UGANDA MARTYRS HOSPITAL LUBAGA

Request for Proposals

For

Supply and Implementation of a Hospital Management Information System

Jan 2024

Subject of procurement:	Supply and Implementation of HMIS
Procurement Reference No:	LH/HMIS/SVC/2024
Date of issue:	15-Jan-2024

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1 Invitation to Bidders

Uganda Martyrs Hospital Lubaga invites the submission of proposals for supply and implementation of a Hospital Management Information System (HMIS) based on the requirements defined in the Statement of Requirements section of the bid document.

Uganda Martyrs Hospital Lubaga is a private-not-for profit hospital. It is a 240-bed capacity referral unit offering a full range of specialised and super specialised services and with a vision of being "a state-of-the-art healthcare facility in Africa." It is located in Lubaga, Kampala District on Lubaga Hill next to Lubaga Cathedral.

There will be a non-mandatory pre-bid meeting for prospective providers on 29th

January 2024 starting at 11:00am until 1:00pm at the Hospital boardroom.

The Hospital anticipates that the best evaluated bidder whose proposal is the best solution for our project will be selected on 1st March 2024. We will notify all bidders whether they are disqualified, rejected, or unsuccessful although responsive to the RFP.

Documents may be inspected at:　Lubaga Hospital procurement Office

Documents will be issued from:　Procurement Office

Bids must be delivered to:　Hospital Reception in a bid box

Address of bid opening:　Hospital Boardroom

The Bid Documents in English may be purchased by interested bidders on the submission of a written application to the address below at 8(b) and upon payment of a non-refundable fee of Ush **200, 000**

All bids must be accompanied by a bid security of Ush **22, 500,000**. Bid securities or bid must be valid until 30th June 2024. Late bids shall be rejected.

Bids will be opened in the presence of the bidders' representatives who choose to attend at 10:15am on the deadline of the submission of bids.

Yours faithfully,

Dr Julius Luyimbaazi
Executive Director

2 PRODECURES AND RELATED FORMS

2.1 INSTRUCTIONS TO BIDDERS

2.1.1 General

2.1.1.1 Scope of Bid

1 Uganda Martyrs Hospital Lubaga invites bids for the provision of the Services specified in the Section about the Statement of Requirements to commence on the date indicated on the Bid Data Sheet (BDS).

2 The Instructions to Bidders (ITB) should be read in conjunction with the BDS. The subject and procurement reference number and inputs to be provided by the Hospital are provided in the bid document.

3 Throughout this Bidding Document:

   i) the term "in writing" means communicated in written form with proof of receipt;

   ii) if the context so requires, singular means plural and vice versa; and

   iii) "day" means working day;

   iv) Hospital" means Uganda Martyrs Hospital Lubaga.

4 Procurement will be undertaken in compliance with the Hospital Procurement and Disposal Policy which is guided by Public Procurement and Disposal of Public Assets Act 2023.

2.1.1.2 Corrupt Practices

1 It is the Hospital's policy to require that all as Bidders and Providers observe the highest standards of ethics during procurement and the execution of contracts. In pursuit of this policy, the Hospital;

   a) Defines, for the purposes of this provision, the terms set forth below as follows:

   i) "Corrupt practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value, to influence the action of a public official in the procurement process or in contract execution; and

   ii) "Fraudulent practice" is any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation;

   iii) "Collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;

   iv) "Coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;

b) Will reject a recommendation for award if it determines that the Bidder recommended for award has engaged in corrupt or fraudulent practices in competing for the Contract;

2   In pursuit of the policy defined in No. 1 above, the Hospital may terminate a contract or be ordered by the Board of Governors to cancel a contract if it at any time determines that corrupt, fraudulent, collusive or coercive practices were engaged in by representatives of the Hospital or of a Bidder or Provider during the procurement or the execution of that contract.

3   In pursuit of the policy defined in No.1, the Hospital requires representatives of both Hospital and of Bidders and Providers to adhere to the relevant codes of ethical conduct. The Code of Ethical Conduct for Bidders and Providers as provided in the bidding forms shall be signed by the Bidder and submitted together with the other bidding forms.

4   Any communications between a Bidder and the Hospital related to matters of alleged fraud or corruption must be made in writing and addressed to the Procurement Officer of the Hospital.

2.1.1.3 Eligible Bidders

1   A Bidder, and all parties constituting the Bidder, shall meet the following criteria to be eligible to participate in the procurement:

a)   The bidder has the legal capacity to enter into a contract;

b)   The bidder is not:

   i)   insolvent;
   ii)   in receivership;
   iii)   bankrupt; or
   iv)   being wound up

c)   The bidder's business activities have not been suspended;

d)   The bidder is not the subject of legal proceedings for any of the circumstances in (b); and

e)   The bidder has fulfilled his or her obligations to pay taxes.

2   A Bidder may be a natural person, private or public entity or any combination of them with a formal intent to enter into an agreement or under an existing agreement in the form of a joint venture, consortium, or association. In the case of a joint venture, consortium, or association, all parties shall be jointly and severally liable. For bids submitted by an existing or intended JV, a Power of Attorney from each member of the JV nominating a Representative in the JV and a Power of Attorney from the JV nominating a representative who shall have the authority to conduct all business for and on behalf of any and all the parties of the JV during the bidding process and, in the event the JV is awarded the Contract, during contract execution.

3   A Bidder and all parties constituting the Bidder including sub-contractors shall have the nationality of an eligible country, in accordance with the section about Eligible Countries. A Bidder shall be deemed to have the nationality of a

country if the Bidder is a citizen or is constituted, incorporated, or registered and operates in conformity with the provisions of the laws of that country. This criterion shall also apply to the determination of the nationality of proposed subcontractors for any part of the Contract including related works or supplies.

4   A Bidder shall not have a conflict of interest. All Bidders found to be in conflict of interest shall be disqualified. A Bidder may be considered to have a conflict of interest with one or more parties in this bidding process, if they:

   a)   have controlling shareholders in common; or

   b)   receive or have received any direct or indirect subsidy from any of them; or

   c)   have the same legal representative for purposes of this bid; or

   d)   have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the bid of another Bidder, or influence the decisions of the Hospital bidding process; or

   e)   Submit more than one bid in this bidding process. However, this does not limit the participation of subcontractors in more than one bid or as Bidders and subcontractors simultaneously.

5   Bidders shall provide such evidence of their continued eligibility satisfactory to the Hospital as the Hospital shall reasonably request. All related supplies and staff employed under the contract shall have their origin or nationality in an eligible country.

2.1.2   Bidding Document

2.1.2.1 Contents of Bidding Document

a) The Bidding Document consists of:

   i)   Procedures and Related Forms,

   ii)   Statement of Requirement and

   iii)   Conditions of Contract

b) All the Sections indicated above, and should be read in conjunction with any addenda issued in accordance with ITB.

c) The letter of invitation is not part of the Bidding Document.

d) Bidders who do not obtain the Bidding Document directly from the Hospital will be rejected during evaluation. Where Bidding Documents are obtained from the Hospital on a Bidder's behalf, the Bidder's name must be registered with the Hospital at the time of sale and issue.

e) The Bidder is expected to examine all instructions, forms, terms, and requirements in the Bidding Document. Failure to furnish all information or documentation required by the Bidding Document may result in the rejection of the bid.

f) All bidders must issue a paper or hard copy of the bidding document. Where an electronic copy of the bidding document is additionally issued, the paper or

hard copy of the bidding document is the original version. In the event of any discrepancy between the two, the hard copy shall prevail.

2.1.2.2 Clarification of Bidding Document

1   A prospective Bidder requiring any clarification of the Bidding Document shall contact the Procurement office in writing at the Hospital's address indicated in the BDS.

2   The Hospital will respond in writing to any request for clarification, provided that such request is received no later than the date indicated in the BDS. The Hospital shall forward copies of its response to all Bidders who have acquired the Bidding Document directly from it, including a description of the inquiry but without identifying its source.

3   Should the Hospital deem it necessary to amend the Bidding Document as a result of a clarification, it shall do so.

2.1.2.3 Amendment of Bidding Document

1   At any time prior to the deadline for submission of bids, the Hospital may amend the Bidding Document by issuing addenda.

2   Any addendum issued shall be part of the Bidding Document and shall be communicated in writing to all who have obtained the Bidding Document directly from the Hospital.

3   To give prospective Bidders reasonable time in which to take an addendum into account in preparing their bids, the Hospital may, at its discretion, extend the deadline for the submission of bids, pursuant to ITB Clause 8.

2.1.3   Preparation of Bids

2.1.3.1 Cost of Bidding

1   The Bidder shall bear all costs associated with the preparation and submission of its bid, including any negotiations with or visits to the Hospital and the Hospital shall not be responsible or liable for those costs, regardless of the conduct or outcome of the bidding process.

2.1.3.2 Language of Bid

1   The medium of communication shall be in writing unless otherwise specified in the BDS.

2   The bid, as well as all correspondence and documents relating to the bid exchanged by the Bidder and the Hospital, shall be written in English unless otherwise specified in the BDS.

3   Supporting documents and printed literature that are part of the bid may be in another language provided they are accompanied by an accurate translation of the relevant passages in English, in which case, for purposes of interpretation of the bid, such translation shall govern.

2.1.3.3 Preparation of Bids

1 Bidders are required to prepare and submit one envelope containing two envelopes: one for the technical proposal and the other for the financial proposal (one stage two envelopes).

