (2):**

**SITA/LDoH reserves the right to include the hosting services to be provided by SITA, or by the Bidder.**

* 1. These conditions will form part of the Contract between SITA and the bidder. However, SITA reserves the right to include or waive the condition in the Contract.
	2. The bidder must complete the declaration of acceptance as per **section 9.3** below by marking with an “X” either “ACCEPT ALL”, or “DO NOT ACCEPT ALL”, failing which the declaration will be regarded as “DO NOT ACCEPT ALL” and the bid will be disqualified.
1. **BID PRICING SCHEDULE**

**Note:** Bidders must complete the bid pricing schedule in the Excel spreadsheet format provided and include this as part of their submission.

## DECLARATION OF ACCEPTANCE

|  | **ACCEPT ALL** | **DO NOT ACCEPT ALL** |
| --- | --- | --- |
| 1. The bidder declares to ACCEPT ALL the Costing and Pricing conditions as specified in **section 9.2** above by indicating with an “X” in the “ACCEPT ALL” column, or
2. The bidder declares to NOT ACCEPT ALL the Costing and Pricing Conditions as specified in **section 9.2** above by -
	1. Indicating with an “X” in the “DO NOT ACCEPT ALL” column, and;
	2. Provide reason and proposal for each of the condition not accepted.
 |  |  |
| **Comments by bidder:**Provide the condition reference, the reasons for not accepting the condition. |

## PREFERENCE REQUIREMENTS

# 9.4.1 INSTRUCTION AND POINT ALLOCATION

1. **The bidder must complete in full all the PREFERENCE requirements.**
2. **Allocation of points per requirements:** The points allocation of bidders’ responses to the requirements will be determined by the completeness, relevance and accuracy of substantiating evidence.
3. Points will be allocated for each **PREFERENCE requirement** as per the criteria set in each section in the **table 1** below.
4. **The bidder must provide a unique reference number** (e.g. binder/folio, chapter, section, page) to locate substantiating evidence in the bid response. During evaluation, SITA reserves the right to treat substantiation evidence that cannot be located in the bid response, as “NOT COMPLY”. The evidence needs to be attached to **ANNEX B**.
5. **Preference Goal Requirements:**
	1. The applicable Preference Point system for this tender and points claimed is **90/10.**
	2. The specific Preferential Goal Requirements for this tender is indicated in **table 1** below.
	3. The Bidder **must** complete the **90/10** preference point system and submit proof or documentation required in terms of this tender.
	4. The Bidder **must** indicate their commitment to claim points for each of the preference points **by signing at par 4.5 in the Invitation to Bid document**.
	5. Failure on the part of a bidder to submit proof or documentation required or to comply to paragraphs (d) above in terms of this tender to claim preference points for the **Preference Goal Requirements** for this tender, will be interpreted to mean that preference points are not claimed.
	6. The Bidder’s **commitment** for the **Preference Goal Requirements** in this tender will be **legally binding** and the Bidder needs to **perform against their commitment** for the duration of the contract which will form part of the Contractual Agreement.
	7. The Bidder **must sustain, or improve** the company’s **BBBEE Level** for the duration of the contact which will form part of the Contractual Agreement.
	8. **Performance of Preference Goal Requirements will be determined annually**. Bidders must submit their Preference status report to SITA indicating progress against the Bidder’s Preferential commitments **within 30 days after each quarter from the commencement date of the contract.**
	9. Bidders need to keep auditable substantive records / evidence and upon request by **SITA/LDoH** must be made available for audit and, or due diligence purposes.
	10. **SITA/LDoH reserves the right** **to** require from a Bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim with regards to preferences, in any manner required by SITA.
	11. **SITA/LDoH** **reserves the right to** verify information / evidence provided by the Bidder.
	12. **SITA/LDoH** **reserves the right to** introduce a **penalty of 1%** of the overall annual year spent by **LDoH** for the prior year if the Bidder fails to comply to **paragraphs (f), (g) and (h) above.**

**Table 1 : Preference Goal Requirements**

| **Preference Goal Requirement #** | **Preferential Goal Requirements** | **Preferential Goal Requirements for (90/10) system** |
| --- | --- | --- |
|  | **Preferential Goal Requirements allocated for this tender** | **Number of pointsallocated(90/10) system(To be completed by the organ of state)** | **Substantiating evidence and evidence reference to be completed by bidder.** Evaluation per requirement: Each requirement indicated in the table below must be completed and points will be allocated based on the evidence required below for the **(90/10) system** | **Evidence reference for the (90/10) system** |
|  | **B-BBEE Requirements** |  |  |
| 1) | **B-BBEE Requirements**Promotion of Transformational Objectives. | 10,0 | **Evidence:**The Bidder must provide a copy of relevant evidence for the Preferential Goal points which the Bidder qualifies for. **Points allocation:**Points will be allocated for bidders that meets the requirements as indicated in **table 2 in section 9.4.1**. | <provide unique reference to locate **(90/10) system** substantiating evidence in the bid response – **Annex B, section 11.6**> |
|  | **Total Point Allocation:** | **10,0** |  |

**Table 2: B-BBEE Points as part of the Preference Goal requirements**

**Note: Bidder to select the section for points they wish to claim (Mark as Y=Yes) in the table below.**



* 1. TERMS AND DEFINITIONS

# ABBREVIATIONS

PPPFA Preferential Procurement Policy Framework Act

|  |  |
| --- | --- |
| B-BBEECHIS | Broad-Based Black Economic Empowerment Centralised Healthcare Information System |
| DBA**LDoH** | Database administratorLimpopo Department of Health |
| OEM OSMPPPSITA S&TUSBVAT | Original Equipment ManufacturerOriginal Software ManufacturerPreferential Procurement PolicyState Information Technology AgencySubsistence and travelUniversal serial busValue Added Tax |
|  |

|  |  |
| --- | --- |
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|  |  |

1. BIDDER SUBSTANTIATING EVIDENCE

# 11. MANDATORY REQUIREMENT EVIDENCE

## ****BIDDER CERTIFICATION / AFFILIATION REQUIREMENTS****

The Bidder **must attach** a copy of valid documentation (certificate, letter, license, or any substantive evidence) as proof that the bidder is an OEM/OSM, or accredited by the OEM/OSM to provide the proposed Centralised Healthcare Information System (CHIS) solution **here**.

## ****BIDDER EXPERIENCE AND CAPABILITY REQUIREMENTS****

The Bidder must provide the following:

* 1. Complete table 1 below by providing 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;

**and**

* 1. A reference letter (in a formal custom letter-head and signed by the customer) for each of the customers confirming the that the bidder completed such project as stated in the table reference information provided.
	2. Complete table below, noting that:
		1. 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;
		2. Project end-date must be current or not older than 10 years from date this bid is advertised,
		3. Scope of work must be related.

