

Request for Solution

for

Health Management Information System (HMIS)

**Development of Dr. Shariati Hospital Project**

***Islamic Development Bank***

***Project ID No.: IRN0104***

Date: 14th May 2020

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# Abbreviation

|  |  |
| --- | --- |
| BOM  | Bill of material |
| DSH  | Dr.Shariati Hospital |
| DSHP | Dr.Shariati Hospital Project |
| EHR  | Electronic Health record |
| GUI  | Graphical user interface |
| HMIS  | Health Management Information System |
| IsDB | Islamic Development Bank |
| IT  | Information Technology |
| KPI  | Key performance indicators |
| MoH  | Ministry of Health and Medical Education |
| O&M  | Operation & Maintenance |
| PMU | Project Management Unit |
| RFQ  | Request for Quotation |
| RFS  | Request for Solution |
| SP  | Solution provider |
| TUMS  | Tehran University of Medical Science |

# Notice Inviting Request for Solution

For “Request for Solution for HMIS intended for Dr.Shariati Hospital (DSH)”

RFS REF.: [DSH / HMIS / ICB/ 002]

This RFS Document is being published by the Tehran University of Medical Sciences (TUMS) for the “HMIS” project which is an initiative to improve health services within the University. TUMS is proposing to select a Solution Provider (SP) to procure, supply and implement the Health Management Information System (HMIS) initially in Dr. Shariati hospital and latter across other TUMS Health care facilities.

Benefit of the project will improve on operational efficiency of TUMS health activities, generation and use of health data for benefit of citizens and stake-holders, electronic record keeping and sharing the data across various health facilities, paper-less transactions, and tracking of services extended.

The purpose of this RFS Document is to provide interested parties with the relevant information regarding the project in order to understand the scope of the project and invite feedback from interested “Applicants” (Solution providers). The Applicants are advised to study this RFS Document carefully before submitting their solutions & suggestions in response to this RFS Notice. The solutions & suggestions received as part of the response from the participants to this RFS Document may or may not be used towards formalizing the Request for Quotation (RFQ) for the Project which is proposed to be released in the near future.

# Key stakeholders

**Financing**: Islamic Development Bank (IsDB)

Address: King Khalid Road, An Nazlah Al Yamaniyyah, Jeddah 22332, Saudi Arabia

**Beneficiary**: Tehran University of Medical Science (TUMS)

 Address: No. 226, Qods St., Keshavarz Blvd., Tehran, Iran, 1417653761.

**Executive Agency**: Dr. Shariati Hospital (DSH)

Address: Jalal al ahmad Ave, Tehran, Iran, 1411713135.

**Coordinator**: Project Management Unit (PMU)

 Address: Dr. Shariati Hospital, Jalal al ahmad Ave, Tehran, Iran,1411713135.

# RFS Dates

|  |  |
| --- | --- |
| Last date (deadline) for RFS response | Response to RFS should be submitted through:a: By email: dsh.hmis@gmail.com and /or b: In form of hard copy 2 sets fully signed. **Latest by:** 14th July 2020 Address: Dr. Shariati Hospital, Jalal al ahmad Ave, Tehran, Iran. |
| RFS Meeting date | Date and time: to be announced Dr. Shariati HospitalJalal al ahmad Ave, Tehran, Iran.Code: 1411713135Attention: Project Coordinator (PMU)Tel: +98 21 88359168Fax: +98 21 88359109 |
| Website to download RFS and Additional information | <http://dsh.tums.ac.ir/> |

The right to accept/reject any or all the responses received is reserved with TUMS without assigning any reason thereof.

# 1.Disclaimer

This Request for Solution (RFS) contains brief information about the Project and will assist TUMS to formulate the RFQ for the process of selecting the Applicants during the RFQ stage. This RFS is not an agreement or an offer by TUMS to the Applicants or any other person.

The purpose of the document is to provide the Applicants (Solution Providers) with information to assist the formulation of their response to RFS Document (“the Application”) and invite applications as response to the RFS.

The information provided in this RFS document, to the providers is on a wide range of matters, some of which depends upon interpretation of law. The Applicants may conduct their own independent assessment, site visit, investigations and analysis and check the reliability, accuracy and completeness of the information at their end and obtain independent advice from relevant sources as required before submission of their RFS Application.