2 A pre-bid meeting will be held where indicated in the BDS. Attendance at the pre-bid meeting is optional.

2.1.3.4 Documents Comprising the Bid

1 The bid shall comprise the following:

a) The Bid Submission Sheet;

b) A Bid Security;

c) Written confirmation authorising the signatory of the bid to commit the Bidder;

d) Documentary evidence establishing the Bidder's eligibility to bid;

e) Documentary evidence establishing the Bidder's qualifications to perform the contract if its bid is accepted;

f) The signed Code of Ethical Conduct for Bidders and Providers accordance with ITB; and

g) Any other document(s) required in the BDS.

2.1.3.5 Technical Format and Signing

1. The bidder shall prepare one original of the documents comprising the bid and clearly mark it TECHNICAL. In addition the bidder shall supply 2 copies marked COPY. In case of any discrepancy between the original and the copies, the original shall prevail.

These bids shall be sealed in one big envelope.

2. The original and all copies of the bid shall be typed or written in indelible ink shall be signed by a person duly authorised to sign on behalf of the bidder. The authorisation shall be notarized and shall be attached to the bid. All copies of the bid shall be signed or initialled by the person signing the bid.

3. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialled by the person signing the bid.

2.1.3.6 Preparation of Technical Bid

1 The Technical proposals should contain the following documents and information:

a) Administrative responsiveness to the bid evidenced by the eligibility documents as requested. The eligibility documents should be presented in the first section of the Technical Proposal.

b) There must be a *Fit to Requirements section*, based on the statement of requirements section, indicating how the proposed HMIS will meet the requirements. It should be clearly stated whether the requirements are already met by the product or some functionality will be enhanced through customisation or functionality will be developed from scratch. *A template is included in the bidding forms section.*

c) The bidder should also provide any other information relevant to the proposed HMIS product functional and non functional aspects.

d) There must be a **comprehensive methodology** for implementing the proposed HMIS: Expected activities/tasks.

e) There must be a **detailed work plan**, indicating activities to be performed and a time schedule broken down of expected man and calendar days. The work plan should be in accord with the suggested methodology in regard to key project tasks.

   There should be a summary of the implementation plan following the template included in the bidding forms section.

f) There must be a **company technical competence/experience section** including but not limited to:

   i) General information about the company including how long it has been in existence, its last audited accounts etc, location (city and country), where it's main office is based in case a branch of the company is submitting and the total number of company professional staff grouped by IT software implementation roles.

   ii) Proven record of successful implementation of a directly hospital related or/and comparable Management Information Systems (MIS) in reputable institutions.

   iii) The profiles of HMIS or similar MIS implemented projects should include project name, project duration, client, contact information (telephone numbers and email), project cost, starting and finishing date, whether the project was concluded successfully or not and any other relevant information. *The projects should be presented in the order of importance and relevance.*

   iv) The *hospital directly related projects,* supporting inpatient and outpatient functions and for hospitals with at least 100 beds, should be presented grouped in the following order: projects done in Uganda/East Africa, projects done in other parts of Africa, projects done outside Africa.

   v) The *similar HMIS projects (not directly related to hospital implementations)* should be presented grouped in the following order: projects don in Uganda/East Africa, projects done in other parts of Africa, projects done outside Africa.

   vi) There should be summarised profiles of the consultants who are proposed to work on the HMIS implementation. The profiles should include their key competencies and qualifications and the role/roles they will perform based on the suggested methodology. The country and city where the consultant is currently based should be clearly stated. This

information should also be summarised in Qualifications Form Summary of the Bidding Forms section.

vii) The detailed CVs should be included as an appendix in the technical proposal. *The Detailed CVs must be duly signed by the individual and also by the competent person signing the submitted technical proposal.*

g) The **minimum operating hardware and software requirements** should be stated including but not limited to:

i) Hardware requirements for the server(s) and client computer(s) including numbers for the live server(s), high availability servers and possibility disaster recovery servers.

ii) Operating Systems for the server and client computers including specifying whether they are open source or proprietary, whether they need licences or not.

iii) Relational Database Management System (RDMS) to be used including specifying whether it is open source or proprietary, whether it needs licences or not.

iv) The HMIS conceptual Architecture.

v) HMIS Application programming languages for the client, middleware and backend technologies including specifying whether they are open source or proprietary.

vi) The bidder policy in regard to access to the HMIS source code for internal hospital use, without prejudice to the bidder's or third party copyrights.

h) Support and maintenance plan for the proposed HMIS product.

i) The bidder may provide **any other information that** the bidder deems relevant to the technical RFP aspects e.g. product brochures, detailed explanation of product features, international support for the product etc.

2.1.3.7 Preparation of Financial Proposals

1 The bidder shall prepare one original of the documents comprising the bid and clearly mark it FINANCIAL. In addition the bidder shall supply 2 copies marked COPY. In case of any discrepancy between the original and the copies, the original shall prevail.

2 The Financial proposals should contain a breakdown of lump sum price form (total initial HMIS costs), showing all costs for the assignment as indicated in the Price Schedule form.

2.1.3.8 Sealing and Marking of bids

1. The bidder shall enclose the original and each copy in separate sealed envelopes duly marking the envelopes as ORIGINAL and COPY. These envelopes containing the original and copies shall then be enclosed in one single plain envelope securely sealed in such a manner that opening and sealing cannot be achieved undetected.

2. The inner and outer envelopes shall;

    a) Bear name and address of the bidder

    b) Be addressed to the Hospital

    c) Bear the procurement reference number of this bidding process

3. If all envelopes are not sealed and marked as required the Hospital will assume no responsibility for the misplacement or premature opening of the bid.

2.1.3.9 Bid Submission Sheet and Price schedules

1   The Bidder shall submit the Bid Submission Sheet using the form provided in the Bidding Forms. This form must be completed without any alterations to its format, and no substitutes shall be accepted. All blank spaces shall be filled in with the information requested, which includes:

    a)   The Procurement Reference Number of the Bidding Document and the number of each addenda received;
    b)   A brief description of the Services offered;
    c)   The total bid price;
    d)   Any discounts offered and the methodology for their application;
    e)   The period of validity of the bid ;
    f)   A commitment to submit any Performance Security required and the amount;
    g)   A declaration of nationality of the Bidder and of any eligibility for a margin of preference;
    h)   A commitment to adhere to the Code of Ethical Conduct for Bidders and Providers;
    i)   A declaration that the Bidder, including all parties comprising the Bidder, is not participating, as a Bidder, in more than one bid in this bidding process;
    j)   A declaration on commissions and gratuities; and
    k)   An authorised signature.

2   The Bidder shall submit the Price Schedule for Services, using the format provided in the section on Bidding Forms. The Price Schedule shall include, as appropriate:

    a.   A brief description of the Services to be performed;
    b.   the unit prices where applicable;
    c.   Local taxes paid or payable in Uganda;
    d.   The total price per line item;
    e.   Subtotals and totals per Price Schedule, broken down by module if possible; and
    f.   An authorised signature.

2.1.3.10 Bid Prices and Discounts

1 The price to be quoted in the Bid Submission Sheet, in accordance with ITB shall be the total price of the bid, excluding any discounts offered.

2 The Bidder shall quote any unconditional and conditional discounts and the methodology for their application in the Bid Submission Sheet.

3 Prices quoted by the Bidder shall be fixed during the Bidder's performance of the Contract and not subject to variation on any account, unless otherwise specified in the BDS. A bid submitted with an adjustable price quotation shall be treated as non-responsive and shall be rejected.

2.1.3.11 Currencies of Bid

1 Unless otherwise specified in the BDS, bid prices shall be quoted in United States dollars.

2.1.3.12 Documents Establishing the Eligibility of the Bidder

1 To establish their eligibility in accordance with ITB, Bidders shall complete the eligibility declarations in the Bid Submission Sheet, Bidding Forms and submit the documents required in the Evaluation Methodology and Criteria.

2.1.3.13 Period of Validity of Bids

1 Bids shall remain valid until the date specified in the BDS. A bid valid for a shorter period shall be rejected by the Hospital as non-compliant.

2 The Hospital will make its best effort to complete the procurement process within this period.

3 In exceptional circumstances, prior to the expiration of the bid validity period, the Hospital may request Bidders to extend the period of validity of their bids. The request and the responses shall be made in writing. If a Bid Security is requested, it shall also be extended for a corresponding period. A Bidder may refuse the request without forfeiting its Bid Security or being liable for suspension in case of a Bid Securing Declaration. A Bidder granting the request shall not be required or permitted to modify its bid.

2.1.3.14   Bid Security

1   The Bidder shall furnish as part of its bid, a Bid Security as specified in the BDS.

2   The Bid Security shall be in the amount specified in the BDS and denominated in the US Dollars, and shall:

   a)   At the bidder's option, be in the form of either a letter of credit, or a bank guarantee, or Bank draft or Cashier's Check from a banking institution;

   b)   Be issued by a reputable financial institution selected by the bidder from an eligible country. If the institution issuing the security is located outside Uganda, it shall have a correspondent financial institution located in Uganda to make it enforceable;

   c)   Be substantially in accordance with one of the forms of Bid Security included in the section about Bidding Forms;

   d)   Be payable promptly upon written demand by the Hospital in case the conditions listed in ITB are invoked;

   e)   Be submitted in its original form - copies will not be accepted.

3   The Bid Security or Bid Securing Declaration shall be submitted using the forms included in the Section about Bidding Forms and shall remain valid until the date specified in the BDS.

4   Any bid not accompanied by a substantially responsive Bid Security in accordance with ITB, shall be rejected by the Hospital as non-compliant.

5   The Bid Security of all Bidders shall be returned as promptly as possible once the successful Bidder has signed the Contract and provided the required Performance Security where applicable or upon request by the unsuccessful bidder after publication of the notice of best evaluated bidder.

