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Our Ref: RFI 5903-2025
Enquiries: Mildred Mashego
Tel: +27 72 079 0757
Date: 2025-03-12

Dear Bidder

RE: RFI 5903-2025: RESPONSES TO QUESTIONS: REQUEST FOR INFORMATION (RFI) FOR EHEALTH SYSTEMS, SYSTEM TAKE-ON AND IMPLEMENTATION, MAINTENANCE AND SUPPORT SERVICES

Some questions were posed following the virtual briefing session for the abovementioned invitation to bid that was held on 14 February 2025 at 11h00 am.

Please find the questions as well as responses below:

No	Question	Answer
1.	As Health System Technologies we would like to request from the department or SITA, if possible, to provide us with a breakdown of the critical components of modules of RFI that would be required from day one of the implementation to focus on, ahead of the ancillary components which could be developed simultaneously concurrent to the implementation of the critical modules.	The purpose of the RFI is to obtain information from industry regarding available eHealth systems to inform the specification of the planned RFP to follow the RFI: a. RFI responses in terms of which requirements can be satisfied by systems in the market as responded in column d per requirement in each requirement table will guide the development of the RFP specification. This may result in the prioritisation of core requirements (in the RFP specification). b. For the RFI, all requirements that are classified as core (column c per requirement in each requirement table) are critical requirements. Hence, question 52 in Table 13 (non-functional requirements) requires that you give an estimated indication of how long (in months) it will take to customise your eHealth system to satisfy all core requirements. However, upon deliberation to respond to your question, OHS was identified as an exception. The OHS

		requirement is classified as a core requirement that may be implemented after the rest of the core functions. c. Note that system take-on and implementation will be planned with the successful supplier after conclusion of the ***RFP process***, i.e. after bid award and contracting. Upon deliberation to respond to your question, two additional questions were determined. It is requested that you indicate at the bottom of Table 13: i. the sequence of implementing modules of your eHealth system. ii. which requirements will be addressed through partnering with third party suppliers.
2.	(a) Could you please clarify how we should structure our responses? For example, if the function exists but the format may need adjustments to align with SITA requirements, should we indicate this in our answers? (b) Additionally, when responding, are we allowed to select both "Y" and "YC," or are we restricted to choosing only one option? Specifically, in a scenario where a patient is being admitted, the software includes a general submission that may differ from SAHMS but can be customized. In such cases, should we indicate both "Y" and "YC," or is it appropriate to select only "YC"?	(a) Please select the YC option to indicate that the function exists and can be customized. (b) Please provide annexures with your RFI response if you need to provide more details about why you selected the options you did. For instance, if you select YC and need to explain further why you made that choice, say YC - See Annexure A.
3.	I have checked the SITA portal and I have noticed there is no bid document which consists of the SBD forms and GCC uploaded .Please advise if this will be uploaded?	We did not include SBD Forms and GCC for two reasons: 1. SBD Forms are not a requirement since this RFI is used to gather information rather than solicit formal bids. 2. GCCs are crucial for formal contracts, but not required for this procurement process because an RFI does not constitute a binding contract.
4.	As discussed in the information session, the note about the extension of the deadline for submission?	The extension has been updated on the SITA website.

5.	I would like to confirm whether the tender box is accessible 24/7.	The answer to your question is no. The reason is, when you submit, you must sign at the tender office as proof of submission.
6.	Does the solution need to be hosted on the Government's private cloud ecosystem (GPCE) or can it be hosted on Azure Cloud Platform in Private Deployment.	The eHealth system must be hosted on the Government Private Cloud Ecosystem as stated in the RFI specification.

Question 7: We would also like to understand the types of integrations required, such as integration with external systems (e.g., national ID systems, if applicable) and with lab/diagnostic machines.

Answer:

Refer to the integration requirements below as stated in the RFI specification. Interfaces to laboratory information management systems can be added to the list. The DOD uses services of National Health Laboratory Service (NHLS), private laboratory services such as Ampath as well as the DOD's own laboratory service utilising Customized ILEX SA PTY Laboratory System.

The current legacy system does not interface with point of care devices and patient wearables. However, it is a requirement that the new eHealth system must have the ability to interface with point of care medical equipment as listed in the RFI requirements. It must be possible to incorporate information generated by medical equipment from various healthcare disciplines into the patient's electronic health record.

No	Non-functional aspect	Description and Requirements	Core Non-Core	Bidder response & comment: Y = Yes exist YC = Customise, Minor development YD = Can be developed N = Not available
	a	B	c	d
	Interfaces to External Systems.	The DOD legacy enterprise resource planning (ERP) system will not be replaced by the eHealth system. Thus, the eHealth system must synchronously interface with the DOD ERP to send and receive information regarding: i DOD Human resource. ii DOD Finance.	Core.	

No	Non-functional aspect	Description and Requirements	Core Non-Core	Bidder response & comment: Y = Yes exist YC = Customise, Minor development YD = Can be developed N = Not available
	a	B	c	d
		iii DOD Logistics. iv DOD Organisation structure, including roles. DOD ERP is on the Defence Information System Network (DISN).		
		The eHealth system must synchronously interface with systems of external providers hosted on hosting environments external to the eHealth system, e.g. external provider systems such as public and private hospitals, clinics, laboratories and medical practices.	Core.	
		The system must be provided with bidirectional application programming interfaces (APIs) for interfacing with other systems. Identified interfaces are:	Core.	
		i The system must have the ability to bidirectionally interface with statistical analytical software as well as project management software.	Core.	
		ii The system must interface with RIS-PACS.	Core.	
		iii Apart from the specific interfaces mentioned above, the system must be able to bi-directionally interface with any other system.	Core.	
	PoC Equipment and Patient Wearables.	The system must interface / exchange data with PoC medical equipment and patient wearables. (Refer to remote care information and equipment care information functions). The system must be able to interface/exchange data with, but not limited to, medical devices and wearables listed below:	Core.	