Furthermore, the information provided in this RFS Document is not intended to be an exhaustive account of statutory or commercial requirements and should not be regarded as a complete or authoritative statement of law. TUMS along with its directors, associates, employees, affiliates and consultant make no representation or warranty and shall have no liability to any person including the Applicant under any law, statute or by any rule and/or regulation made thereunder, tort, equity, principles of restitution, unjust enrichment or otherwise for any loss, damage, costs or expenses which may arise from or be incurred or suffered on account of anything contained in this RFS Document or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFS Document and any assessment, assumption, statement or information contained therein or deemed to form part of this RFS Document or arising in anyway in this subject.

TUMS or any of its employees or advisors / representatives shall incur no liability under any law, statute, rules or regulations as to the accuracy or completeness of the RFS Document.

TUMS reserves the right to change any or all conditions/ information set in this RFS Document by way of revision, deletion, amendment or annulment through issuance of appropriate addendum as the organization may deem fit without assigning any reason thereof.

TUMS will not entertain or be liable for any claim for costs and expenses in relation to the preparation of the RFS Applications to be submitted in terms of this RFS Document.

The information contained in this RFS Document or subsequently provided to the prospective Applicants, whether verbally or in documentary or any other form by or on behalf of TUMS or any of its employees or advisers, shall be considered confidential and is not to be reproduced/ adopted/ displayed for any purpose whatsoever.

This RFS Document is for informative purpose only and does not imply that TUMS is bound to select or short list pre-qualified Applications for the RFQ stage or to appoint the Applicant for the Project as the case maybe and TUMS further reserves its absolute right and discretion to terminate the process at any time without assigning any reasons or explanations thereof.

# 2. Introduction and Background

## 2.1 About Healthcare System in Iran

As an important point, Article 29 of the Constitution of the Islamic Republic of Iran emphasizes that every Iranian has the right to enjoy the highest attainable level of healthcare. The Ministry of Health and Medical Education is mandated to fulfill this goal through designing and implementing a national-level health policy. Ministry of Health and Medical Education delegates implementation of healthcare to medical universities across the country. There is at least one medical university in every province. The president of a medical university is the highest health authority in the province who reports to the Minister of Health and Medical Education. The president of the medical university is in charge of public health, health care provision in public facilities, and medical education. Health care and public health services are provided through a nation-wide net- work (Fig. 1). This network consists of a referral system, starting at primary care centers in the periphery going through secondary-level hospitals in the provincial capital and tertiary hospitals in major cities.



Fig.1. Health care system in Iran

The public sector provides primary, secondary, and tertiary health services. The emphasis of the government on primary health care over the last two decades has made the public sector the main provider of primary health care services across the country.

The Ministry of Health (MOH) is responsible for planning, monitoring, and supervision of health-related activities for the public and private sectors in Iran. However, this ministry has a unique structure that distinguishes it from health ministries in other countries. In 1986, the government integrated medical education into the MOH; hence, it is now called the Ministry of Health and Medical Education. The main purpose of the integration was to establish a more coordinated approach to health care provision and medical education.

## 2.2 About Tehran University of Medical Sciences (TUMS)

**TUMS** is the oldest and the most outstanding medical center in the I.R. of IRAN; is one of the country's top research universities, accepts applications from only the most qualified Iranian high school graduates who have already passed the National Entrance Exam and very top students from abroad; has more students in medical based courses than any other higher education institution in Iran; has the largest Medical, Dental, Pharmacy, Rehabilitation, Allied Medical Sciences, Public Health, Nursing and Midwifery schools in Iran; has 1300 academics in eight schools and research centers; has over 13.000 students (40% of which are women); trains more than 2.000 specialists in over 80 postgraduate programs including M.S., Ph.D., Fellowship and Residency; attracts a large number of people of all ages to evening courses; has 12 research centers: Science and Technology in Medicine, Rheumatology, Auditory, Digestive Disease, Skin Diseases and Leprosy, Trauma, Hematology and Oncology, Cardiovascular Diseases, Endocrinology and Metabolism, Reproductive Health, Urology, Immunology, Asthma and Allergy; has 11 Educational and Health Research Centers in 10 provinces; provides excellent opportunities for research (preventive medicine and treatment) in many exceptional illnesses to be found in Iran; has 15 teaching hospitals with 4400 beds: Imam, Sina, Dr.Shariati, Vali-e-asr, AmirAlam, Ziaeian and Baharloo are general and referral hospitals, Tebi-Koodakan and Bahrami hospitals are pediatric centers, Farabi hospital is a special center for ophthalmology, Razi hospital is devoted to dermatology, Roozbeh hospital is a center for psychiatry, Arash and Mirza are special hospitals for gynecology, obstetrics and infertility, and Meraj Institute is the referral point for cancer diseases; has more than 40 libraries in the Schools, Research Centers, and Hospitals with the Central Library located in the School of Medicine; has excellent sport facilities for academics and students; These factors, along with the abilities and drive of its specialists, have made TUMS. an important center of high repute in the Middle East and Central Asia.