6   If a Bidder withdraws its bid during the period of bid validity specified by the Bidder on the Bid Submission Sheet, except as provided in ITB; or If the successful Bidder fails to:

   a)   Sign the Contract in accordance with ITB;

b) Furnish any Performance Security; or

c) Accept the correction of its bid price.

The Bid Security may be forfeited or Bid Securing Declaration executed.

2.1.3.15   Format and Signing of Bid

1   The Bidder shall prepare one original of each of the documents comprising the bid as described in ITB and clearly marked "ORIGINAL". In addition, the Bidder shall submit copies of the bid, in the number specified in the BDS and clearly mark each of them "COPY". In the event of any discrepancy between the original and the copies, the original shall prevail.

2   The original and all copies of the bid shall be typed or written in indelible ink and shall be signed by a person duly authorised to sign on behalf of the Bidder. This authorisation shall consist of a Power of Attorney which if signed in Uganda shall be registered and if signed outside Uganda, shall be notarized and shall be attached to the bid. The name and position held by each person signing the authorisation must be typed or printed below the signature. All pages of the bid, except for un amended printed literature, shall be signed or initialled by the person signing the bid.

3   Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialled by the person signing the bid.

2.1.4   Submission and Opening of Bids

2.1.4.1 Sealing and Marking of Bids

1   The Bidder shall enclose the original and each copy of the bid, in separate sealed envelopes, duly marking the envelopes as "ORIGINAL" and "COPY." These envelopes containing the original and the copies shall then be enclosed in one single plain envelope securely sealed in such a manner that opening and resealing cannot be achieved undetected.

2   The inner and outer envelopes shall:

a) Bear the name and address of the Bidder;

b) Be addressed to the Hospital in accordance with the deadline for Submission of Bids specified in the ITB ;

c) Bear the Procurement Reference number of this bidding process; and

d) Bear a warning not to open before the time and date for bid opening.

3   If all envelopes are not sealed and marked as required, the Hospital will assume no responsibility for the misplacement or premature opening of the bid.

2.1.4.2 Deadline for Submission of Bids

1   Bids must be received by the Hospital at the address and no later than the date and time indicated in the BDS.

2   The Hospital may, at its discretion, extend the deadline for the submission of bids by amending the Bidding Document as stated in ITB; in which case all rights and obligations of the Hospital and Bidders previously subject to the deadline shall thereafter be subject to the deadline as extended.

2.1.4.3 Late Bids

1   The Hospital shall not consider any bid that arrives after the deadline for submission of bids. Any bid received by the Hospital after the deadline for submission of bids shall be declared late, rejected, and returned unopened to the Bidder.

2.1.4.4 Withdrawal and Replacement of Bids

1   A Bidder may withdraw or replace its bid after it has been submitted at any time before the deadline for submission of bids by sending a written notice, duly signed by an authorised representative, which shall include a copy of the authorisation as specified in the ITB. Any corresponding replacement of the bid must accompany the respective written notice. All notices must be:

a)   Submitted in accordance with ITB Clauses about *Sealing and Marking of Bids* and *Deadline for Submission* of (except that withdrawals notices do not require copies), and in addition, the respective envelopes shall be clearly marked "Withdrawal" or "REPLACEMENT" and

b) Received by the Hospital prior to the deadline prescribed for submission of bids, in accordance with ITB Clause *about Deadline for Submission of Bids*.

2 Bids requested to be withdrawn in accordance with ITB Sub-Clause about *Withdrawal and Replacement of Bids* shall be returned unopened to the Bidder.

3 No bid may be withdrawn or replaced in the interval between the deadline for submission of bids and the expiration of the period of bid validity specified by the Bidder on the Bid Submission Sheet or any extension thereof.

4 Bids may only be modified by withdrawal of the original bid and submission of a replacement bid in accordance with ITB Sub-Clause about *Withdrawal and Replacement of Bids Modifications* submitted in any other way shall not be taken into account in the evaluation of bids.

2.1.4.5 Bid Opening

1 The Hospital shall conduct the bid opening in the presence of Bidders` designated representatives who choose to attend, at the address, date and time specified in the BDS.

2 First, envelopes marked "WITHDRAWAL" shall be opened and read out and the envelope with the corresponding bid shall not be opened, but returned to the Bidder. No bid withdrawal shall be permitted unless the corresponding withdrawal notice contains a valid authorisation to request the withdrawal and is read out at the bid opening.

3 All other outer envelopes including those marked "REPLACEMENT" shall be opened and the technical bids within them opened. Replacement bids shall be recorded as such on the record of the bid opening.

4 All bids shall be opened one at a time, reading out: the name of the Bidder; the presence of a Bid Security or Bid Securing Declaration, if required the total bid price and any discounts; and any other details as the Hospital may consider appropriate. No bid shall be rejected at the bid opening except for late bids.

5 Only envelopes that are opened and read out at the bid opening shall be considered further.

6   The Hospital shall prepare a record of the bid opening that shall include, as a minimum: the name of the Bidder, whether there is a withdrawal and/or replacement, the bid price and the presence or absence of a Bid Security, where required. The Bidders' representatives who are present shall be requested to sign the record. The omission of a Bidder's signature on the record shall not invalidate the contents and effect of the record. A copy of the record shall be distributed to Bidders upon payment of a fee and displayed on the Hospital's Notice Board within one working day from the date of the bid Opening.

2.2 Evaluation of Bids

2.2.1 Confidentiality

1   A Hospital shall not disclose to a bidder or to any other person who is not involved in the preparation of the solicitation documents, the evaluation process or the award decision, any information relating to-

   a)   Solicitation documents, before the solicitation documents are officially issued;

   b)   The examination, clarification, evaluation and comparison of bids before the best evaluated bidder notice is displayed on the procurement and disposal notice board of the Hospital.

2   Any effort by a Bidder to influence the Hospital in the examination, evaluation, comparison, and post-qualification of the bids or contract award decisions may result in the rejection of its bid.

3   Notwithstanding ITB Sub-Clause about *Confidentiality*, from the time of bid opening to the time of Contract award, if any Bidder wishes to contact the Hospital on any matter related to the bidding process, it should do so in writing.

2.2.1.1 Clarification of Bids

1   To assist in the examination, evaluation, comparison and post-qualification of the bids, the Hospital may, at its discretion, ask any Bidder for a clarification of its bid. Any clarification submitted by a Bidder that is not in response to a request by the Hospital shall not be considered. The Hospital's request for clarification and the response shall be in writing. The request for clarification

shall be copied to all bidders for information purposes. No change in the price or substance of the bid shall be sought, offered, or permitted, except to confirm the correction of arithmetic errors discovered by the Hospital in the evaluation of the financial bids.

2.2.2 Compliance and Responsiveness of Bids

1   The Hospital's determination of a bid's compliance and responsiveness is to be based on the contents of the bid itself.

2   A substantially compliant and responsive bid is one that conforms to all the terms, conditions, and requirements of the Bidding Document without material deviation, reservation, or omission. A material deviation, reservation, or omission is one that:

a) Affects in a substantial way, the scope or quality of the supplies or services or the performance of the works to be procured;

b) Is inconsistent with the bidding document and which may in a substantial way, limit the rights of the Hospital or the obligations of the bidder under the contract;

c) If corrected would unfairly affect the competitive position of the other bidders whose bids are administratively compliant and responsive; or

d) Impacts the key factors of a procurement including cost, risk, time and quality and causes:

i)   Unacceptable time schedules, where it is stated in the bidding document that time is of the essence;

ii)   Unacceptable alternative technical details, such as design, materials, workmanship, specifications, standards or methodologies; or

iii)   Unacceptable counter-bids with respect to key contract terms and conditions, such as payment terms, price adjustment, liquidated damages, sub-contracting or warranty.

3   If a bid is not substantially compliant and responsive to the Bidding Document, it shall be rejected by the Hospital and may not subsequently be made compliant

and responsive by the Bidder by correction of the material deviation, reservation, or omission.

2.2.3 Nonconformities, Errors, and Omissions

1 Provided that a bid is substantially compliant and responsive, the Hospital may waive any non-conformity or omission in the bid that does not constitute a material deviation.

2 Provided that a bid is substantially compliant and responsive, the Hospital may request that the Bidder submit the necessary information or documentation, within a reasonable period of time, to rectify nonmaterial nonconformities or omissions in the bid related to documentation requirements. Such omission shall not be related to any aspect of the price of the bid. Failure of the Bidder to comply with the request may result in the rejection of its bid.

3 Provided that a bid is substantially compliant and responsive, the Hospital shall rectify nonmaterial nonconformities or omissions. To this effect, the bid price shall be adjusted, for comparison purposes only, to reflect the price of the missing or non-conforming item or component.

4 Provided that the bid is substantially compliant and responsive, the Hospital shall correct arithmetic errors on the following basis:

a) if there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected, unless in the opinion of the Hospital there is an obvious misplacement of the decimal point in the unit price, in which case the total price as quoted shall govern and the unit price shall be corrected;

b) If there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and

c) If there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an

arithmetic error, in which case the amount in figures shall prevail subject to (a) and (b) above.

5 If the Bidder that submitted the best evaluated bid does not accept the correction of errors, its bid shall be rejected and its Bid Security may be forfeited or Bid Securing Declaration executed.

2.2.4   Preliminary Examination of Bids – Eligibility and Administrative Compliance

1 The Hospital shall examine the legal documentation and other information submitted by Bidders to verify the eligibility of Bidders in accordance with ITB.

2 If after the examination of eligibility, the Hospital determines that the Bidder is not eligible, it shall reject the bid.