Table 1: References

| **No** | **Company name** | **Reference Person Name, Tel and/or email** | **Project Scope of work**  | **Project Start and End-date** |
| --- | --- | --- | --- | --- |
| 1 | <Company name> | <Person Name><Tel><email> | < Provide the details of the scope for a project for a Centralised Healthcare Information System (CHIS), or similar hosted in a private cloud in the last 10 years;>  | Start Date:End Date: |
| 2 | <Company name> | <Person Name><Tel><email> | < Provide the details of the scope for a project for a Centralised Healthcare Information System (CHIS), or similar hosted in a private cloud in the last 10 years;>  | Start Date:End Date: |

* 1. The Bidder **must attach** a reference letter (in a formal custom letter-head and signed by the customer) **for each** of the customers confirming the that the bidder completed such project as stated in the table reference information provided **here.**

**Note (1):**

SITA reserves the right to verify information provided.

**Note (2):**

Failure to complete Table 1 fully as indicated above will result in disqualification.

## ****PRODUCT FUNCTIONAL REQUIREMENT****

The Bidder must confirm that they comply with the Service/Technical Mandatory Functional Requirements by completing ANNEX C: Addendum 1 and **attach it here**.

**NOTE: Failing to comply with all the aspect of this section will result in disqualification.**

 **Yes = Comply**

 **No = not comply (Thus, disqualified)**

## ****SPECIAL CONDITIONS OF CONTRACT****

The Bidder **must** accept **All** the Special Conditions of Contract (SCC) as stated in section 8.2.

**Note (1):**

**Failure to complete and submit the documents as indicated above will result in disqualification.**

## ****TECHNICAL FUNCTIONALITY REQUIREMENTS****

The Bidder needs to **attach** the required Evidence for the Technical Functional Requirements as indicted in section 7 **here**.

**11.5.1 SUPPLY, IMPLEMENT AND MAINTAIN A CENTRALISED HEALTHCARE INFORMATION SYSTEM (CHIS) THAT WILL BE HOSTED IN A SITA APPROVED CLOUD INFRASTRUCTURE**

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

**11.5.2 PROVIDE ACCESS TO THE CHIS VIA WEB INTERFACE TO ALL HEALTHCARE FACILITIES USING AN ENTERPRISE LICENSE FOR UNLIMITED NUMBER OF USERS**

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

**11.5.3 PROVIDE CHANGE MANAGEMENT SERVICES TO ASSIST THE DEPARTMENT TO TRANSITION FROM THE CURRENT TO NEW SYSTEM**

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

**11.5.4 THE BIDDER SHOULD ENSURE THAT DUPLICATE PATIENT RECORDS ARE MERGED**

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

**11.5.5 THE PROPOSED SOLUTION SHOULD BE FLEXIBLE (SCALABLE) TO ADD OTHER MODULES**

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

## ****PREFERENTIAL GOAL REQUIREMENTS****

The Bidder **must**:

* 1. **PREFERENTIAL GOAL REQUIREMENTS**

Bidder must complete the **90/10** preference point system and submit proof or documentation required in terms of this tender to claim preference points for the **Preference Goal Requirements** and attach it here:

* + 1. **Preference Goal Requirements: (90/10 system)**
* Bidder to select the section for points they wish to claim (Mark as Y=Yes) in the **table 2 in section 9.4.1**;

**and**

* The Bidder must provide a copy of relevant evidence for the Preferential Goal points which the Bidder qualifies for as set out in **table 1** **in** **section 9.4.1** and **attach it here**.

**and,**

* 1. Indicate their commitment to claim points for each of the preference points **by signing at par 4.5 in the Invitation to Bid document.**

**NOTE (1):**

**Failure on the part of a bidder to comply to paragraphs (a) and (b) above, will be interpreted to mean that preference points are not claimed.**

**ANNEX C: ADDENDUM 1**

**NB: The bidder must confirm that they comply with the following Technical Mandatory Functional Requirements as indicated below as this will be legal contractual binding:**