## 2.3 About Development of Dr.Shariati Hospital Project

The Government of Islamic Republic of Iran has received a Loan from the Islamic Development Bank (IsDB) to finance the “Development of Dr. Shariati Hospital (DSH)”.

The Project’s general Objective is to contribute to the attainment of high standards of living by all Iranians under the framework of the 5th five-year NationalDevelopmentPlan by improving the quality, coverage and equity of distribution of healthcare services. Specifically, the project aims at enhancing the access to and quality of healthcare services through expanding the capacity of the DSH from the existing 530 beds to 836 beds, providing medical and non-medical equipment, and establishing a modern hospital health management information system. The project will benefit more than eight million inhabitants of Tehran and its surroundings.

The total cost of the project is estimated at Euro 124.59 million and will be implemented over a period of four years from the date of first disbursement.

**Project Components:**

The project has three major components:

***Component 1*: Improving the Access to Healthcare Services:**

The new hospital building will be constructed on an area of 107,000 m2 and will comprise outpatient and inpatient facilities along with related laboratories, emergency as well as administration. The design took into considerations the national and international codes for making the building seismic resistant.

***Component 2:* Improving Quality of Healthcare Services:**

Provision of Medical/Non-Medical Equipment and Furniture as well as establishment of Health Management Information System (HMIS) including the networks to link the different departments and clinical units of the hospital.

***Component 3*: Support to Project Management.**

The project will finance consultancy services for design & supervision of works, support to Project Management Unit (PMU) and Project Financial Auditing.

## 2.4 HMIS Challenges

The structure of the health sector in Iran is hierarchical. The Ministry of Health and Medical Education of Iran, which is the main custodian of this field in Iran is at the top. Nationwide medical universities, under the supervision of ministry, oversee a number of hospitals and other health service providers such as clinics, laboratories, and so on.

Due to the development of national Iranian Electronic Health Record project, called SEPAS/DITAS, which has been launched by the Ministry of Health for nearly six years, it is imperative that all health information systems in the country, are connected to and compatible with SEPAS/DITAS in exchange of information. SEPAS/DITAS is a nationwide integrator for health information exchange that will produce a unique record for each citizen. On the other hand, given the hierarchical structure described, each hospital’s HMIS is also required to exchange information and communicate with information systems available at the University of Medical Sciences; so it is important that the proposed HMIS solution be robust in terms of integration and interoperability.

It should also be noted that the structure of insurance contracts and calculations within health management systems in Iran is unique, and national processes and laws are needed to be fully implemented in the HMIS solution.

There is no comprehensive and integrated document in English for the above described requirements. All HMIS solutions must include customization in order to adapt to local requisites and requirements.

Existing hospital information systems in Iran do not meet TUMS requirements and are not integrated or comprehensive.

Additional requirements and requisites are further detailed in the following sections. This document outlines the current state, key points and challenges ahead, and it is up to the applicants to perform further research and to propose their solutions.

Possible solutions may include, but not limited to, customization, adaptation and integration of an internationally proven source code or local ground up development of a solution utilizing international experts, can be proposed.

## 2.5 Project Scope

Design, configure, customize, deploy, integrate, maintain and train complete HMIS solution for DSH. The Scope of Work is intended for a period of 5 years. It is envisioned that the first 18 months is the Development and Implementation phase and the next 3.5 years are the Operation, Maintenance and Training Phase.

Gap Identification and Resolution/ Customization: The solution provider should be responsible for gap identification and resolution during implementation. They will provide the detailed analytical reports pertaining to gap along with the necessary solutions to overcome the gaps and the time frames.

Implementation will start at the existing Dr. Shariati Hospital and latter will be fully implemented in the new Dr. Shariati Hospital in district 22 of Tehran. After successful implementation in Shariatai hospital(s), the HMIS solution may be implemented across all TUMS healthcare facilities.

## 2.5.1. HMIS Scope

Intended HMIS solution is organized around four main categories: the clinical information system (CIS), the administrative/logistics information system (AIS), the management/decision information system (MIS), and the communication and integration platform (CIP).

Intended Technical Requirements for the solution are covered in sub-clause 2.5.2.