3 The Hospital shall examine the bids to confirm that all documents and technical documentation requested in ITB have been provided, and to determine the completeness of each document submitted.

4 The Hospital shall confirm that the following documents and information have been provided in the bid. If any of these documents or information is missing, the offer shall be rejected.

   a)   The Bid Submission Sheet, including:

      i)   a brief description of the Services offered;

      ii)   the price of the bid; and

      iii)   the validity date of the bid;

   b)   the Price Schedule;

   c)   Written confirmation of authorisation to commit the Bidder;

   d)   A Bid Security or Bid Securing Declaration.

2.2.5 Detailed Commercial and Technical Evaluation

1 The Hospital shall examine the bid to confirm that all terms, conditions and requirements of the bidding document have been accepted by the Bidder without any material deviation or reservation.

2 If, after the examination of the terms, conditions and requirements, the Hospital determines that the bid is not substantially responsive in accordance with ITB, it shall reject the bid.

2.2.6 Financial Comparison of Bids

1 The Hospital shall financially evaluate each bid that has been determined, up to this stage of the evaluation, to be substantially compliant and responsive.

2 To financially evaluate a bid, the Hospital shall only use the criteria and methodologies defined in the Section about Evaluation Methodology and Criteria. No other criteria or methodology shall be permitted.

3 To financially compare bids, the Hospital shall:

a) Determine the bid price, taking into account the costs listed in Section about Evaluation Methodology and Criteria;

b) Correct any arithmetic errors in accordance with ITB.

c) Apply any unconditional discounts offered in accordance with ITB;

d) Make adjustments for any nonmaterial nonconformities and omissions in accordance with ITB Sub-Clause about *Nonconformities, Errors, and Omissions*;

e) Apply any margin of preference in accordance with ITB Clause about *Financial Comparison of Bids*; and

f) Determine the total evaluated price of each bid.

2.2.7 Determination of Best Evaluated Bid(s)

1 The Hospital shall compare all substantially compliant and responsive bids to determine the best evaluated bid or bids, in accordance with Section about *Evaluation Methodology and Criteria*.

2.2.8   Post-qualification of the Bidder

1   The Hospital shall determine to its satisfaction whether the Bidder that is selected as having submitted the best evaluated bid is qualified to perform the Contract satisfactorily.

2   The determination shall be based upon an examination of the documentary evidence of the Bidder's qualifications submitted by the Bidder, to clarifications in accordance with ITB and any qualification criteria indicated in Section about *Evaluation Methodology and Criteria*. Factors not included in Section 3 shall not be used in the evaluation of the Bidder's qualifications.

3   An affirmative determination shall be a prerequisite for award of the Contract to the Bidder. A negative determination shall result in disqualification of the bid, in which event the Hospital shall proceed to the next best evaluated bid to make a similar determination of that Bidder's capabilities to perform satisfactorily.

4   If pre-qualification has been conducted, no post-qualification will be conducted but pre-qualification information shall be verified.

2.3   Award of Contract

2.3.1   Award Procedure

1   The Hospital shall issue a Notice of Best Evaluated Bidder within five (5) days after the decision of the contracts committee to award a contract; place such a Notice on its notice board for a prescribed period, copy the Notice to all Bidders.

2   No contract shall be signed for a period of at least ten (10) working days after the date of display of the Best Evaluated Bidder.

3   The Hospital shall award the Contract to the Bidder whose offer has been determined to be the best evaluated bid b, provided that the Bidder is determined to be qualified to perform the Contract satisfactorily and subject to satisfactory negotiations.

4   Negotiations will only be held in exceptional circumstances as determined by the Hospital Board and Management.

2.3.2   The Hospital's Right to Accept or Reject Any or All Bids

1   The Hospital reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time prior to contract signature and issue by the Hospital, without thereby incurring any liability to Bidders.

2.3.3   Signing and Effectiveness of Contract

1   On expiry of the ten (10) working day period after the display of the Best Evaluated Bidder, and upon approval of the Hospital Lawyer where applicable, the Hospital shall sign a contract with the successful Bidder.

2   Failure by the successful Bidder to sign the contract shall constitute sufficient ground for annulment of the contract award.

3   Effectiveness of the contract shall be subject to submission of a satisfactory Performance Security and any other conditions specified in the Contract.

2.3.4   Performance Security

1   Within twenty-one (21) days of signing of the contract, the successful Bidder shall furnish to the Hospital a Performance Security of 10% of the Contract amount and in the form of on demand Bank Guarantee, denominated in the type and proportions of currencies of the Contract, US$ for this contract. The performance security shall be issued by a Bank located in Uganda or a foreign Bank through correspondence with a Bank located in Uganda. On demand insurance bonds with proof of re-insurance, in the format included in contract forms section can be accepted.

2   Failure of the successful Bidder to submit the above-mentioned Performance Security shall constitute sufficient ground for annulment of the contract award. In this case or where the successful Bidder fails to sign the contract, the successful Bidder's Bid Security may be forfeited or the Bidder may be suspended by the Hospital from participating in Hospital procurement and

disposal processes under the terms of its Bid Securing Declaration. In that event, the Hospital may award the Contract to the next best evaluated Bidder.

3 Failure of the successful Bidder to submit the above-mentioned Performance Security shall constitute sufficient ground for annulment of the contract award. In this case or where the successful Bidder fails to sign the contract, the successful Bidder's Bid Security may be forfeited or the Bidder may be suspended by the Hospital from participating in Hospital procurement and disposal processes under the terms of its Bid Securing Declaration. In that event, the Hospital may award the Contract to the next best evaluated Bidder.

2.3.5   Advance Payment and Security

1 If required by the Bidder, the Hospital will provide an Advance Payment on the Contract Price, not exceeding 20% of the contract amount. This Payment shall be in the same currencies and proportions as the Contract Payment and shall be made in accordance with the contract terms.

2.3.6   2.   Administrative Review

1 Bidders may seek an Administrative Review by the Executive Director if they are aggrieved with the decision of the Hospital Procurement Office.

2.4 Bid Data Sheet

	Data relevant to the ITB
2.4.1	The Hospital is: **Uganda Martyrs Hospital Lubaga**
2.4.2	**Commencement:** The assignment is expected to commence on: **1st** March 2024
2.4.3	**Subject:** The subject of the procurement is: **Supply And Implementation of HMIS**
2.4.4	**Reference:** The Procurement Reference Number is: **LH/HMIS/SVC/2024**

	Data relevant to the ITB
2.4.5	**Clarification:** For clarification purposes only the Hospital address is: Attention: **Dr Julius Luyimbaazi** Street Address: **Lubaga Hill Next to Lubaga Cathedral** Floor/Room number: **Administration Block** Town/City: **Lubaga Kampala** PO Box No: **14130 Kampala** Country: **Uganda** Email: **procurement@lubagahospital.org** The Hospital will respond to any request for clarification provided that such request is received no later than **5 working days to submission deadline.**
2.4.6	**Medium:** The medium of communication shall be in writing**.**
2.4.7	**Language:** The language for the bid is English.
2.4.8	**Pre-bid meeting:** A pre-bid meeting shall be held. Date: **29/1/2024** Time :**10:00 am** Address for Pre-bid meeting: **Uganda Martyrs' Hospital, Lubaga** Street Address: **Lubaga Hill next to Lubaga Cathedral** Floor/Room number: **Administration Block** Town/City: **Lubaga Kampala** Country: **Uganda**

	Data relevant to the ITB
2.4.9	**Additional bid information:** Additional information required in the bid includes: **Any product brochures**
2.4.10	**Prices:** The prices quoted by the Bidder shall be:
2.4.11	**Currency:** The currency of the bid shall be: **United States Dollars**
2.4.12	**Validity Period:** Bids shall be valid until ;**30-June-2024**
2.4.13	A Bid Security shall be required.
2.4.14	The amount and currency of the Bid Security shall be; **Uganda Shillings 22,500,000**
2.4.15	The Bid Security or Bid securing Declaration shall be valid until **30-June-2024**
2.4.16	**Number of Copies:** In addition to the Original of the Bid, the number of copies required is: **3 Copies**
2.4.17	**Bid Submission:** For bid submission purposes only, the Procuring and Disposing Entity's address is : Attention: **Dr Julius Luyimbaazi** Street Address: **Lubaga Hill next to Lubaga Cathedral** Floor/Room number: **Administration Block** Town/City: **Lubaga** **Kampala** Country: **Uganda** The deadline for bid submission is: Date: **1ˢᵗ February 2024** Time (local time): **10:00am**
2.4.18	**Bid Opening:** The bid opening shall take place at: Street Address: **Lubaga Hospital** Floor/Room number: **Boardroom**

Data relevant to the ITB		
Town/City:	**Lubaga**	**Kampala**
Country: **Uganda**		
Date: **1st February 2024** Time (local time) **10:15am**		

2.5 Evaluation Methodology and Criteria

2.5.1 Confidentiality and Influence Peddling

1. Information relating to the examination, evaluation, comparison and recommendation for award of contract shall not be disclosed to bidders or any other person not officially concerned with such process until information detailing the best evaluated bidder is communicated to all bidders.

2. Any effort by a bidder to influence the Hospital in the examination, evaluation and comparison or contracts award decisions may result in the rejection of bids.

3. Not-withstanding the clauses above, from the time of bid opening to the time of contract award if any bidder wishes to contact the Hospital on any matter related to the bidding process, it should do so in writing to the Procurement Office.