|  |  |  |
| --- | --- | --- |
| **ITEM NO** | **DESCRIPTION** | **STATUS** |
| **1.1** | **PATIENT IDENTIFICATION** | **Comply = YESNot Comply = No** |
| 1 | The system must uniquely identify a patient about to receive care or already receiving care.  |   |
| 2 | The system must authenticate the identity of a patient using Biometric feature, e.g. facial recognition, that will prevent people from touching papers or devices. |   |
| 3 | The system must allow the registration of an unidentified or unknown patient, e.g. one that is unconscious. |   |
| 4 | The system must register a new patient on a patient master index (the registration should include the biometric feature of the patient to be used later for identification). |   |
| 5 | For a South African citizen, the system must perform a check digit validation during a civil identity number of data entry and issue a non-fatal error message to the data capturer and flag the invalid civic identity number in the patient database and/or patient master index. |   |
| 6 | For a South African citizen, the system must be able to validate a civic identity number against the population database of the Department of Home Affairs and issue a non-fatal error message to the data capturer and flag the invalid civic identity number in the patient database and/or patient master index. |   |
| 7 | The system must classify patients into private and public patients. |   |
| 8 | The system must further classify public patients into sub-categories for billing or cost recovery purposes |   |
| 9 | The system must further classify private patients into sub-categories for billing or cost recovery purposes. |   |
| 10 | The system must classify foreign national patients, whether private or public, into sub-categories for billing or cost recovery purposes, e.g. business traveller, entertainer, sportsperson, student, tourist, refugee, etc. |   |
| 11 | The system must interact with the Patient Verification System (PVS) to verify the identity of a patient and to verify the means of income.**Note: The PVS system will be used for the “means test”.** |   |
| **1.2** | **HEALTHCARE PROVIDER IDENTIFICATION** | **Comply = YESNot Comply = No** |
| 1 | The system must uniquely identify a healthcare provider that provides care to a patient.  |   |
| 2 | The system must authenticate the identity of a healthcare provider registered on the system through e.g. biometrics, smart cards, etc.  |   |
| 3 | The system must register a healthcare provider on an appropriate healthcare provider registry. |   |
| 4 | The system must facilitate the registration of a healthcare provider on an appropriate healthcare provider registry. |   |
| **1.3** | **HEALTHCARE FACILITY IDENTIFICATION** | **Comply = YESNot Comply = No** |
| 1 | The system must uniquely identify a healthcare facility where a healthcare provision event or episode occurs.  |   |
| 2 | The system must register a healthcare facility on a healthcare facility registry or register.  |   |
| 3 | The system must facilitate the registration of a healthcare facility on a healthcare facility registry or register.  |   |
| 4 | The system must make use of the 13-digit Board of Healthcare Funders practice code number allocated to a healthcare facility as one of the key identifiers.  |   |
| 5 | The system must provide functionalities to reflect the configuration of a healthcare facility with respect to, but not limited to, wards, theatres, specialist clinics, specialist services, etc.  |   |
| **1.4** | **PATIENT REGISTRATION AND RECORD MANAGEMENT**  | **Comply = YESNot Comply = No** |
| 1 | The system must be able to search for a patient record using a unique patient identification number, biometric or one or more other forms of identification such as the South African civic identification number, surname, name, date of birth and passport number.  |   |
| 2 | The system must perform a check digit validation on a South African civic identity number and relays any invalidity to a healthcare facility data capturer in both real time and in a message format a human can easily comprehend, i.e. in a conversational English language. |   |
| 3 | The system must verify the demographic details of a patient who is a South African citizen against those in the database of the Dept. of Home Affairs using a South African civic identity number. |   |
| 4 | The system must create in a relational database a new patient record for a patient who has previously not been registered on the system. |   |
| 5 | The system must link the record of an infant baby to that of the infant’s mother. |   |
| 6 | The system must create a temporary patient record for e.g. an unidentified patient who is unconscious.  |   |
| 7 | The system must merge a temporary patient record with a pre-existing permanent patient record.  |   |
| 8 | The system must allow and facilitate the merging of duplicate or multiple patient records.  |   |
| 9 | The system must create or update a single patient record from duplicate or multiple patient records merged in order of chronological creation.  |   |
| 10 | The system must allow and facilitate patient demographic details to be added, queried and updated. |   |
| 11 | The system must identify and support the retrieval of one or more paper folders that are linked to an electronic patient record. |   |
| 12 | The system must verify the medical aid membership of an insured patient. |   |
| 13 | The system must establish if medical aid benefits of an insured patient are available for procedures, medication, interventions, etc. |   |
| 14 | The system must register and manage details of a patient in an offline mode, i.e. no Internet or LAN connectivity.  |   |
| 15 | The system must perform a patient “means test” using the latest Uniform Patient Fee Schedule (UPFS).  |   |
| 16 | The system must ensure that backdated patient transactions reference the relevant UPFS prevailing at the time of the transaction. |   |
| 17 | The system must ensure that patient demographic details include but are not limited to, residential address, postal address, village or township or town name, village stand number, fixed telephone number, mobile telephone number/s, next-of-kin identity number, addresses and contact details, next-of-kin relationship, village name, etc. |   |
| 18 | The system must ensure that for an insured patient, it performs a validation of the membership status of the patient with their medical aid or medical aid scheme body.  |   |
| **1.5** | **ELECTRONIC DOCUMENT MANAGEMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must facilitate the scanning of paper-based documents into the database of the system and the linking of a scanned document or set of scanned documents to a specific patient record. |   |
| 2 | The system must ensure that electronic patient documents (Xray, Pictures, test results, etc) are stored in the system’s patient database. |   |
| 3 | The system must ensure that patient documents, both electronic and manually scanned ones, are accessible to a healthcare provider through the patient master index.  |   |
| **1.6** | **PATIENT APPOINTMENTS SCHEDULING** | **Comply = YESNot Comply = No** |
| 1 | The system must enable a booking of an appointment for a patient to a specific doctor/s or a service point/s. Service points include, inter alia, Radiology, Medical Social Worker, Dietetics, Podiatry, Physiotherapy, Medical Orthotics Prosthetics, Occupational Therapy, Speech Therapy, Audiology, Optometry |    |
| 2 | The system must provide for an appointment to be made for a group of individuals or for individuals with time slots of varying lengths, i.e. patients attending a diabetic clinic may all be booked into the same hour or shorter slots which may be assigned to individual patients. |   |
| 3 | The system must allow the scheduling of appointments for patients for routine follow-up at regular intervals. |   |
| 4 | The system must send SMS reminders of upcoming appointments to patients whose mobile contact number/s appears in the master patient registration record. |   |
| 5 | The system must record an honouring of an appointment by a patient or confirmation of actual attendance. |   |
| 6 | The system must record a cancellation of an appointment and the reason/s for the cancellation. |   |
| 7 | The system must permit rescheduling of scheduled appointments. |   |
| 8 | The system must record DNA s (did not arrive) and supports tracking of the defaulting patients through, e.g. exception reports. |   |
| 9 | The system must produce monthly schedules for specific doctors, speciality clinics or service points. |   |
| 10 | The system must produce weekly schedules for specific doctors, speciality clinics or service points. |   |
| 11 | The system must produce daily schedules for specific doctors, speciality clinics or service points. |  |
| 12 | The system must create a picking list for retrieval in advance of patient paper folders. |   |
| **1.7** | **HOSPITAL VISITS (THE ACTUAL ACT OF VISITING A PARTICULAR HEALTHCARE FACILITY WHICH MUST NOT BE CONFUSED WITH REGISTERING A PATIENT ON THE SYSTEM. A SINGLE HOSPITAL VISIT MAY INCLUDE MORE THAN ONE CARE EVENT OR EPISODE)** | **Comply = YESNot Comply = No** |