### 2.5.1.1.CIS

CIS covers all functions related to patient care and is therefore at the center of any HMIS: providing the best quality care and outcome (effectiveness) with the minimum of resources (efficiency). Its components are generic within the health domain but need to be adapted to each national and local context of use (e.g., admissions-discharge-transfer, electronic health record, practitioner order entry, appointment scheduling). The intended modules for CIS are, but are not limited to, the following:

* Outpatient management
* Inpatient management
* Doctor’s Workbench
* CPOE
* Electronic Medical Records
* Nursing management
* Laboratory Information system
* Pathology module
* Pharmacy Information System
* Radiology Information System
* Accident & Emergency
* Ambulance Service
* Blood bank
* Labor room
* Operating Theatre (surgery)
* Minor OT
* Central Sterilized supply department
* Medico-legal case/report (MLC/MLR)
* Birth Registration
* Death Registration

### 2.5.1.2.AIS

AIS covers functions like accounting, payroll, billing, …etc. These functions are relatively country specific due to national regulatory procedures. Intended modules for AIS are, but not limited to, the following:

* ADT (Admission, Discharge, Transfer)
* Human Resource module
* The Appointment and Resource Scheduling (ARS)
* Bed Management
* Ward Management
* Medical Document Information System
* Supply and procurement module
* Fixed assets
* Financial accounting and budget
* General ledger
* Inventory
* Stores
* Purchase order process
* Housekeeping
* Hospital Nutrition System
* Equipment Management
* Record Room and Document Management
* Master File

### 2.5.1.3.MIS

MIS is focused on the reuse of data for management decision making, medico-administrative, epidemiological or clinical research purposes (i.e., the big data area). In the medical domain, open source solutions facilitate national and international interoperability. The intended modules for MIS are, but not limited to, the following:

* Ticketing System
* Clinical Decision Support System (CDSS)
* Data Analysis and Management Information System Tools
* Health Monitoring system
* Audit Trail

### 2.5.1.4.CIP

CIP solutions are neither national nor healthcare specific since interoperability issues exist between all information systems. It should constitute an important part of all solutions. Interoperability issues concern the interaction of HMIS components together (internal interoperability) and the interaction of the HMIS with the outside world (external interoperability).

Some of communications which are required, but not limited to, listed below:

* Communication and Integration with PACS
* Communication and Integration with Iranian EHR (SEPAS/DITAS)
* Communication with Financial System of TUMS
* HMIS shall be integrated with medical equipment
* Communication and Integration with CCTV system
* Communication and Integration with Building Management system

## 2.5.2. Technical Requirements

- The System shall be preferably Cloud Based. (Infrastructure will be provided by TUMS). Or applicant may propose web based solutions capable of online integration /synchronize with TUMS.

-The System shall be in Farsi language or Bi-Lingual capable (English and Farsi only).

-All computational modules/sections shall be Dynamic and Administrator shall be able to apply and/or change formulae. Base calculation model must be adapted to current governmental rules.

-System shall have Business Process Management System (BPMS) having Work Flow Engine, Dynamic Report generator and Form generator.

-System shall have capacity to define and support international and local Terminologies (such as ICD11, SNOMED, eRX, IRC, …) and Import from Excel files.

-All Coding & Terminologies in the System should be “Dynamic” and have “Import” capability. Also it has to be capable to use several “Terminologies”. As an example, capability to use ICD11 and SNOMED simultaneously in the HMIS.

-Delivery of Software Development Kit (SDK) including “Help” documentation in order to interoperate with other systems and software.

-Role Management and Access Controls in the system shall be Dynamic. Administrator shall be able to define Role and Access for individuals and groups.

-Alerts, warnings and exceptions should be definable in different parts of HMIS.

-Availability of Open APIs:

* SMS Panel
* Web portal

 -Farsi Speech to text machine for ordering, prescribing and other applications is needed.

-Text, excel, xml export for all reports in the system is required.

-Digital signature must be used in HMIS.

-Capability to display the dashboard for management information system and interfaces to access solution at every level of user (doctors, administrator, patient, staff, management etc.) using each type of device (mobile, tablet, PC, laptop etc.)

-Data privacy and details on the proposed model including compliance to respective applicable standards is required.

- Support for time stamping of all workflow steps such as creation, submission, approval, rejections, etc.

-The system should provide facility for maintaining auditable logs for future referral, dispute resolution, MIS generation, etc.

-The system should provide facility so that each entity is associated to a unique identifier, which can be used by the audit trailing facility of the system. RFID, Barcode or other technologies is accepted.

-Queue management system shall be integrated with HMIS for inpatient, outpatient, laboratory and other departments.

-Facilities for telehealth such as remote & rural primary care, Teledermatology, Teleradiology…

-Given the existing requirement for patient's paper records in the hospital, it is necessary to specify in the patient's electronic record the information about the paper record, its maintenance and access.