No	Non-functional aspect	Description and Requirements	Core Non-Core	Bidder response & comment: Y = Yes exist YC = Customise, Minor development YD = Can be developed N = Not available
	a	B	c	d
		i Electrocardiograph / Electrocardiogram / Computer-assisted electrocardiography ii Implantable cardiac device interrogations (observations) iii Pulse oximeter iv Blood pressure monitor v Thermometer vi Weighing scale vii Glucose meter viii Internation Normalised Ratio (INR) monitor ix Insulin pump x Body composition analyser xi Peak expiratory flow monitor xii Urine analyser xiii Sleep apnea breathing therapy equipment xiv Continuous glucose monitoring xv Power status monitor of personal health devices xvi Cardiovascular fitness and activity monitor xvii Strength fitness equipment xviii Independent living activity hub xix Medication monitor xx Analytical instruments - Point-of-care test iv The system must be able to interface with PoC devices that comply with ISO/IEEE 11073 Medical / health device communication standards, as well as devices that has proprietary interfaces or that are compliant to any other interface standard such as the Fast Healthcare Interoperability Resources (FHIR) interface standard.		

Question 8: . We request your support in providing following details for the calculation of the estimation:

1. Total Number of Facilities/Hospitals -
    a. Number of hospitals with beds & location?
    b. Number of clinics with beds & location?
    c. Number of Health Post/Dispensaries Model with beds & location?
2. Total Number of Approx users who are going to use the system.

Answer to Question 1. Total Number of Facilities/Hospitals ".

SAMHS has a total of 133 facilities, these can be reduced or increased at any given time.

Answer to Question 1 (a): "Number of hospitals with beds & locations".

SAMHS has a total of 9 hospitals with an estimated total of 1175 beds. It consists of 3 Tertiary Hospitals with pharmacies and 6 District Hospitals with pharmacies. See locations below:

Thaba Tshwane	Tertiary (Academic Hosp)
Cape Town - Wynberg	Tertiary
Bloemfontein	Tertiary
Hoedspruit	District
Polokwane	District
Potchefstroom	District
Gqeberha	District
Lohathla	District
Langebaanweg	District

Answer to Question 1 (b): "Number of clinics with beds & location".

SAMHS has 70 Healthcare Clinics with dispensaries with an estimated total of 1340 beds. See locations below:

Mthatha
Grahamstown
East London
Queenstown
Tempe
Bethlehem
Kroonstad
Bloemfontein
Tempe

Pyramid
Erasmuskloof
Rietondale
Kemptonpark
Thaba Tshwane
Lyttleton
Waterkloof
Waterkloof
Wonderboom
Heidelberg
Lenz
Dunnottar
Bertsham
Pretoria
Ladysmith
Mtubatuba
Salisbury Island Durban
Bluff
Pietermaritzburg
Middelburg
Camden
Nelspruit
Potchefstroom
Mafikeng
Zeerust
Kimberley
Upington
Postmasburg
De Aar
Jan Kempdorp
Naboomspruit
Vuwani
Messina
Lephalale
Louis Trichardt
Hoedspruit
Phalaborwa
Oudshoorn
Eersterivier
Cape Town
George
Youngsfield
Ysterplaat

Saldanha
Goodwood
Gordonsbay
Langebaanweg
Bredasdorp

Answer to Question 1 (c): "Number of Health Post/Dispensaries Model with beds & location".

There are 22 mobile/deployed clinics (RSA Borders) with an estimated total of 660 beds. See locations below:

Askham
Molopo
Pongola
Brandhof
Himeville
Lundins Nek
Macadamia
Madimbo
Musina
Mafikeng
Maluti
Ndumo
Piet Retief
Mashatu
Skukuza
Thabazimbi
Sandrivier - Nelspruit
Swartwater
Upper Tugela
Vioolsdrift
Ladybrand
Zonstraal Nelspruit

SAMHS has 3 Mobile Healthcare deployments, these can be deployed to any Operation outside RSA with any size facility (estimated 10 – 80 beds each).

Answer to Question 2: "Total number of approx. users who are going to use the system".

There are ± 2000 users, info is indicated in the RFI specification Table 13, Non-functional requirements:
The system must be scalable to be able to successfully handle concurrent use by:

i approximately 200 000 active patients to make appointments, access, view and annotate their EHR information and to communicate with providers.
ii approximately 2000 internal providers.

iii approximately 2000 external providers.

Additional information:

Specialised Institutes

There are 4 Specialised Institutes (Maritime, Aviation, Psychology, Veterinary) with an estimated total of 40 beds. See locations below:

Potchefstroom
Lyttleton
Pretoria
Simonstown

Medical Battalions

There are 5 Medical Battalions Static Facilities but they provide a mobile health service and have an estimated total of 80 beds. See locations below:

Centurion
Durban
Goodwood
Kempton Park

Naval Vessels

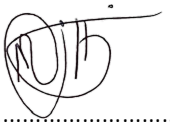
There are 6 Naval Vessels at Simonstown, each vessel has a bed capacity of up to 6, however each vessel could be converted to a hospital vessel with up to 100 beds each.

Head Quarters
SAMHS has 14 Head Quarters.

The Head Quarters have no bed capacity. Limited health services are rendered.
Authorisation and management of hospital admissions and other services to Private and Public health entities are done. See locations below.

Erasmuskloof
Gqeberha
Pretoria
Bloemfontein
Bluff
Nelspruit
Potchefstroom
Kimberley
Wynberg
Polokwane
Lyttleton
Thaba Tshwane

Yours sincerely.



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Specialist: Frameworks and Contracts (SCM)
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