Supplemental Information: Additional questions and answers

1. For Data Collection Process (Patient Registration), Do it be done with exiting collection of registered patients (i.e., list import) or it will be an on-going day-to-day data entry process.

   For data collection it will be an ongoing, day to day data entry process.

2. The Part of SMS nudges is not explained properly especially their frequency and count (i.e., they would be in “bulk / Broadcast mode” or “event / alert notification”) because we need them for solution design.

   For SMS nudges they would be in bulk/ broadcast mode.

3. In the context of Capacity Planning, we are not able to find how many users will be using this at its peak time and how many target patients and LHW will be using it.

   This will be an ongoing recruitment: target patients will be 2000 and the number of LHWs using to recruit these patients will be approx 1000.

4. In the Context of Training of LHW and Patients more details are required i.e., training mode (Online, on-site or at our premises) and what would its budget.

   LHWs will be trained on-site.

5. Will the field health workers collect data manually (i.e. on physical forms) or will it be done via a mobile application?

   LHWs will collect data on physical forms which needs to be entered into a mobile application.

6. Will the dashboard or user interface, that is meant for field health workers, be web-based or mobile-based?

   It will be mobile based.

7. Are the number of SMS fixed or will they be based on as per need?

   The number of SMS will be as per need.

8. Are the number of sms fixed or will they be based on as per need?

   They will be bulk/ generic messages.

9. We are a Canadian company and wondering if we are able to participate in this project? or is there only local companies allowed?

   Yes, it’s a software and if in person meetings are not required this can be developed through a remote desk.
10. Is there a maximum budget allowed for this?

   Resources are always limited. We cannot disclose our internal estimates.

11. Can we provide a proposal in USD?

   Yes

12. The list of features is very vague specifically for the 2-week deadline. Is there more information about the screens, and fields to be captured?

   Can you elaborate on what exactly you would like to know?

13. Can UNDP share the detailed TORs as the provide RFP has very high level. Apparently seems small project.

   Detailed TORs have been advertised further clarifications can be obtained through emails.

14. UNDP asked for .NET or PHP, can we propose Java?

   No

15. UNDP asked for UAT in three weeks after contract sign? Are UNDP expecting a product?

   Yes, UNDP require a product. UNDP require web app and android mobile application.

16. Is there a clear set of requirements for the functionalities available for LHV s and Doctors? (If yes, can this be shared?)

   LHV s will be required to triage patients into low medium and High risk based on information gathered by the LHWs in the field; this information will be passed to the doctors in the hospital and referral will be done accordingly therefore referring appropriate patients.

17. What kind of functionalities need to be possible in the mobile application?

   You need to be able to put patients in different risk groups: also, you need to be able to be transmit / convey ultrasound images via this application to the doctors in the target hospitals.

18. Are there any clearly structured requirements regarding the layout and ‘look & feel’ of the dashboard?

   No

19. Please differentiate between LHW and LHV. Should they be considered as one or separate for the purpose of app functionality?

   No LHWs and LHVs are separate entities not one.
20. If they both are separate roles, please clarify the use case for both.

LHVs are skilled birth attendants, and their role will be to triage patients enrolled into the system and liaise with the doctors in the health care facilities. LHWs will only be inducting women into the program.

21. Please indicate the expected number of users for each user type.

LHWs 1700 LHVs approx. 220

22. Please clarify how do you see information of patients being shared? We understand Doctors will be able to see a list of patients and their data on their app after login. Every doctor will have access to their own set of patients only. This could be decided based on the location of the patient and the doctor. Please confirm.

LHVs will triage the patients into low high and medium risk based on a clinical proforma and send the list of the high-risk patients to the relevant doctor in the health care facility

23. Please clarify what you mean by referral pathway in point 4 of the objectives. Will this have an impact on the application features?

The referral pathway is the mechanism by which the women are referred to the target facility.

24. With reference to point ii of key features which states Electronic Medical Record System (EMR) for pregnant women, I would like to confirm this refers to the information collected by LHWs from the patients as we understand that this is the only source of data collection.

yes, confirmed!

25. With reference to point vii of key features, please clarify whether treatment plans will be standard against specific risk profiles or customized and will vary from patient to patient? Moreover, will these plans be communicated via SMS or a separate interface needs to be provided on a doctor's app where they can make the plan for each patient and communicate?

The clinical plans will be different for each patient and a separate interface needs to be created so these can be relayed.

26. As mentioned under technical requirements, we understand that the requirement for the coding is to be secure but the technology stack other than Dot Net and PHP can be pro.

Yes

27. We understand there will only be a single type of form for data collection by Health workers from the patients.

Yes