- A basic list of hardware requirements at the hospital level and TUMS level for the proposed solution shall be provided.

-HMIS shall be supported by standards such as HL7, FHIR, ISO 13606, ISO 15408, …

# 3.General Information

## Eligible Applicants

### 3.1 Category:

The Applicants eligible for participating in the RFS process shall be any of the following categories. The applicant shall be legally competent to enter into contract as per prevailing Iranian law and must be either:

1. a company incorporated under Iranian law

 (preferably having an international expert as consultant); or

(ii) a Joint Venture / consortium (Copy of JV agreement, and incorporation document for each partner should be submitted); or

(iii) Foreign firms constituted under Applicable Law of any other country are also permitted to participate in submission (Copy of Certificate of Incorporation, Memorandum and Articles of the association or constituting legal documents of the Applicant should be submitted). In case of foreign Company, incorporation documents other than English language should be accompanied by a notarized translation to English language only.

The term “Applicant” used hereinafter would therefore apply to above-mentioned categories.

### 3.2 Experience:

The Applicant must have experience of executing the project covering the specified scope under para 2.5.

A grade of 4 or above from HIMSS Analytics and experience in Supply & Integration of HMIS in 500+ bed Hospitals in developing countries is a plus during evaluation of solution.

### 3.3 Non-black listing:

The applicant as on date of submission of the RFS, should not be blacklisted by Government of Iran, IsDB or TUMS.

# 4. Instructions to Applicants

DSH invites reputed firms to submit their proposed solutions for the Project for DSH in accordance with conditions and manner prescribed in this RFS document. No Applicant shall submit more than one solution.

## 4.1 Concept Note:

The participants of the RFS are required to submit a Concept Note regarding their understanding of the project scope and their proposal, which is in the best interest of TUMS.

### Concept note overview:

The participants of the RFS are required to submit a concept note regarding their understanding of the project scope and their proposal (covering proposed scope of work, solution specifications mentioned above), which is in best interest of TUMS. The participants are encouraged to submit one or more possible solutions, which can be adopted by TUMS for procuring, operating and maintaining HMIS.

TUMS may call applicants for the presentation on the Concept Note, the schedule for the same will be communicated separately.

The Applicants should cover the following aspects in the Concept Note (section- wise):

* Solution architecture with respect to their understanding of the project scope
* Solution details – platform, operating system, database, integration platform details, work flow, menu, GUI, reports, dashboard, remote access capabilities, detail technical specifications for each component
* Technical architecture including deployment architecture (cloud/on-premise/ hybrid/ web)
* Approach & Methodology to implement the solution
* Functional compliances to applicable standards of the proposed solution
* Additional features with unique value proposition of the solution
* Indicative BOM for specified scope under section 2.5. BOM should include CAPEX components including IT hardware, Network hardware, list of third party software(s).
* Maintenance and on-site support arrangement during operations
* Compliance with Data Security, compliance to privacy regulations, scalability, manageability, performance parameters
* Proposed KPI’s and acceptance criteria for the HMIS solution
* Connectivity and network requirements at each location of the specified scope
* Compliances & certifications
* Case Studies and learnings of HMIS implementation carried for other clients with client name, scope, order details, current status, contact person.
* Feedback on proposed implementation timeline
* Feedback on proposed acceptance criteria in terms of numbers of tests, type of tests, duration of tests, acceptance parameters and KPI’s

## 4.2 Availing RFS Documents

The RFS Document can be downloaded from the specified website (<http://dsh.tums.ac.ir/>) up to the date and time mentioned in the RFS Notice. RFS REF.: [DSH / HMIS / ICB/ 002].

## 4.3 Completeness of the RFS Response

Applicants are advised to study all instructions, forms, terms, requirements and other information in the RFS documents carefully. Submission of response shall be deemed to have been done after careful study and examination of the RFS document with full understanding of its implications. The response to this RFS should be full and complete in all respects. Failure to furnish all information required by the RFS document or submission of a proposal not substantially responsive to the RFS documents in every respect will be at the Applicant's risk.

## 4.4 RFS Preparation Cost

The Applicant is responsible for all costs incurred in connection with participation in this process, including, but not limited to, costs incurred in conduct of informative and other diligence activities, participation in meetings/ discussions/ presentations, preparation of proposal, in providing any additional information required by TUMS to facilitate the evaluation process. TUMS will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the evaluation process. All materials submitted by the Applicant shall become the property of TUMS and may be returned at its sole discretion.