2.5.2 Clarification of bids

1 To assist in the examination, evaluation, comparison and award of contract the Hospital may at its discretion ask any bidder for a clarification of its bid. Any clarification not in response to a request shall not be considered. The Hospital shall copy to all bidders for information purposes. No change in prices or substance of the bid shall be sought, offered or permitted except to confirm the correction of arithmetic errors discovered by the evaluation of bids.

2.5.3 Preliminary Examination of Bids-Eligibility and Administrative Compliance

1. The Hospital shall examine the legal documentation and other information

submitted by Bidders to verify the eligibility of Bidders in accordance with the bid documents.

2. The documentation required to provide evidence of eligibility shall be: -

a) A copy of the Bidder's Trading licence or equivalent and a copy of the Bidder's Certificate of Registration.

b) A statement in the Bid Submission Sheet that the bidder meets the eligibility criteria stated in ITB;

c) A declaration in the Bid Submission Sheet of nationality of the Bidder;

d) Fulfilment of obligations to pay taxes in Uganda.

e) Litigation history evidenced by a statement from the company lawyer.

f) Minimum turnover of Ush.400, 000,000[four hundred million] evidenced by submission of audited accounts for the last 4 years.

3. If after the examination of eligibility, the Hospital determines that the Bidder is not eligible it shall reject the bid.

4. The Hospital shall examine the bids to confirm that all documents and technical documentation requested in bidding document have been provided, and to determine the completeness of each document submitted.

5. The Hospital shall confirm that all eligibility documents and information have been provided in the bid. If any of these documents or information is missing, the offer shall be rejected. The documents shall include the following:

(a) The Bid Submission Sheet, including:

i) A brief description of the Supplies and Related Services offered;

ii) The price of the bid; and

iii) The validity date of the bid;

(b) The price breakdown as by *Price Schedule Form*;

(c) Written confirmation of authorisation to commit the Bidder; and

(d) A Bid Security or Bid Securing Declaration, if applicable.

2.5.4   Technical and Financial Evaluation Methodology

1   The evaluation of the technical and financial proposals will use the **_Quality and Cost based Selection_** methodology.

2   There will be a detailed evaluation to assess the responsiveness to the terms and conditions of this RFP document; and

3   The technical quality of proposals will be evaluated against the criteria below, to determine the technical score for each proposal and to determine which proposals reach the minimum technical score that will be given below; and.

4   Financial comparison to determine the financial score of each proposal t**_hat has passed the technical threshold score_**, to weight the technical and financial scores and to determine the total score of each proposal (_that has passed the eligibility criteria and documents evaluation stages_).

5   Demonstration of proposed HMIS solutions for the selected bidders.

6   Final evaluation to combine the results of the HMIS demo presentations and the initial technical and financial score.

7   _Proposals failing at any stage will be eliminated and not considered in subsequent stages._

2.5.5 Technical Evaluation and Criteria

1.   The Hospital shall evaluate the technical aspects of the bid submitted to confirm that all requirements specified in Statement of Requirements of the Bidding Document have been met without any material deviation or reservation.

2.   If, after the technical evaluation, the Hospital determines that the bid is not substantially compliant in accordance with ITB it shall reject the bid.

3.   Proposals shall be awarded scores out of the maximum number of points indicated below for each of the following criteria.

No	CRITERIA GROUP (*See technical proposal detailed expected contents in the relevant section above*)	MARKS OUT OF 100
1.	Company technical competence, capacity and experience in terms of relevant projects with at least 3 similar assignments for 300 bed hospital in the last 5 years.	15
2.	Company technical competence, capacity and experience in terms of proposed professional staff (based on CVs) for implementation and short-term support	10
3.	Product functionality (Fit to Requirements including general product characteristics): patient management, finance management and general stores and pharmacy stock management and other potentially useful hospital modules.	40
4.	Product not functional aspects: extensibility/ability to be easily customised, , security, automated backups and ability to be configured for high availability and offsite disaster recovery, maturity of product, architectural Issues, system scalability database support, user-defined parameters and configurations	10
5.	Implementation methodology including implementation framework	10
6.	Ease of Short- and Long-Term System Support and Maintenance including ability of hospital to overtime take on support and maintenance of the	7.5

No	CRITERIA GROUP (*See technical proposal detailed expected contents in the relevant section above*)	MARKS OUT OF 100
	proposed system including relevant documentation	
7.	Implementation platform manageability/open standards in regard to hardware and software infrastructure.	7.5

In summary:

CRITERIA GROUP	PERCENTAGE SCORE
The proposed HMIS **product**	50%
The bidder's **capacity and ability to implement** (Bidder Experience/Projects, Professional Staff and Methodology)	35%
HMIS Manageability and Easy Mid- and Long-Term Supportability and Sustainability:	15%

4. The minimum technical score required to pass the technical evaluation is 70 (out of 100) points. The financial proposals of the bidders whose technical proposals do not pass this threshold will not be evaluated; such a bidder will drop out at this stage.

2.5.6 Financial Comparison of Bids

1 Financial scores shall be determined by awarding 100 points to the lowest priced proposal that has passed the technical evaluation stage and giving all other proposals a score which is proportionate to this. Total scores shall be determined using a weighting of 80% for technical proposals and a weighting of 20% for financial proposals.

2 The top five best bidders, or any number as will be determined by management and the Board, shall be recommended for next evaluation stage, i.e. presentation of demos of their proposed HMIS solutions.

3 The Hospital shall financially evaluate each bid that has been determined, up to this stage of the evaluation, to be substantially compliant and responsive.

4 The financial comparison shall be conducted by evaluating the following costs:

a) The total prices in the Price Schedule including taxes, levies and any discounts.

b) The cost of the proposed database for the number of concurrent users specified in the Statement of Requirements.

c) The cost of the operating system required to run the proposed database on the server.

2.5.7 Demo Presentation and Evaluation

1 The best five bidders or any number as will be determined by management and the Board will be asked to come to the hospital and do a demonstration of their product for duration of about 3-4 hours.

2 Bidders are discouraged from making online (Internet) demos. But this could be done if the bidder provides a very fast Internet connection on site and also sends their consultants to conduct the demo on site.

3 The bidders will be sent guidelines and the scoring details for the demos at least 5 days before the demos. These guidelines, similar to the technical product evaluation criteria and will seek:

a. To verify the functional and non-functional requirements of the proposed HMIS solution as proposed in the technical proposals

b. Assess how that functionality is implemented in terms of user interface design

c. The bidders' understanding of the hospital processes that are supported by the presented HMIS features

4   The top 3 bidders from this process will be recommended to management and the Board for selection of the most feasible bidder for the award of contract.

5   And a site visit to at least one Hospital where the bidders has implemented a similar HMIS will be required for 4 Hospital staff at the expense of each bidder.

2.6   Eligible Countries

1. All countries are eligible except countries subject to the following provisions.

2. A country shall not be eligible if:

    a) As a matter of law or official regulation, the Government of Uganda prohibits commercial relations with that country, provided that the Government of Uganda is satisfied that such exclusion does not preclude effective competition for the provision of services required; or

    b) By an act of compliance with a decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations, the Government of Uganda prohibits any import of Services from that country or any payments to persons or entities in that country.

2.7 Bidding Forms

2.7.1 Bid Submission Sheet

[This Bid Submission Sheet should be on the letterhead of the Bidder and should be signed by a person with the proper authority to sign documents that are binding on the Bidder. It should be included by the Bidder in its bid]

Date: [*insert date (as day, month and year) of bid submission*]

Procurement Reference No: LH/HMIS/SVC/2024

To: Uganda Martyrs' Hospital, Lubaga

We, the undersigned, declare that:

a) We have examined and have no reservations to the Bidding Document, including Addenda No.: [*insert the number and issuing date of each Addenda, if there are any addenda*];

b) We offer to provide the services in conformity with the Bidding Document for the Supply and Implementation of Hospital Management System(HMIS);

c) The total price of our Bid is: [insert the total bid price in words and figures, indicating the amounts and currency]; This amount is exclusive of local taxes which we have estimated at [insert amount in words and figures];

d) Our bid shall be valid until the date specified in Bid Data Sheet No. 2.4.12 (30th June 2024) and it shall remain binding upon us and may be accepted at any time before that date;

e) If our bid is accepted, we commit to obtain a Performance Security in accordance with the Bidding Document where required in the amount of *[insert amount and currency in words and figures of the performance security, which should be 10% of Total Contract Sum]* for the due performance of the Contract;

f) We, including any associates or Joint Venture partners for any part of the contract, have nationals from the following eligible countries; *[Insert details]*

g) We have signed and undertake to abide by the Code of Ethical Conduct for Bidders and Providers attached during the procurement process and the execution of any resulting contract;

h) The following commissions, gratuities, or fees have been paid or are to be paid with respect to the bidding process or execution of the Contract: [*insert complete name of each Recipient, its full address, the reason for which each commission or gratuity was paid and the amount and currency of each such commission or gratuity*];

Name and address of Recipient	Purpose/Reason	Currency and Amount

[If none has been paid or is to be paid, indicate "none"]

i) We are not participating, as Bidders, in more than one bid in this bidding process;

j) We, including any subcontractors, do not have any conflict of interest as detailed in ITB;

k) Our Bid is binding upon us, subject to modifications agreed during any contract negotiations;

l) We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive;

Name: *[insert complete name of person signing the Bid]*

In the capacity of *[insert legal capacity of person signing the bid]*

Signed: *[signature of person whose name and capacity are shown above]*

Stamped and sealed:[Company seal and stamp affixed]

Duly authorised to sign the bid for and on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

2.7.2 Code of Ethical Conduct in Business

2.7.2.1 Ethical Principles

Bidders and providers shall at all times-

1. Maintain integrity and independence in their professional judgement and conduct;

    i. comply with both the letter and the spirit of-the

    ii. laws of Uganda; and

    iii. Any contract awarded.