| 1 | The system must enable or facilitate the recording of details of a patient’s visit to a healthcare facility, including but not limited to, arrival date, arrival time, service point/s visited or to be visited, admission doctor, admission date, admission time, treating doctor, date of discharge, date of departure, etc. |   |
| 2 | The system must retrieve and displays the demographic details of a patient that has been identified by the system. |   |
| 3 | The system must print a patient’s demographic data upon request. |   |
| 4 | The system must print patient labels of various sizes for use in the facility by admission clerks, ward staff, clinicians/healthcare providers, pharmacies, radiographers, record management staff, etc. |   |
| 5 | The system must have a queue management component to keep track of patients waiting to be seen by e.g. a clinician. |   |
| 6 | The queue management module of the system must manage simultaneously multiple queues without any limitation regarding the number of queues, one queue at a service point at any one time, provided that no patient can be in more than one queue at the same time.  |   |
| **1.8** | **CARE EVENTS OR EPISODES** | **Comply = YESNot Comply = No** |
| 1 | The system must enable the recording of a care event or episode occurring at a specific date and time, linking the patient to a healthcare provider, the service point and the healthcare facility. |   |
| 2 | The system must update, subject to human confirmation, the clinical details of a patient’s electronic medical record with data received from an external system/s which may include a shared electronic health record at national level and/or a medical claim switching facility. |   |
| 3 | The system must retrieve and display the clinical and demographic details of the electronic medical record of a patient that has been identified by the system. |   |
| 4 | The system must ensure that the clinical details of the electronic medical records can be displayed upon request in chronological order (date and time) with the most recent episode at the top and the earliest episode at the bottom. |   |
| 5 | The system must ensure that the clinical details of the electronic medical records can be displayed, together with the concomitant treatment/prescription, by disease/condition diagnosis with the most recent event at the top and the earliest episode at the bottom. |   |
| **1.9** | **PATIENT HISTORY** | **Comply = YESNot Comply = No** |
| 1 | The system must add and query a patient’s blood type. |   |
| 2 | The system must add, query and update a patient’s allergies. |   |
| 3 | The system must add, query and update a patient’s medical history. |   |
| 4 | The system must add, query and update a patient’s surgical history. |   |
| 5 | The system must add, query and update a patient’s social history. |   |
| 6 | The system must add, query and update a patient’s family history. |   |
| 7 | The system must add a patient dietetic, rehabilitation history including assistive devices received |  |
| **1.10** | **LABORATORY TESTS AND ORDERS** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update orders for laboratory tests for a patient. |   |
| 2 | The system must add, query and update a patient’s laboratory test results. |   |
| 3 | The system must add test results from Psychologists, Occupational Therapists, Audiologists, Speech Therapists, Dieticians etc. |   |
| 4 | The system must allow addition of gatekeeping rules to control ordering or repeating of tests |   |
| 5 | The system must allow tests to be blocked based on gate-keeping rules. |   |
| 6 | The system must show previous result in the case of a test being blocked due to gatekeeping |   |
| 7 | The system must show visuals of specimen collection requirements, viz. collection tube, volume and specimen handling prior to testing |   |
| 8 | The system must display the price of the test upon ordering |   |
| 9 | The system must block the ordering of Point-of-care Tests (POCT) |   |
| 10 | The system must allow Reflex test ordering  |   |
| 11 | The system must allow for ordering of further tests on the same specimen |   |
| 12 | The system must record time of specimen receipt by laboratory staff |   |
| 13 | The system must include reference ranges for the patient when displaying results |   |
| 14 | The system must flag an abnormal result and report it as high or low |   |
| 15 | The system must have an alert for a crucially abnormal result e.g. beep or send notification to requestor |   |
| 16 | The system must show all outstanding results beyond Turn-around-Time (TAT) |   |
| 17 | The system must show that a specimen has been rejected and reason for rejection |   |
| 18 | The system must be able to apply rejection/query/reason codes against non-paid claim items |   |
| 19 | The system must have a uniform results presentation |   |
| 20 | The system must flag conflicting results for the same patient, e.g. HIV positive and then negative within an unreasonable space of time. |   |
| 21 | The system must not allow for results to be changed. |   |
| 22 | The system must allow for the retrieval of results from other sites in case of referrals or patients who voluntarily hop facilities.  |   |
| 23 | The system must allow for access to be given only to certain individuals. |   |
| 24 | The system must allow the generation of the following reports:a. All tests ordered per patient, per ward, per practitionerb. Expenditure per facility, per ward, per practitioner, per testc. Compliance with Minimal Clinical Data Set (MCDS) requirementsd. Turn-around-time (TAT) |       |
| 25 | The system must add, query and update a patient’s radiology tests. |   |
| 26 | The system must import laboratory test results from an external pathology system and present the results for viewing. Name in the comment column the applicable pathology systems. |   |
| 27 | The system must import Digital Imaging and Communication in Medicine (DICOM) images from an external radiology system and present the results for viewing. Name in the comment column the applicable DICOM systems. |   |
| **1.11** | **PATIENT MEDICINE MANAGEMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update a patient’s prescribed medication. |   |
| 2 | The system must produce an electronic prescription for medication that can be printed and be signed by a clinician. |   |
| 3 | The system must produce an electronic prescription for medication that can be electronically signed by a clinician. |   |
| 4 | The system must produce an electronic prescription for medication that can be electronically signed by a clinician and be sent electronically to a pharmacy or a pharmacy system, e.g. RxSolution and/or Warehouse Management System.  |   |
| 5 | The system must add, query and update medication dispensed from an internal hospital pharmacy system for a patient to take home.  |   |
| 6 | The system must facilitate the recording of medication administered to a patient at a service point or in a hospital ward. |   |
| 7 | The system must import data from an external pharmacy system regarding dispensed medication and present the data for viewing.  |   |
| **1.12** | **INTERVENTIONS AND PROCEDURES**  | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update services, interventions and procedures occurring during a care event/episode. |   |
| 2 | Undertake a due diligence exercise and perform an analysis of the current healthcare facility manual and electronic workflow processes in hospitals for patient consultations, admission, discharge, billing of services, revenue collection and healthcare provision as well as at LDoH head office and issue an analysis report with graphic workflow process depictions accompanied by a report with processes that will either replace the manual processes or enhance the electronic processes |  |
| 3 | **Ensure data Migration** from the current on-premises PHIS, deployed in a distributed model in each hospital in the Limpopo Province to the new CHIS |  |
| **1.13** | **CLINICAL OBSERVATIONS AND NOTES** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update specific clinical observations for a patient. |   |
| 2 | The system must add, query and update specific diagnoses for a patient made by a clinician. |   |
| 3 | The system must add, query and update specific episodes of a disease. |   |
| 4 | The system must add, query and update a doctor’s notes.  |   |
| 2.13.5 | The system must add, query and update clinical observations and notes from Psychology, Medical Social Worker, Dietetics, Podiatry, Physiotherapy, Medical Orthotics Prosthetics, Occupational Therapy, Speech Therapy, Audiology, Optometry |   |
| **1.14** | **PATIENT CONSENTS** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update a patient’s consents.  |   |
| **1.15** | **PATIENT REFERRALS** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update referrals for a patient. |   |
| 2 | The system must update an electronic medical record of a patient with the outcome of a referral. |   |
| 3 | The system must enable a referring clinician to send using a facility of the system relevant patient clinical data to a referred clinician.  |   |