## 4.5 Submission of RFS

The Application should be submitted either fully digital through Email or Post as to reach the PMU office at DSH up to 17:00 hrs, on or before 14th July 2020. Applicants may submit their applications by mail via flash memory or CD. DSH won’t be responsible for any postal delays.

The Application including supporting documents and its duplicate shall be typed or written in inedible ink and the Applicant shall initial each page. All the alterations, omissions, additions, or any other amendments made to the Applicant shall be initialed by the Authorized Signatory of the Applicant.

Applicant should fill in information in prescribed forms as mentioned in this RFS Document.

The Applicants shall submit all supporting documents in the format as prescribed in the RFS Document along with suggested documentary evidence with the Application.

The Application shall include the following requisite documents and necessary supporting documents as specified including:

a. Cover Letter as per form 1 (Please Refer to Section 6.1);

b. Details of Applicant as per form 2 (Please Refer to Section 6.2);

c. Details of Turnover and Net worth as per form 3 (Please Refer to Section 6.3);

d. Details of Relevant Experience (for Firms) as per form 4 (Please Refer to Section 6.4);

e. Details of Relevant Experience (for International Experts) as per form 5 (Please Refer to Section 6.5);

f. Concept Note as per form 6 (Please Refer to Section 6.6)

g. Declaration – No Blacklisting as per form 7 (Please Refer to Section 6.7)

Each page of the application should bear the initials of the Applicant along with the seal of the Applicant in token of confirmation of having understood the contents.

The submission should be signed by an authorized person holding the power of attorney in case of limited company or corporation. Proposals must be direct, concise, and complete. TUMS will evaluate Applicant’s proposal based on its clarity and completeness of its response to the requirements of the project as outlined in this RFS. TUMS reserves the right to accept or reject any or all the proposals without assigning any reason.

## 4.6 Late submission of Application

RFS response not reaching on or before the specified time limit will not be accepted. However, TUMS in its absolute discretion and prerogative may allow late Applications submitted by the Applicants by according proper reasons thereof.

## 4.7 Language of Application

The responses prepared by the Applicant and all correspondence and documents relating to the RFS exchanged by the Applicant and DSH, shall be written in English language. Any literature furnished by the Applicant in another language shall be accompanied by an English translation, in which case, for purposes of interpretation of the Application, the English translation shall govern.

If any supporting documents submitted are in any language other than English, translation of the same in English language is to be duly attested by the Applicant.to

|  |
| --- |
| RFS Details to be mentioned on postal envelopes |
| Response to RFS REF.: [DSH / HMIS / ICB/ 002] | Dr. Shariati HospitalJalal al ahmad Ave, Tehran, Iran.Code: 1411713135Attention: Project Management Unit (PMU)Tel: +98 21 88359168Fax: +98 21 88359109Email : dsh.hmis@gmail.com  |

##

## 4.8 Evaluation of Application/ Solution

All the information provided will be considered for the purpose of inclusion in the RFQ to be floated in the later stage. DSH may optionally invite Applicants to make a presentation as part of the evaluation process. The feedback received may be considered for designing the actual RFQ.

DSH may require verbal/written clarifications from the Applicants to clarify ambiguities and uncertainties arising out of the information submitted.

## 4.9 Key Suggestions

Workable comments and suggestions on the Scope of Work of this RFS that could improve the overall quality/effectiveness of this project will be considered by DSH.

## 4.10 No obligation to issue of an RFQ

DSH shall be under no obligation to issue a Request for Quotation (RFQ) for the Project described in this RFS Document.

## 4.11 Right to cancel the RFS Process

DSH may cancel this RFS process at any stage without assigning any reasons whatsoever and will not be liable to compensate any Applicant on any grounds whatsoever. The Applicants shall not be entitled to refund of cost of documents or other costs in case the RFS is cancelled for whatsoever reason or without assigning any reason.

# 5.Proposed Indicative Timeline for the project

|  |  |  |
| --- | --- | --- |
| # | Key Deliverables | Time |
| 1 | Project Charter | 20 days |
| Stakeholder responsibility assignment (RACI) matrix |
| Mobilization of resources & Inception report |
| 2 | Detailed Project Plan | 90 days |
| Requirement Gathering Analysis, gap analysis and submission of functional requirement specifications |
| Submission of technical system design documentation, Software architecture, Data model document, network architecture, Software Requirement Specification document |
| 3 | Development and Implementation & Unit testing | 360 days |
| User Acceptance Testing per unit |
| System Integration Testing |
| Customization  |
| 4 | Supply, installation and configuration of HMIS | 15 days |
| 5 | Training and capacity building for the relevant TUMS/DSH officials | 45days |
| 6 | Final Acceptance Testing (after successful completion of all milestones) | 30 days |
| Go Live |
| 7 | O&M period | 3.5 years from Go Live |

Applicants to furnish their feedback in the concept note regarding proposed timelines.