2. Avoid associations with businesses and organisations which are in conflict with this code.

2.7.2.2 Standards

Bidders and providers shall-

   a) Strive to provide works, services and supplies of high quality and accept full responsibility for all works, services or supplies provided;

   b) Comply with the professional standards of their industry or of any professional body of which they are members.

2.7.2.3 Conflict of Interest

Bidders and providers shall not accept contracts which would constitute a conflict of interest with, any prior or current contract with any procuring and disposing entity. Bidders and providers shall disclose to all concerned parties those conflicts of interest that cannot reasonably be avoided or escaped.

a) A conflict of interest is defined as an actual or perceived interest by a staff or Board member in an action that results in or has the appearance of resulting in personal, organizational or professional gain.

b) Staff and Board members are obligated to always act in the best interest of the Hospital. This obligation requires that staff and Board members in the performance of their duties, seek only the furtherance of the Hospital mission.

c) At all time staff and board members are prohibited from using their job title or the Hospital's name or property, for private profit or benefit.

d) The officers and members of the Organization should neither solicit nor accept gratuities, favours or anything of monetary value from contractors/vendors. This is not intended to preclude bona-fide Hospital fundraising-activities.

e) No staff or board member of the Hospital shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

   i)   The officer or member;

   ii)   Any member of their immediate family;

   iii)   Their partner;

   iv)   An organization in which any of the above is an officer, director.

f) **Disclosure**: Any possible conflict of interest shall be disclosed by the person or persons concerned.

g) **Board Action:** When a conflict of interest is relevant to a matter requiring action by the Board, the interested person(s) shall call it to the attention of the Board and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final decision or related deliberation regarding the matter under consideration. When there is a doubt as to whether a conflict exists, the matter shall be resolved by vote of the Board of Trustees, excluding the person(s) concerning whose situation the doubt has arisen.

h) **Record of Conflict:** The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote and did not vote on the matter.

2.7.2.4 Confidentiality and Accuracy of Information

a) Information given by bidders and providers in the course of procurement processes or the performance of contracts shall be true, fair and not designed to mislead.

b) Providers shall respect the confidentiality of information received in the course of performance of a contract and shall not use such information for personal gain.

2.7.2.5 Gifts and Hospitality

Bidders and providers shall not offer gifts or hospitality directly or indirectly, to staff of a procuring and disposing entity that might be viewed by others as having an influence on a government procurement decision.

2.7.2.6 Inducements

a) Bidders and providers shall not offer or give anything of value to influence the action of a public official in the procurement process or in contract execution.

b) Bidders and providers shall not ask a hospital official to do anything which is inconsistent with the Act, Regulations, Guidelines or the Code of Ethical Conduct in Business.

2.7.2.7 Fraudulent Practices

Bidders and providers shall not-

a) Collude with other businesses and organisations with the intention of depriving a procuring and disposing entity of the benefits of free and open competition;

b) Enter into business arrangements that might prevent the effective operation of fair competition;

c) Engage in deceptive financial practices, such as bribery, double billing or other improper financial practices;

d) Misrepresent facts in order to influence a procurement process or the execution of a contract to the detriment of the Hospital; or utter false documents;

e) Unlawfully obtain information relating to a procurement process in order to influence the process or execution of a contract to the detriment of the Hospital ; and

f) Withholding information from the Hospital during contract execution to the detriment of the Hospital.

I .... agree to comply with the above code of ethical conduct in business.

AUTHORISED SIGNATORY

NAME OF BIDDER/PROVIDER

2.7.2.8 Bid Security

[This Bid Security should be on the letterhead of the issuing Financial Institution and should be signed by a person with the proper authority to sign the Bid Security. It should be included by the Bidder in its bid].

<div align="right">

Date: [insert date (as day, month and year) of bid submission]

Procurement Reference No.: **LH/HMIS/SVC/2024**

</div>

To: Uganda Martyrs Hospital, Lubaga

Whereas *[insert complete name of Bidder]* (hereinafter "the Bidder") has submitted its bid dated *[insert date (as day, month and year]* for Procurement Reference number **LH/HMIS/SVC/2024** for the Supply and Implementation of Hospital Management System(HMIS), hereinafter called "the Bid."

KNOW ALL PEOPLE by these presents that WE *[insert complete name of institution issuing the Bid Security]*, of *[insert city of domicile and country of nationality]* having our registered office at *[insert full address of the issuing institution]* (hereinafter "the Guarantor"), are bound unto Uganda Martyrs Hospital, Lubaga (hereinafter "the Hospital") in the sum of *[specify in words the amount and currency of the bid security]* *[specify the amount and currency in figures]*, for which payment well and truly to be made to the aforementioned Hospital, the Guarantor binds itself, its successors or assignees by these presents. Sealed with the Common Seal of this Guarantor this *[insert day in numbers]* day of *[insert month], [insert year]*.

THE CONDITIONS of this obligation are the following:

1. If the Bidder withdraws its bid during the period of bid validity specified by the Bidder in the Bid Submission Sheet, except as provided in ITB Sub-Clause 3 about exceptional circumstances in the *Period of Validity of Bids*; or

2. If the Bidder, having been notified of the acceptance of its bid by the Hospital, during the period of bid validity, fails or refuses to:

    (a) Sign the Contract in accordance with ITB Clause about *Debriefing*; or

(b)   furnish the Performance Security, in accordance with the ITB Clause about *Advance Payment and Security* or

(c)   Accept the correction of its bid by the Procuring Entity, pursuant to ITB Clause about *Nonconformities, Errors, and Omissions*;

We undertake to pay the Hospital up to the above amount upon receipt of its first written demand, without the Hospital having to substantiate its demand, provided that in its demand the Hospital states that the amount claimed by it is due to it, owing to the occurrence of one or more of the above conditions, specifying the occurred conditions.

This security shall remain in force up to and including *[insert date in accordance with ITB Clause Bid Security No.3]*, and any demand in respect thereof should be received by the Guarantor no later than the above date.   This guarantee is subject to the Uniform Rules for Demand Guarantees, ICC Publication No. 758.

Signed: *[insert signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the Bid]*

In the capacity of *[insert legal capacity of person signing the bid]*

Duly authorised to sign the bid for and on behalf of: *[insert complete name of Bidder*

]

2.7.3   Price Schedule

[This Price Schedule should be signed by a person with the proper authority to sign documents for the Bidder. It should be included by the Bidder in its bid]

Date: *[insert date (as day, month and year) of bid submission]*

Procurement Reference No: **LH/HMIS/SVC/2024**

Name of Bidder: *[Insert the name of the Bidder]*

NO	ITEM	UNIT COST	TAXES (VAT) AMOUNT	TOTAL	REMARKS/CONSTRAINTS
1.0.0	**INITIAL HMIS COSTS**				
1.1.0	**LICENSE/PRODUCT FEES (Where possible prices should be broken down by modules)**				
1.1.1	LICENSE FEES (IF APPLICABLE)				
1.1.2	MODULE 1 COST				
1.1.3	MODULE 2 COST				
1.1.4	MODULE 3 COST				
1.1.5	MODULE 4 COST				

	(Breakdown as necessary				
	TOTAL LICENSE/PRODUCT FEES				
1.2.0	*IMPLEMENTATION/PROFESSIONAL FEES*				
1.2.1	REQUIREMENTS ANALYSIS/SCOPE REFINEMENT				
1.2.2	DESIGN FOR CUSTOMISATIONS INCLUDING PROTOTYPE				
1.2.3	CUSTOMISATION				
1.2.4	INSTALLATION/ CONFIGURATIONS/ INTEGRATION				
1.2.5	SYSTEM STABILISATION/ TESTING				
1.2.6	DATA CONVERSION				
1.2.7	SYSTEM & PROJECT DOCUMENTATION (ANALYSIS/DESIGN REPORTS, USER/TECHNICAL/PROCEDURE MANUALS)				
1.2.8	TRAINING (ADMINISTRATORS AND END USERS)				
1.2.9	PROJECT MANAGEMENT				
1.2.10	REIMBURSABLES (IF APPLICABLE, AND ALSO BREAK THEM DOWN)				
1.2.11	OTHER IMPLEMENTATION RELATED COSTS				
	TOTAL IMPLEMENTATION/PROFESSIONAL FEES				
1.0.0	**TOTAL HMIS INITIAL COSTS**				
2.0.0	**RECURRENT COSTS**				

2.0.1	LICENCES SUSCRIPTION (IF APPLICABLE)				
2.0.2	ANNUAL SUPPORT/MAINTENANCE				
2.0.3	ANY OTHER RECURRENT COSTS				
2..0.0	**TOTAL RECURRENT COSTS**				
3.0.0	**SINGLE INCIDENT/ISSUE SUPPORT**				
3.0.1	COST PER CONSULTANT PER HOUR OR STAFF DAY				

The warranty period after which the maintenance contract goes into effect in calendar months is:

N.B

1) *The proposals should be submitted in the specified bid currency.*

2) *All quoted prices should be tax inclusive, and the tax component must be shown separately.*

3) *If the proposed solution is made up several modules, there should also be a break down of the prices by modules.*

The Total bid price (1.0.0 TOTAL HMIS INITIAL COSTS, in table above is):_____

Signed: *[signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the bid]*

In the capacity of *[insert legal capacity of person signing the bid]*

Duly authorised to

Sign the bid for

And on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

2.7.4   Summary Implementation Phase and Roles Matrix

	Phase (based on the bidders' implementation methodology)	Professional Staff and Proposed Project Role(s) (*Indicate the proposed role against each proposed professional staff. One individual may carry out more than one role*)	Estimated man days or months	Estimated calendar days or month
1				
2				
3				
4				
5				
6				