| 4 | The system must enable the referred clinician to send, using a facility of the system, the outcome of a referral to the referring clinician after completion of the referral care event.  |   |
| 5 | The system must email referral information to a specified recipient.  |   |
| 6 | The system must enable the referred clinician to electronically accept the referral and schedule appointments. |   |
| **1.16** | **BIRTHS AND DEATHS REGISTRATION** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update birth details. |   |
| 2 | The system must generate a birth certificate in the format or template prescribed by the Department of Home Affairs (DHA) on a DHA pre-approved printer using DHA supplied stationery.  |   |
| 3 | The system must add, query and update death details. |   |
| 4 | The system must generate a Notification of Death Report. |   |
| **1.17** | **PATIENT ADMISSION AND DISCHARGE** | **Comply = YESNot Comply = No** |
| 1 | The system must facilitate the admission of a patient to a healthcare facility, with or without an admitting doctor. |   |
| 2 | The system must check the availability of a bed in a ward for a patient about to be admitted. |   |
| 3 | The system must categorise beds according to severity of patient’s condition. |   |
| 4 | The system must allow inter-transfers between wards and mortuary. |   |
| 5 | The system must allow up and down referrals to the referring facilities. |   |
| 6 | The system must be able to register both SA and Foreign Nationals |   |
| 7 | The system must pick up employment status of a patient with ID or thumb print |   |
| 8 | The system must be able to disclose patient correct address linked to them. |   |
| 9 | The system must pick up outstanding debt of patients in various facilities (track patient outstanding accounts) |   |
| 10 | The system must have file tracking |   |
| 11 | The system must be able to capture patient movements in between service areas |   |
| 12 | The system must be able to file and retrieve files |   |
| 13 | The system must be PAIA 2 of 2000 compliant |   |
| 14 | The system must ensure that record of a patient is not editable (read only) |   |
| 15 | The system must ensure that the patient file must not be printed only with authority |   |
| 16 | The system must update bed occupancy in a ward when a bed is assigned to a patient and confirms the bed occupancy when the patient has been received in the ward. |   |
| 17 | The system must update a patient’s medical record with the details of the doctor assigned to the patient. |   |
| 18 | The system must facilitate the discharge of a patient from a healthcare facility, with a statement of the reason/s for the discharge. |   |
| 19 | The system must generate a discharge summary for an admitted patient who is about to be discharged.  |   |
| 20 | The system must enable the querying of a discharge summary. |   |
| 21 | The system must export patient data in the form of a “visit discharge” summary to a shared electronic health record at national level. |   |
| 22 | The system must make provision for pseudo-beds of a ward that is saturated. |   |
| 23 | The system must issue alerts or a report on a periodic basis (the period interval must be a choice of a healthcare facility) to a healthcare facility manager in respect of patients whose length of stay exceed or has exceeded the average length of stay for a particular condition or ward or both. |   |
| **1.18** | **PATIENT BILLING** | **Comply = YESNot Comply = No** |
| 1 | The system must provide user-friendly functionality for capturing of Uniform Payment Fee Schedule (UPFS) entries (codes and sub-codes) with uniform commencement and end dates. |   |
| 2 | The system must permit the capturing of a new UPFS and retains the previous UPFS and does not override it. |   |
| 3 | The system must ensure that all current and previous UPFS’s are simultaneously available for use. |   |
| 4 | The system must generate data for billing purposes using the relevant UPFS entries applicable for a financial year of a transaction/s to be billed. |   |
| 5 | The system must permit the capturing of primary and secondary ICD10 Codes and it should be linked to the UPFS. |   |
| 6 | The administration module must integrate with the billing module.  |   |
| 7 | The system must obtain data from the billing module for UPFS classifications. |   |
| 8 | The system must record and keep track of all consumables and medications used in a theatre for a procedure for a specific patient for billing purposes. |   |
| 9 | The system must record and keep track of all consumables and medications used in a recovery room for a procedure for a specific patient for billing purposes. |   |
| 10 | The system must record and keep track of all consumables and medications used in a ward for a specific patient for billing purposes. |   |
| 11 | The system must request/obtain data from the billing system for pro-forma invoicing for procedures, possible fees to be paid upon discharge, medications issued, and so on. |   |
| 12 | The system must relay data to the billing process for calculation of services and consequent debiting of a patient account for each period of stay in a healthcare facility until date and time of transfer or discharge.  |   |
| 13 | The system must be able to print the bill with patient information, ICD10 Codes and service details. |   |
| 14 | The system must allow for amendment and cancellation of patient bills. |   |
| 15 | The system must include all types of Assistive devices issued, consumables used for the repair, maintenance, manufacturing of assistive devices and consumables used during Treatment of patients attending Medical Social Worker, Dietetics, Podiatry, Physiotherapy, Medical Orthotics Prosthetics, Occupational Therapy, Speech Therapy, Audiology, Optometry |   |
| **1.19** | **PATIENT TRANSFERS** | **Comply = YESNot Comply = No** |
| 1 | The system must add, query and update a transfer of a patient to or from another healthcare facility. |   |
| 2 | The system must keep track of a boarder (a patient who has been medically discharged but is still at the healthcare facility awaiting to be fetched or for transport to a residence or another facility). |   |
| 3 | The system must allow inter-transfers between wards and mortuary. |   |
| 4 | The system must allow up and down referrals to the referring facilities. |   |
| **1.20** | **PATIENT RECORDS**  | **Comply = YESNot Comply = No** |
| 1 | The system must generate an electronic patient record |  |
| 2 | The system must interface with other systems like PACS/RIS and pull patient information |  |
| 3 | Patient record must be accessible by authorised people including the patient |  |
| **1.21** | **HOSPITAL WARD FACILITY MANAGEMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must manage ward and bed resources and their availability. |   |
| 2 | The system must check bed availability in a ward for a patient about to be admitted. |   |
| 3 | The system must reserve/book an available bed in a ward prior to occupancy of the bed. |   |
| 4 | The system must facilitate the admission of a patient to a specific ward and bed. |   |
| 5 | The system must record the arrival of an admitted patient in a ward. |   |
| 6 | The system must confirm bed occupancy upon occupation of a bed in a ward by a patient. |   |
| 7 | The system must produce a list of patients in a bed by bed number (ascending and/or descending), or patient name in alphabetical order (ascending and/or descending) or patient number (ascending and/or descending) or admission number (ascending and/or descending) or by length of stay (ascending and/or descending). |   |
| 8 | The system must issue a requisition for medication for a specific patient from a pharmacy.  |   |
| 9 | The system must aggregate patient medication on a periodic basis (daily) and places the aggregated medication stock from a pharmacy on a ward requisition. |   |
| 10 | The system must record and update medication stock requisitioned/received from a healthcare facility pharmacy, whether or not a requisition was placed beforehand. |   |
| 11 | The system must record and update medication stock issued to patients in a ward. |   |
| 12 | The system must issue alerts and/or a report for medication received in a ward but not issued to any specific admitted patient after a specified period has elapsed (period interval must be a ward choice parameter). |   |
| 13 | The system must record and update a patient’s dietary requirements, e.g. halaal, vegetarian, pork avoidance, etc. |   |
| 14 | The system must record and update a patient’s specific dietary requirements e.g. sugar free, low salt, fat free, allergies, liquids only, etc. |   |
| 15 | The system must generate a ward meal plan. |   |
| **1.22** | **HOSPITAL THEATRE FACILITY MANAGEMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must record, update and manage theatre bookings. |   |
| 2 | The system must provide a theatre booking list which can optionally be printed. |   |
| 3 | The system must provide a theatre timetable per ward which can optionally be printed. |   |
| 4 | The system must record theatre procedures, scheduled, cancelled, rescheduled and actually performed on a patient. |   |
| 5 | The system must record anaesthetic start and end times for a patient. |   |