# 6. Specific forms for the RFS Applicants to fill in the detail

## 6.1 Form 1: Cover Letter

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.:Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

Having examined the RFS, the receipt of which is hereby duly acknowledged, We offer to submit the solution for the Project.

We agree and understand that this RFS is non-binding and non-committal. TUMS or its directors, employees, associates, affiliates or its agents shall not be liable to us for any liability arising directly or indirectly from our participation in the RFS Process.

We further agree, understand and fully comprehend that TUMS may in its absolute and exclusive discretion at any time change, alter, replace, remove and/or cancel any or all part of the RFS Document or the Project. TUMS may also abandon, call-off, alter, replace, revise the Project. Furthermore, TUMS is under no obligation or compulsion in any manner whatsoever to release or publish the RFQ, it may also change or replace or cancel any or all part of the evaluation process.

We submit hereto our solution as per the requirements and details specified in the RFS Document. We confirm that the information contained in these submissions or any part thereof, including the appendices, and other documents and instruments delivered or to be delivered to TUMS, are true, accurate, verifiable and complete. These submissions include all information necessary to ensure that the statements therein do not in whole or in part mislead TUMS in its RFS Process.

We fully understand and agree to comply that on verification, if any of the information provided here is found to be misleading the RFS Process, we are liable to be disqualified from the RFS Process, if selected to do so.

We agree that you are not bound to accept any RFS you may receive. We also agree that you reserve the right in absolute sense to reject all or any of the Application received as per the RFS Document and Advertisement.

It is hereby confirmed that We are entitled to act on behalf of our firm and empowered to submit this document as well as such other documents, which may be required in this connection.

Signature of Authorized Signatory (with official stamp)

Name of Authorized Signatory: [•]

Designation of Authorized Signatory: [•] Address of the Applicant: [•]

Telephone & Fax of the Applicant: [•] E-mail address of the Applicant: [•]

## 6.2 Form 2: Details of Applicant

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

Enclosed are the details of Applicant for participation in the RFS for “Health Management Information System for Dr.Shariati Hospital”

|  |  |  |
| --- | --- | --- |
| No. | Particulars | Details |
| 1. | Name of the Applicant/ Lead Member along with all other members of the Joint Venture if any |  |
| 2. | Type of Firm (Private Limited/ Public Limited company/ LLP/ Partnership/ Foreign Incorporated Entity) |  |
| 3. | Country of registered Office of the Applicant |  |
| 4. | Address of registered office of the Applicant |  |
| 5. | Company registration details/number |  |
| 6. | Date of incorporation of the Firm |  |
| 7. | No. of years of operations |  |
| 8. | Organization chart  |  |
| 9. | CV and No. Of experts and technical team  |  |
| 10. | Authorized signatory name |  |
| 11. | Authorized signatory designation |  |
| 12. | Authorized signatory contact details |  |

[In case the Applicant is a Joint Venture then please mention details in the aforesaid details of the Lead Member and all the Joint Venture Members by making separate tables]

In case the Applicant is a Joint Venture then please enclose all the aforementioned supporting documents of the Lead Member and the Consortium Members.

Signature of Authorized Signatory (with official stamp)

Name of Authorized Signatory: [•]

Designation of Authorized Signatory: [•] Address of the Applicant: [•]

Telephone & Fax of the Applicant: [•] E-mail address of the Applicant: [•]

## 6.3 Form 3: Details of Turnover and Net worth

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

We have carefully gone through the conditions in the RFS for “Health Management Information System for Dr.Shariati Hospital”.

We hereby declare that below are the details regarding the turnover and net worth of our firm.

1. Turnover for the last 3 (Three) years.

|  |  |  |
| --- | --- | --- |
| No. | Financial Year | Turnover of the firm |
| 1 | 2016-17 |  |
| 2 | 2014-18 |  |
| 3 | 2018-19 |  |

2. Net worth as on the last date of latest audited financial year.

|  |  |  |
| --- | --- | --- |
| No. | Financial Year | Net Worth of the firm \* |
| 1 |  |  |

\* Local firms to indicate their financials in (IR Rial)

International firms to indicate their financials in (Euro)

\* Net Worth shall mean (Subscribed and Paid-up Equity + Reserves) less (Revaluation reserves + miscellaneous expenditure not written off + reserves not available for distribution to equity shareholders).