Phase (based on the bidders' implementation methodology)	Professional Staff and Proposed Project Role(s) (*Indicate the proposed role against each proposed professional staff. One individual may carry out more than one role*)	Estimated man days or months	Estimated calendar days or month
TOTALS			

Signed: *[signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the bid]*

In the capacity of   *[insert legal capacity of person signing the bid]*

Duly authorised to

Sign the bid for

And on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

2.7.5 Fit To Requirements Template

This table must be based on the Statement of Requirements section

Requirement Reference from (Statement of Requirements Section)	Requirement Description	Fit/Gap			Testing *for Fit and Partially Fit* requirements.		Comments (*Insert any comments concerning the fit/gap analysis for this requirement*)	Recommendation (*Any bidder recommendation in regard to this requirement*)
		Fit	Partial Fit	Gap	Field (Hospital) tested	Only internally (Developer/Vendor) Tested		
3.5.1.1	Requirement 1		X			X		
3.5.1.2	Requirement 2	X						
3.5.1.3	Requirement 3			X		X		

Signed: *[signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the bid]*

In the capacity of   *[insert legal capacity of person signing the bid]*

Duly authorised to

Sign the bid for

And on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

2.7.6   Qualification Form Summary

[This Qualification Form should be submitted for the Bidder. The form should be signed by a person with the proper authority to sign. It should be included by the Bidder in its bid.

The information will be used for purposes of post-qualification or for verification of pre-qualification. This information will not be incorporated in the Contract. Attach additional pages as necessary.

Refer to Evaluation Methodology and Criteria for details of the criteria to be met and information to be completed].

Name of Bidder:	

1.   The work performed providing Services of a similar nature and value over recent years is: *[List also details of Services under way or committed, including expected completion date.]*

No	Name of Client	Contact Person and Contact Details	Type of Work Performed (Summary)	Duration and Dates of Contract	Value of contract	Project Status (Completed, Underway, Comitted)

No	Name of Client	Contact Person and Contact Details	Type of Work Performed (Summary)	Duration and Dates of Contract	Value of contract	Project Status (Completed, Underway, Comitted)

3.   The qualifications and experience of key personnel proposed for administration and execution of the Contract are:

No	Position	Name	Key Qualifications, Certifications and Competencies	Years of Experience (general)	Year of Experience in proposed position

N.B. The detailed CVs, duly signed by one with authority to sign the qualification form, must be attached as an appendix to the Technical Proposal.

We, the undersigned, declare that the information contained in and attached to this form is true and accurate as of the date of bid submission:

Signed: *[signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the Qualification Form]*

In the capacity of   *[insert legal capacity of person signing the Qualification Form]*

Duly authorised to sign

The Qualification Form

For and on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

3 Statement of Requirements

3.1 Background Information

Uganda Martyrs Hospital Lubaga is a private-not-for profit hospital. It is a 240-bed capacity referral unit offering a full range of specialised and super specialised services and with a vision of being "a state-of-the-art healthcare facility in Africa."

3.2 Objective

The objective of the bidding process is to acquire a Hospital Management Information System (HMIS) that immediately address the core functionality in patient management and financial and stock (pharmacy and general stores) management. The HMIS should, however, also have existing functionality or at least a firm foundation to address other key hospital processes especially in the areas of clinical support and patient care but also in administrative areas like Human Resource Management (HRM).

3.3 Scope of Work

The scope of work for this project is the supply and implementation of the HMIS by carrying out the following tasks and any other tasks necessary for the successful implementation of the HMIS:

1) System Analysis/Requirements Refinement including production of an Inception and System Analysis Report

2) Re-design the HMIS product to meet the refined requirement. This task includes producing a prototype and a Design Report for any customisation that may be needed.

3) System Customisation

4) Testing/Stabilisation

5) Installation of the HMIS

6) Data migration from the existing system that uses a Postgres database including patient data and accounts data.

7) Training and any stabilisation (testing and correction of any identified users). Training

should be conducted based on a training manual.

8) Transfer of the HMIS to the operations phase.

9) Commissioning including producing (a) commissioning report(s). There could be phased based commissioning reports but at the end of the project there should be a project commissioning report

3.4 General HMIS Characteristics

The proposed HMIS solution should meet as much as possible the following **general characteristics** described below:

i) The proposed HMIS should preferably be a comprehensive Enterprise Resource Planning (ERP) system for a hospital covering administrative, clinical and other hospital related functionality but focus should be put on the core functionality that will be later described. It could be a combination of preferably not more than 2 separate but integrated information systems or products, e.g. administrative (financial and stock management) and patient management systems (patient administration, clinical support and patient care services) , which can easily exchange data between each other.

ii) The proposed HMIS should be based on extensively field-tested product(s), preferably off-the-shelf or at least custom designed and developed but with possibility of access to source code, without prejudice to copyrights, for internal hospital support of the system in the long run. The hospital should be able to take over the maintenance and possibly the expansion of the system in the long run, with minimal vendor support.

iii) The proposed HMIS should be a system that can easily be installed module by module in a phased approach if the hospital decides so.

iv) The proposed HMIS should be based on industry standard technologies, e.g. databases which come as commercially off the shelf software (COFS) or based on open-source standards.

v) The proposed HMIS should, preferably, have ability to handle multiple currencies especially for the financial modules.

vi) The proposed HMIS should provide comprehensive, customisable detailed and summary standard reports with ability to export data to different formats, for example Excel, pdf formats, XML etc.

vii) The proposed HMIS should provide for ability to import data from various file formats e.g. Microsoft Excel, XML, Tab Delimited Files, dbf formats etc.

viii) The proposed HMIS should be easily customisable, in terms of inputs, storage, processing and reporting functionality initially by the bidder but later by the hospital team once they have gained competence in the technologies in which the solution is implemented.

ix) The proposed HMIS solution should at least initially cater for 50 simultaneous users and be installed in at least 70 locations over a Local Area Network.

x) It should be possible to access the system, if need be, over a Wide Area Network (WAN).

3.5 Functional Requirements

The proposed HMIS should cater for the following **core functional requirements**, but systems with extended functionality relevant to the mentioned areas will have an added advantage.

3.5.1 Patient Management Functionality

1) The system should category for registration of both inpatients and outpatients including personal information and any other relevant information.

2) The system should able to handle key OPD visit specific and inpatient admission information, e.g. clinics/wards attended, services/drugs given with billing and clinical information, e.g. summary laboratory/radiology results etc.

3) The system should be able to capture key end of OPD visit or/and inpatient admission information including diagnosis, how the OPD or/and admission ended.

4) The system should be able to keep patient history in order to enable production of past and current patient admission and OPD visit statistics and a basic *electronic medical record (EMR) as required.*

5) The billing of patients should be based on standard accounts receivable functionality. Specifically the system should be able to:

i) Generate invoices, receipts, refunds and credit notes for various categories of patients.

ii) The proposed system should be able to handle interim billing for various scenarios: when it is required that a service or/and drug be paid for before it is given especially by an OPD patient or when partial billing has to be done before an inpatient is discharged.

iii) The system should cater for patients who pay cash on treatment, patients treated on credit whose bills are paid later by companies, organisations and insurances

iv) The system should also cater for patient given free or subsidised treatment e.g. hospital staff, while still keeping record of the monetary value of services and drugs given to them.

v) The system should be able to consolidate company/organisation/insurance patient, invoices, both for inpatients and outpatients, periodically, For example at the end of the month or as desired, it should possible to create a single invoice for a company/insurance/organisation including summary information about patients that visited the hospital. Such information could be patient type (inpatient or outpatient), patient name, date of visit or admission and the total amount billed. But the system should still be able to produce individual patient invoices to backup the summarised information on the consolidated invoice.

vi) The system should also be able to cater for generation of company receipts, credit notes and refunds.

vii) The billing module, which acts as the hospital "sales" ledger should be able to produce patient and organization/company ledgers and debtor reporting including aging debtors' analysis, in addition to transaction reports like periodic list of transactions (receipts, invoices, credit notes, refunds) for patients and organisations/companies by date, user etc.

viii) The billing module should interface with the financial management module by

posting according to a user defined schedule the patient/billing companies and organisations accounts receivable information (receipts, invoices, credit notes and refunds) to the various general ledger or/and subsidiary ledger accounts.

3.5.2 Financial Management Functionality

The proposed HMIS should offer financial management functionality including general ledger with budgeting, purchases and accounts payables, fixed assets management etc that are based on sound and "best practices" finance management and control principles and practices. Specifically, it should have the following characteristics:

1) The system should be based on internationally recognized standards like the Generally Accepted Accounting Principles, International Financial Reporting Standards (IFRS) or any other similar one.

2) The system should facilitate easy and accurate recording and storage of all hospital financial transactions through a self-balancing ledger using a double entry system.

3) The transactions recording should based on the Chart of Accounts (COA) and at least 4 additional financial analysis categories to cater for flexible cost centres (departments), projects, donors accounting and one extra free category.

4) The transactions could be entered directly by the users or automatically by the system from interfacing systems like the patient and companies billing (invoices, receipts, credit notes, refunds etc), and general stores and pharmacy modules (periodic stock values).

5) The system should facilitate set up of budgets based on the Chart of Accounts (COA)and at least 4 additional categories to cater for flexible cost centres (departments), projects, donors accounting and one extra free dimension, at least up to a monthly budget.