| 6 | The system must record the start and end times of procedures performed in a theatre on a patient. |   |
| 7 | The system must record a patient’s movement to and from a theatre. |   |
| 8 | The system must record a patient’s movement to and from a recovery room. |   |
| **1.23** | **OTHER HOSPITAL FACILITY MANAGEMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must record outpatient, inpatient total seen, total sessions and total headcount. |   |
| 2 | The system must record, updates and manages applications for all types of assistive devices, issuing, issue rate and backlogs |   |
| 3 | The system must record repairs, replacements and condemning of assistive devices. |   |
| 4 | The system must report on available stock levels for assistive devices and trace all issued devices using serial numbers. |   |
| **1.24** | **REPORTS AND COMMUNICATION** | **Comply = YESNot Comply = No** |
| 1 | The system must flag notifiable diseases and issues reports on them. |   |
| 2 | The system must export anonymised or de-identified patient data for statistical analysis and aggregation purposes. |   |
| 3 | The system must send standard reports to specified recipients by email. |   |
| 4 | The system must provide standard and ad hoc reporting functionality at ward and healthcare facility levels.  |   |
| 5 | The system must generate data required to compile the National Indicator Data Set (NIDS) as defined by the National Department of Health. |   |
| 6 | The system must produce a diseases burden report/s by healthcare facility, a ward, village, town, municipality and province and display and print the statistics and data on a geographical map and in colour. |   |
| 7 | The system must produce the diseases burden report/s by calendar year, financial year, etc. from any specific date to any other specific date. |   |
| 8 | The system must ensure that the diseases burden report/s statistics are available in Microsoft Excel format for offline analysis. |   |
| 9 | The system must ensure that the reports on the system must allow users to input the required criteria. |   |
| 10 | The system must produce a list of patients in a bed by bed number (ascending and/or descending), or patient name in alphabetical order (ascending and/or descending) or patient number (ascending and/or descending) or admission number (ascending and/or descending) or by length of stay (ascending and/or descending). |   |
| 11 | The system must produce financial, administrative and clinical reports according to set criteria. |   |
| **1.25** | **SECURITY, AUTHORISATION AND SYSTEM ADMINISTRATION OR SYSTEM CONTROL** | **Comply = YESNot Comply = No** |
| 1 | The system must provide for a single user to be designated as a system administrator or controller. |   |
| 2 | The system must provide for one or more users to be designated as sub-administrators or sub-controllers by the system administrator. |   |
| 3 | The system must permit a system administrator to delegate system access authorities or rights to one or more sub-administrators. |   |
| 4 | The system must enable the administrators to assign access authorities or rights to non-administrator users for system functions based on a group of users’ business functional profile/s or role/s. |   |
| 5 | The system must enable the administrators to assign access authorities or rights to non-administrator users for system data based on a group of users’ business data access profile/s or role/s. |   |
| 6 | The system must ensure that a non-administrator user is allowed to perform system work for which they have functional and data access rights.  |   |
| 7 | The system must ensure that a non-administrator user can have specific individual access rights over and above those of his/her group/s. |   |
| 8 | The system must ensure a non-administrator user can have access rights of several groups at the same time. |   |
| 9 | The system must record roles and access permissions or rights to healthcare providers and other users as granted by a system administrator or sub-administrator. |   |
| 10 | The system must ensure that the menu options, modules and functionality available to an individual user depend on the role-based access control granted to the user by an administrator. |   |
| 11 | The system must verify a user’s identity through a unique username and password authentication. |   |
| 12 | The system must authenticate the identity of a user through e.g. biometrics, smart cards, pin codes, etc. |   |
| 13 | The system must ensure that all users of the system are authenticated through e.g. biometrics, smart cards, pin codes, etc. |   |
| 14 | The system must preserve its security through the use of up-to-date security protocols.  |   |
| 15 | The system must preserve data security through the use of regular automated backups. |   |
| 16 | The system must ensure that the technological environment within which the system is deployed includes, but is not limited to, protection against infection by unauthorised or undesirable software programs. |   |
| 17 | The system must record and report on all functional and data access rights violations and violation attempts irrespective of the level of access rights of a user. |   |
| 18 | The system must ensure that system log-in attempts per user are limited to three after which an intervention of a system administrator shall prevail. |   |
| 19 | The system must ensure that user passwords for non-administrators shall be changed every four months, and no password shall be repeated before a period of 60 months has elapsed. |   |
| 20 | The system must ensure that user passwords for an administrator shall be changed every 90 days and no password shall ever be repeated. |   |
| 21 | The system must ensure that a user password shall bear no resemblance to the names, surname, identity number, passport number, mobile phone number, fixed telephone number or birthdate of the user or any permutation of the afore-mentioned.  |   |
| 22 | The system must ensure that when a sub-administrator’s rights are revoked, all the rights granted by that sub-administrator to end-users are automatically revoked.  |   |
| 23 | The system must ensure that when a system administrator’s rights are revoked, all the rights granted by that administrator to sub-administrators and their delegates are automatically revoked. |   |
| 24 | The system must automatically notify the user of non-activity after 5 minutes and log the user off after 10 minutes of non-activity. The system will ensure that all work captured up to that point is saved immediately. |   |
| **1.26** | **PATIENT DATA PRIVACY AND CONFIDENTIALITY** | **Comply = YESNot Comply = No** |
| 1 | The system must ensure patient data privacy and confidentiality at all times. |   |
| 2 | The system must ensure patient data privacy and confidentiality for data in situ or at rest. |   |
| 3 | The system must ensure patient data privacy and confidentiality for data in transit. |   |
| 4 | The system must provide effective mechanism/s to prevent unauthorised disclosure of data or unauthorised access to data.  |   |
| **1.27** | **SYSTEM ARCHITECTURE**  | **Comply = YESNot Comply = No** |
| 1 | The system must have:* Date on the system
* Archiving of inactive records/ users
 |   |
| 2 | The system must allow multiple concurrent users without a number limitation to access the same functionality. |   |
| 3 | The system must ensure that in an event of multiple concurrent user access, only one user may update a record or object being accessed.  |   |
| 4 | The system clock must be maintained with great precision. |   |
| **1.28** | **DATABASE AUDIT TRAIL OR JOURNAL** | **Comply = YESNot Comply = No** |
| 1 | The system must ensure that every change made to a field, record, table or object is logged in a database journal or audit trail with user-id, date and time stamps. |   |
| 2 | The system must ensure that the database journal or audit trail contains pre-update and post-update images or values of every change with user-id, date and time stamps. |   |
| 3 | The system must ensure that using the database journal or audit trail, the database can be rolled back to a particular date and time or be rolled forward to a particular date and time. |   |
| 4 | The system must ensure that using the database journal or audit trail, transactions generated by a particular user or groups of users or a particular healthcare facility may be rolled backwards out of the database from a particular date and time to a particular date and time. |   |
| 5 | The system must ensure that similarly, using the database journal or audit trail, transactions generated by a particular user or groups of users or a particular healthcare facility may be rolled forward into the database from a particular date and time to a particular date and time. |   |
| 6 | The system must ensure that the database rollback and roll forward facilities are available only to an authorised database administrator. |   |
| 7 | The system must have a front-end user facility for viewing the database journal or audit trail. |   |
| **1.29** | **MESSAGING STANDARDS COMPLIANCE** | **Comply = YESNot Comply = No** |
| 1 | The system must have the capability to exchange data with external systems. |   |