 \* In case of Joint Venture all members shall provide details mentioned in above table 1 and 2.

1. We further certify that We are authorized officer in our firm to make this declaration.

Applicant’s Name:

Authorized Signature:

## 6.4 Form4: Details of relevant experience (for Firms)

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

We have carefully gone through the requirements and conditions in the RFS Document for “Health Management Information System for Dr.Shariati Hospital”

Relevant project experiences are covered under below table- (use separate table for multiple project experiences)

|  |  |
| --- | --- |
| Description | Detail |
| General Information |  |
| Client for which the project was executed |  |
| Name of the client contact person(s) |  |
| Designation of client contact person(s) |  |
| Contact details of the client contact person(s) |  |
| Project Details – Detail project scope, list of hardware and software deployed |  |
| Date of the order |  |
| Duration of the project (number of months, start date, completion date, current status) |  |
| Supporting Documents: (Completion Certificate and either Work Order/ Definitive Agreement/ Letter of Award or Letter of Intent) |  |

[In case the Applicant is a Joint Venture then please mention details in the aforesaid details of the Lead Member and all the JV Members by making separate tables]

We hereby declare that above are the details regarding the Projects that have been taken up and successfully demonstrated by our Firm.

Signature of Authorized Signatory (with official stamp)

Name of Authorized Signatory: [•]

Designation of Authorized Signatory: [•] Address of the Applicant: [•]

Telephone & Fax of the Applicant: [•] E-mail address of the Applicant: [•]

## 6.5 Form 5: Details of relevant experience (for International Experts)

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

We have carefully gone through the requirements and conditions in the RFS Document for “Health Management Information System for Dr.Shariati Hospital”

Relevant consultancy experience is covered under below table- (use separate table for multiple experiences)

|  |  |
| --- | --- |
| Description | Detail |
| General Information (CV) |  |
| Client for which consultancy was performed |  |
| Name of the client contact person(s) |  |
| Designation of client contact person(s) |  |
| Contact details of the client contact person(s) |  |
| Duration of the project (number of months, start date, completion date, current status) |  |
| Supporting Documents: (Completion Certificate and either Work Order/ Definitive Agreement/ Letter of Award or Letter of Intent) |  |

I hereby declare that above are the details regarding the Projects that have been consulted and successfully demonstrated by me.

Signature of Authorized Signatory (with official stamp)

Name of Authorized Signatory: [•]

Designation of Authorized Signatory: [•] Address of the Applicant: [•]

Telephone & Fax of the Applicant: [•] E-mail address of the Applicant: [•]

## 6.6. Form6: Concept Note

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

In response to the RFS Document for “Health Management Information System for Dr.Shariati Hospital”, we have prepared a concept note which is attached herewith. The concept note is prepared in good faith, after understanding the RFS document and requirements of DSH.

Name of the Applicant: [•] Authorized Signatory: [•] Seal of the Organization: [•] Business Address: [•]

Date: [•] Place: [•]

Note: The concept notes to be prepared and submitted by the Applicants should include the details listed in the RFS Document. Please ensure that all requirements mentioned in the RFS Document with respect to the concept note are to be fully covered.

## 6.7 Form 7: Declaration – No Blacklisting

[To be printed on the Applicant company’s/ Lead Member’s letterhead and signed by its Authorized signatory]

Sub.: Submission towards Request for Solution (“RFS”) for “Health Management Information System for Dr.Shariati Hospital”.

RFS Ref.: [DSH / HMIS / ICB/ 002]

Dear Sirs,

In response to the RFS for “Health Management Information System for Dr.Shariati Hospital”, as an owner/ partner/ Director of [•], We hereby declare that presently our firm [•] is having unblemished record and is not declared ineligible for corrupt and fraudulent practices either indefinitely or for a particular period of time by the IsDB, the Government of Iran and/or TUMS in the last 3 (three) preceding financial years from 2016-19.

We further declare that presently our Firm (name of the Firm) is not blacklisted and not declared ineligible for reasons other than corrupt and fraudulent practices by any State/ Central Government on the date of Application Submission.

If this declaration is found to be incorrect then without prejudice to any other action our Application may be rejected and TUMS may take any other action that may deem fit to do.

Signature of Authorized Signatory (with official stamp)

Name of Authorized Signatory: [•]

Designation of Authorized Signatory: [•] Address of the Applicant: [•]

Telephone & Fax of the Applicant: [•]

E-mail address of the Applicant: [•]