**Clarification questions for Zimbabwe RFP, RFP-ZIM-GF-034-2018**

1. Can we bid via the UN e-tendering system? If we can, what search criteria can we use to find it on the e-tendering system?

**UNDP Response:** Yes. The only allowable Manner of Submitting Proposals for this case is through e-tendering. Case link will automatically be sent to all bidders registered on UNDP e-tendering and will be accessible to all bidders.

1. Can you provide specifications for the interfaces between the new eLMIS and Navision, EPOC, Trimmed, eHR, EPMS and DHIS2? i.e. what information has to be transmitted between the systems and in what form (API definitions etc.).

**UNDP Response:**

Integration to patient level systems is only in the dispensing module of the software. Hence only the successful bidder can be given documentation for each of the software for the purposes of coming up with a generic message for dispensing and subsequent updating of stocks.

As for DHIS2 integration, please visit the open source API documentation on: https://ci.dhis2.org/job/dhis2-2.30-javadoc/javadoc/

1. Is the bid just to cover the pilot to 11 sites or is it also to cover the roll out?

**UNDP Response:** The bid is for all Ministry of Health and Child Care, Zimbabwe’s health facilities =/- 1800

1. What is the expected use for the barcode scanners (as much detail as possible please)?

**UNDP Response:** bar code scanners are going to be used in the warehouses to track inventory, stock take, onsite to issue out and in and on dispensing of stock to patients. QR Code scanning capability is even better

1. The proposal requires offline/synchronisation functionality but it also requires integration with eHR for patient records. This requirement is incompatible with the information being immediately available in eHR. Is this OK?

**UNDP Response:** Yes, this is ok. eHR is not the only system that will be integrated to. Sytem will operate in remote areas where sometimes network is a challenge hence synchronisation of offline records is preferred usually at night.

1. Our bid is for a commercial off the shelf (COTS) system. We are happy to provide the source code for the customisations but we are not able to provide it for an existing commercial system. Is this sufficient to meet the requirements of the RFP?

**UNDP Response:** Off the shelve systems have to come with source code. MoH considers using locally available Software Programmers as this becomes more sustainable hence we need the source code.

1. At NatPharm branches, is the new system to be used for any inventory control activities or is it for reporting or providing information only?

**UNDP Response:** The system will be used for reporting logistics data into the already existing Warehouse management information system (WMS) at NatPharm. The proposed system should link with the WMS for it to push orders into the system hence the requirement for this at the pilot phase in the selected sites and the corresponding NatPharm branch

1. If our system is to be installed at NatPharm branches, how is communication handled with the NatPharm HQ?

**UNDP Response:** No need to worry since these branches are networked, communication will be via the network

1. What functionality is required at each of the pilot sites (please specify for each site individually)?

UNDP Response: please read the specification carefully. This is spelled out clearly in the specification unless if this question is not so clear

1. What level of the supply chain are each of the pilot sites at?

The supply chain system is two tiered, NatPharm (central medical stores ) and facility level, so the pilot sites (facilities) are all the second tier, i.e. NatPharm will supply directly to the sites, no intermediate level. NatPharm branch being the other tier.

Administratively in line with the health system in Zimbabwe the pilot sites are as follows; 2 central hospitals (quaternary level) , 2 Provincial hospital (tertiary) , 2 district hospitals (secondary) and 2 clinics (primary care level).

1. How many concurrent users are required at each pilot site?

Depends on the level of care since this will cover users in the various stockholding points at facilities. At central hospitals these will be 6 , provincial hospital 4, district hospital 3, clinics 2.

1. Will training venues be provided or is the vendor responsible for organising the training venues, their costs and the per diems and travel costs of the 25+39 trainees?

UNDP Response: these are catered for by MoH and UNDP