| **1.30** | **CODING AND CONTENT STANDARDS COMPLIANCE** | **Comply = YESNot Comply = No** |
| 1 | The system must make use of and supports nationally accepted coding standards, e.g. ICD-10. List in the comments column all the coding standards that are supported by the system. |   |
| 2 | The system must natively support the XML data format. |   |
| 3 | The system must send and receives content in a HL7 V3 CDA format. |   |
| 4 | The system must send and receives content in an XML format. |   |
| 5 | The system must support fully some or all of the Integrating the Healthcare Enterprise (IHE) profiles listed in the 2021 Heal The Normative Standards Framework for digital health interoperability in South Africa: 2021 HNSF. **Refer to ANNEX D.** |  |
| **1.31** | **DATA QUALITY, INTEGRITY AND ACCURACY** | **Comply = YESNot Comply = No** |
| 1 | The system must ensure and enforces data validation during data capturing. |   |
| 2 | The system must enforce and maintain data accuracy and integrity through entity relationships that are defined and documented in a data dictionary and comply with business rules. |   |
| 3 | The system must have a business rules engine that contains definition of business rules. |   |
| 4 | The functionality of the system must derive solely or mostly from the business rules that are contained in the business rules engine. |   |
| 5 | Data validation in the system must follow business rules defined in the business rules engine and the data relationships defined in the data dictionary. |   |
| 6 | The system must ensure that only a designated database administrator has access rights to the data dictionary, database structures or schema and the metadata. |   |
| 7 | The system must ensure that only a designated business analyst has access rights to the business rules engine and its content. |   |
| **1.32** | **SYSTEM USER INTERFACE** | **Comply = YESNot Comply = No** |
| 1 | The system must be based on an integrated graphical intuitive user interface that provides access to all the available functionality in the system, subject to a user’s access profile. |   |
| 2 | The system user interface design must have a consistent look, feel and navigation across all the modules in the system. |   |
| 3 | The system must provide a user with frequent and informative context-sensitive feedback to enable the user to feel confident that the system is accurately doing what the user expects. |   |
| 4 | The system must permit cancellation and reversal of actions where appropriate; e.g. where a debit has been created, a credit will be issued, and vice-versa; and such reversals and cancellations are visible to the user. |   |
| 5 | The system must issue and highlight a warning in red with a flicker to a user when a user is about to undertake an action or execute a function that is not reversible. |   |
| 6 | The system must request a confirmation from a user of an action that is not reversible. |   |
| 7 | The system must use mechanisms to enable easy and correct data capturing, e.g. drop-down lists, filters, etc. |   |
| 8 | Users must use specific functionalities within the system intuitively without the need to remember or take notes of actions, steps or commands to accomplish a goal. |   |
| 9 | The system must provide a logical and graphical process flow to execute a particular business process step and to reach applicable functions. |   |
| 10 | The system must ensure that in a logical graphical business process flow, the function that is currently being executed by a user is highlighted in a particular colour (say grey) and this colour scheme is applied consistently throughout all the modules of the system. |   |
| 11 | The system must ensure that in the logical graphical business process flow, the next function which a user may invoke is highlighted for example in green, and a next function which may not be invoked and may cause trouble or an issue is highlighted for example in red; and this colour scheme is applied consistently throughout all the modules of the system. |   |
| 12 | The system must ensure that in the logical graphical business process flow, the next function which a user may invoke and for which some thinking or calculation is required is highlighted for example in amber, and this colour scheme is applied consistently throughout all the modules of the system. |   |
| 13 | The system must be intuitive and enable a user with the right skill level to be proficient in a specific functionality after undergoing training specified or recommended or given by the service provider. |   |
| 14 | The system must be usable by a user with basic computer literacy skills. |   |
| 15 | The system must be usable by a visually and/or audibly impaired person through interoperating with a workstation equipped with software for visually and/or audibly impaired persons. Name the relevant software and their versions in the comment column.  |   |
| **1.33** | **SYSTEM DOCUMENTATION** | **Comply = YESNot Comply = No** |
| 1 | End-user manuals for the system must be made available on the premises of the customer in electronic format as well as in print format if need be. |   |
| 2 | The end-user manuals must be couched in standard healthcare service delivery terms or end-user functional terms. |   |
| 3 | The end-user manuals must be ordered in terms of healthcare service delivery functional areas for ease of end-user use and the terminology used is that which pertains to the healthcare service delivery function. |   |
| 4 | The technical manuals for the system must be made available to the technical support staff of the customer on their premises in electronic format and in print format if need be. |   |
| 5 | The documentation for the operation of the system must be made available to the operations support staff of the customer on the premises of the customer in electronic format and in print format if need be. |   |
| **1.34** | **CUSTOMER STAFF TRAINING** | **Comply = YESNot Comply = No** |
| 1 | The system must offer online training to the user and support staff |   |
| 2 | The system must provide online help in English. |   |
| **1.35** | **SYSTEM SCALABILITY** | **Comply = YESNot Comply = No** |
| 1 | The system must have demonstrable capacity to be scaled up. |   |
| 2 | The system must handle between 2500 and 250000 patient visits per healthcare facility per year. |   |
| 3 | The system must support at least 100 concurrent users per healthcare facility at any one time. |   |
| 4 | The system must handle at least 2500 concurrent users spread across all 41 healthcare facilities at any one time without displaying any performance degradation.  |   |
| 5 | The system must be scalable in terms of capacity for data storage. |   |
| 6 | The system must be scalable in terms of an increased number of concurrent users. |   |
| 7 | The system must be scalable in terms of an increase in transaction volumes. |   |
| **1.36** | **SYSTEM BACKUP, DISASTER RECOVERY, SERVICE CONTINUITY AND DOWNTIME PROCEDURES** | **COMPLIESYES/NO** |
| 1 | A comprehensive system backup and recovery plan and procedures must be developed and implemented. |   |
| 2 | The system backup and recovery plan and procedures must be availed to the LDoH and its internal and external auditors for quality assurance on an annual basis. |   |
| 3 | The system backup and recovery plan and procedures must be tested twice a year and the results are made available to customers within 21 business days.  |   |
| **1.37** | **SCREENING OF PEOPLE** | **Comply = YESNot Comply = No** |
| 1 | The system must provide a platform to capture patient and staff details based on the approved screening tool. |  |
| 2 | Once completed, information must automatically be saved to a central storage. |  |
| 3 | The screening solution must be compatible with the smart devices (e.g. cell phone, tablets, etc.) |  |
| 4 | Capability for people to self-assess. |  |
| **1.38** | **HOUSEHOLD PROFILING** | **Comply = YESNot Comply = No** |
| 1 | The system must have the capability to profile the household.  |  |
| 2 | The community healthcare worker must be able to capture and upload this information to the central database |  |
| **1.39** | **QUEUE MANAGEMENT SYSTEM** | **Comply = YESNot Comply = No** |
| 1 | The system must track the patient from the entry to exit |  |
| 2 | Each service station must be able to view patient in the queue for their service, refer to the next appropriate service queue, and measure patient waiting time. |  |
| 3 | Each service station must measure workload, show bottleneck, give alerts where waiting time exceeds prescribed standards for such a station |  |
| 4 | Patient waiting information must be displayed on monitors for patients to track their position in the queue and have a patient call out system. |  |
| 5 | Have an appointment system that can be managed at each service station |  |
| **1.40** | **MOBILITY SOLUTIONS (PATIENT, HEALTHCARE WORKER AND SYSTEM USER)** | **Comply = YESNot Comply = No** |
| 1 | Patient must be able to;* Access own profile
* Schedule an appointment
* Update personal details like contacts, address, etc.
* Pay bills
* Receive patient education materials, etc.

The system must be compatible with tablets and smart phones. |  |
| 2 | Healthcare workers must be able to;Record patient information electronically at the point of care |  |
| **1.41** | **STAFF SCHEDULING** | **Comply = YESNot Comply = No** |
| 1 | The system must provide staff scheduling functionality |  |
| 2 | Managers must be alerted about staff availability that may negatively impact service delivery |  |
| **1.42** | **ELECTRONIC SIGNATURE** | **Comply = YESNot Comply = No** |
| 1 | Healthcare worker must be able to sign using electronic signature. |  |
| 2 | Patient must be able to sign using electronic signature. |  |
| 3 | The system must comply with legislated requirements for electronic signatures. |  |
| 4 | Interface with industry standard e-signature devices and software. |  |
| 5 | Ability to print signed documents. |  |
| **1.43** | **INTERFACE/INTEGRATE WITH OTHER SYSTEMS CURRENTLY USED BY GOVERNMENT** | **Comply = YESNot Comply = No** |
| 1 | The system must Interface with all systems used for testing of suspected cases to ensure immediate update when results are out (Laboratory and blood services) |  |
| 2 | Ability to pull a person’s details from Home Affairs database using the Identification number |  |
| 3 | The system must interface with existing health information systems in the department, e.g. * + MediKredit
	+ PDSX (Pharmaceutical system)
	+ RxSolution
	+ Health Patient Registration System (HPRS)
	+ District health Information System (DHIS)
	+ Xray
	+ PACS/RIS
	+ CAD
	+ Stock Visibility System, etc.
 |  |
| 4 | Interface CHIS with internal and external systems i.e., Medical aids, Pharmacies, Patient administration system, clinical and allied modules, etc. |  |
| **2** | **WARRANTIES** | **Comply = YESNot Comply = No** |
| 1 | Software developed, installed, configured, tested and commissioned by the successful bidder, their personnel, agents or sub-contractors shall be free of technical defects or bugs and shall be so guaranteed for a period of 12 months calculated from the date of acceptance of the software by the LDoH. Any defects or bugs which are attributable to poor workmanship or negligence on the part of the bidder, which come to the notice of the LDoH, and to which the LDoH draws the attention of the bidder, shall be rectified by the bidder at the bidder’s own cost and time. Any rectification shall be guaranteed for a further period of 12 months. After the expiry of the guarantee period all charges relating to correction of technical defects or bugs shall be expressly and distinctly denoted as such on any billing documentation. |    |
| 2 | Should software maintenance and/or technical support be billable, no maintenance or technical support shall be billed for the first 12 months calculated from the date of commission of the cloud computing software as a service centralised healthcare information solution. Any such billable maintenance shall be paid monthly in arrear, and billable technical support shall be paid on the basis of desired output or outcomes delivered, and not on a time and material basis. |    |
| 3 | Provide comprehensive 24/7 Maintenance and support of the CHIS for the contract period. |  |
| 3 | **SITA OR SITA APPROVED CLOUD COMPUTING SOFTWARE AS A SERVICE CENTRALISED HEALTHCARE INFORMATION SOLUTION SUPPORT**    | **Comply = YESNot Comply = No** |
| 1 | Software maintenance, technical support and operational support shall be provided for the duration of the contract or agreement between the successful bidder and the LDoH. Costs, if any, in this regard must be disclosed in the pricing schedule.  |    |
| 2 | It is expected that the bidder shall have in place a functional service desk that operates on 24 x 7 x 365 basis and that is equipped with a toll-free telephone number. |    |
| 3 | A service call must be responded to within 15 minutes after a service call has been lodged. All service calls shall be registered by the bidder and each call shall be provided with a unique call reference number. A toll-free telephone number for service call logging must be provided.  |    |
| 4 | Service problems that have not been remedied within 2 hours of the service call being logged for the first time shall be escalated to a higher level of client management and a higher level of bidder technical and client support. |    |
| 5 |  If after 8 hours of the initial logging of the service call a problem has not been remedied, the bidder shall provide at own expense alternative arrangements for the LDoH to be operational. |    |
| 6 | In the event that a warranty obligation is to be performed by a third party, this shall in no way diminish the obligations of the bidder under this bid and any such costs will be borne by the bidder. |    |
| **4.** | **LICENCES** | **Comply = YESNot Comply = No** |
| 1 | Any licences that may be required to access or interface with the cloud computing software as a service centralised healthcare information solution shall be detailed by the bidder. The bidder shall indicate whether he/she is duly licensed to provide such licences. |    |
| **5.** | **CONTINGENCY PLAN** | **Comply = YESNot Comply = No** |
| 1 | An indicative contingency plan must be provided to ensure that restoration of services can be achieved rapidly in the event of difficulties arising during the outage of the cloud computing software as a service centralised healthcare information system solution. |    |

**NOTE:** **Coding and content standards compliance:**

The system must support fully some or all of the Integrating the Healthcare Enterprise (IHE) profiles listed in the 2021 Heal The Normative Standards Framework for digital health interoperability in South Africa: 2021 HNSF. **Refer to ANNEX D.**

**NOTE: Failing to comply with all the aspect of this section will result in disqualification.**

 **Yes = Comply**

 **No = not comply (Thus, disqualified)**

I, the bidder (Full names)………………………………………………………….representing (company name)…………………………………………………………….. Hereby confirm that I comply with the above Technical Mandatory Requirements and understand that it will form part of the contract and is legally binding.

Thus done and signed at …………………………………….. On this………day of……………..….20….

……………………………….

Signature

**ANNEX D: Additional Attachments**

Refer to the attached document:

ANNEX D1: 2021 Heal The Normative Standards Framework for digital health interoperability in South Africa: 2021 HNSF.

**ANNEX D2: HPCSA guideline.**