6) It should be possible to enter an annual amount for a COA account, and optionally with categories for cost centre, project and donor and to have the system split the figure into monthly figures, however with ability for modification.

7) The system should facilitate production of periodic standard financial reports and statements including the trial balance, the statement of position (balance sheet),

statement of performance (income expenditure statement)s, detailed accounts ledgers, budget report, budget variance reports (budget versus actual) including the budget variance expressed as an amount and percentage. The reports should be based on the COA and accounting periods or/and dates and where applicable auxiliary accounting categories (cost centres, projects, donors etc). E.g. it should be possible to report on projects and related funding whether donor or/and hospital.

8) The system should enable analysis of the financial data using various parameters especially accounting periods, the Chart of Accounts (COA) dates and where applicable auxiliary accounting categories (cost centres, projects, donors etc) already mentioned above.

9) The system should maintain supplier ledgers and creditor reports including an aging analysis as it should do for the debtors

10) The system should be able to have a fixed assets register that includes at least the asset name, category, location, depreciation method and purchase cost.

11) The system should automatically calculate the depreciation monthly or annually.

12) The fixed assets register should be linked to the General Ledger to post any fixed assets transactions to the relevant ledgers automatically.

3.5.3 General Stores Inventory (Non medical Inventory)

The proposed HMIS system should that implement all standard stock control and management functions. Specifically it should be able to:

i)   Have a flexible way to setup stock item with information required in all stock related transactions.

ii)   Handle stock receipts, issues, transfers, damages and any other stock movement transactions in multiple locations or stores or including capture and storage of an expiry dates and batch numbers where applicable.

iii) Calculate stock value based on standard stock valuation methods like FIFO, LIFO, average price, price of last purchase etc.

iv)   Handle periodic physical stock reconciliation.

v) Produce detailed and summary stock quantities and value reports including stock ledgers, summary stock movements (opening balance, in, out, damages and closing balances for any selected period.

vi) Produce exception reports, e.g. slow and fast moving items based on user defined quantities in a user defined period and also items that are due to expire or have expired.

vii) Interface with accounts-ledgers to transfer the periodic end of period, e.g., monthly, values to the appropriate ledgers.

viii) Generate stock item orders, with ability of modification, based on minimum levels, average stock item consumption and ordering time in a selected period.

3.5.4 Pharmacy Inventory

The proposed HMIS system should handle the **pharmacy Inventory** (inventory of medicines and other clinical related consumables) that implements all standard stock control and management functions but with ability to be customized to handle pharmacy specific functionality. Specifically it should be able to:

1. Have a flexible way to setup stock item with information required in all stock related transactions, with optional to cater for drug and other pharmacy specific clinical information.

2. Handle drug and sundry receipts, issues, transfers, damages and any other stock movement transaction in multiple locations or stores including capture and storage of an expiry dates and batch numbers where applicable.

3. Calculate stock value based on standard stock valuation methods like FIFO, LIFO, average price, price of last purchase etc.

4. Handle periodic physical stock reconciliation.

5. Produce detailed and summary stock quantities and value reports including stock ledgers, summary stock movements (opening balance, in, out, damages and closing balances for any selected period.

6. Produce exception reports, e.g. slow and fast moving items based on user defined quantities in a user defined period and also items that are due to expire or have

expired.

7. The system should be able to interface with accounts-ledgers to transfer the periodic end of period values, e.g., daily, monthly, to the appropriate stock ledgers.

8. The system should be able to interface in real time with the patient billing module to provide current stock levels for drugs in the various stores/location to assist in prescription requests.

9. Generate stock item orders, with ability of modification, based on minimum levels, average stock item consumption and ordering time in a selected period.

3.5.5 Other Hospital Related Functionality

The system should preferably cater for or have flexibility to include **Human Resource Management**, **Laboratory Systems** and other relevant hospital administrative and clinical support and patient care modules*, which are not required now but may be required in future.*

3.6 Non-Functional Requirements

1. The proposed HMIS should offer various levels of security including authentication, role-based authorisation based on user system tasks and user audit trails

2. The system should be able to be configured with automated backup, high availability and disaster recovery strategies

3. The system should have an intuitive and consistent interface based on user tasks rather than just system functionality boundaries.

4. The proposed HMIS should preferably have a web-based interface or both a web interface and a standard Windows Desktop interface.

5. The system should have acceptable performance levels for patient system critical tasks like billing and services and drugs ordering. This aspect may be checked in a demo or a visit to a place where the system has been installed.

6. There should be an interface to the existing Laboratory Management information system which runs on MS-SQL.

4 Conditions of Contract

4.1 General Provisions

4.1.1 Definitions

1 The headings and titles of these conditions shall not limit, alter or affect the meaning of the Contract.

2 Unless the context otherwise requires, the following words and terms shall have the meanings assigned to them:

i) "Local Currency" means Uganda Shillings.

ii) Contract" means the Agreement entered into between the Parties and includes the Contract Documents.

iii) "Contract Documents" means the documents listed in the relevant section, including all attachments, appendices, and all documents incorporated by reference therein, and shall include any amendments thereto.

iv) "Contract Price" means the sum stated in the Agreement representing the maximum, total or estimated amount payable for the provision of the Services.

v) "Day" means working day. "Month" means calendar month.

vi) "Member," where the Provider consists of a joint venture of more than one entity, means any of these entities; "Members" means all these entities; and "Member in Charge" means the entity authorised to act on all the Members behalf in exercising all the Providers' rights and obligations towards the Hospital under the Contract.

vii) "Party" means the Hospital or the Provider, as the case may be, and "Parties" means both of them.

viii) "Personnel" means persons engaged by the Provider or by any Sub-contractor as employees and assigned to the performance of the Services or any part thereof; "Foreign Personnel" means such persons who at the time of being so engaged had their domicile outside Uganda; "Local Personnel" means such persons who at the time of being so engaged had their domicile inside Uganda;

and "Key Personnel" means those Personnel that are regarded by the Provider as essential to the successful completion of the Services and related tasks.

ix) "Hospital" means the entity purchasing the Services, as specified in the Agreement.

x) "Provider" means the natural person, private or government entity, or a combination of the above, whose bid to perform the Contract has been accepted by the Hospital and is named as such in the Agreement, and includes the legal successors or permitted assigns of the Provider.

xi) "Services" means the professional or specialised Services to be performed by the Provider as described in the contract and shall include consultancy Services.

xii) "Subcontractor" means any natural person, private or government entity, or a combination of the above, including its legal successors or permitted assigns, to which any part of the Services to be provided is subcontracted by the Provider.

3 If the context so requires it, singular means plural and vice versa.

4 Nothing contained herein shall be construed as establishing a relation of master and servant or of principal and agent between the Hospital and the Provider.

4.1.2 Corrupt Practices

1 It is the Hospital's policy to require that the Procurement Office and any Employee, Board member or External Consultant, as well as Bidders and Providers, observe the highest standards of ethics during the procurement and execution of such contracts. In pursuit of this policy, the Hospital:

a) Defines, for the purposes of this provision, the terms set forth below as follows:

   i) "corrupt practice" means the offering, giving, receiving, or soliciting of anything of value to influence the action of a hospital official in the procurement process or in contract execution; and

   ii) "fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of the Hospital, and includes collusive practices among Bidders (prior to or after bid submission) designed to establish bid prices at

artificial, non-competitive levels and to deprive the Hospital of the benefits of free and open competition;

b) Will suspend a firm, either indefinitely or for a stated period of time, from being awarded a Hospital contract if it at any time determines that the firm has engaged in corrupt or fraudulent practices in competing for, or in executing a Hospital Contract.

2 The Hospital may terminate a Contract if it at any time determines that corrupt or fraudulent practices were engaged in by representatives of the Hospital or of a Provider, during the procurement or the execution of that contract.

4.1.3 Confidential Information

1 The Hospital and the Provider shall keep confidential and shall not without the written consent of the other party hereto, divulge to any third party any reports or data, or other information furnished directly or indirectly by the other party hereto in connection with the Contract, whether such information has been furnished prior to, during or following completion or termination of the Contract. Notwithstanding the above, the Provider may furnish to its Subcontractor such documents, data, and other information it receives from the Hospital to the extent required for the Subcontractor to perform its work under the Contract, in which event the Provider shall obtain from such Subcontractor an undertaking of confidentiality similar to that imposed on the Provider under the Contract.

2 The Hospital shall not use such documents, data, and other information received from the Provider for any purposes unrelated to the contract. Similarly, the Provider shall not use such documents, data, and other information received from the Hospital for any purpose other than the design, procurement, or other work and Services required for the performance of the Contract.

3 The obligations of a party under Clauses 1 and 2 above shall however not apply to information that:

4 The Hospital or Provider need to share with any institution participating in the financing of the Contract;

a) Now or hereafter enters the public domain through no fault of that party;

b) Can be proven to have been possessed by that party at the time of disclosure and which was not previously obtained, directly or indirectly, from the other party; or

c) Otherwise lawfully becomes available to that party from a third party that has no obligation of confidentiality.

5   The provisions of Clauses 1 and 2 above shall not in any way modify any undertaking of confidentiality given by either of the parties hereto prior to the date of the Contract in respect of the Services or any part thereof.

6   The provisions of Clauses 1 and 2 above shall survive for a period of two years from completion or termination, for whatever reason, of the Contract.

4.2 The contract

4.2.1 Procurement Number

The Procurement Reference Number is LH/HMIS/SCC/2024

4.2.2 Authorised representatives

The authorised representatives of the Hospital and the Providers are respectively: [*to be filled in final contract drafting*]

4.2.3   Contract Documents

1   The documents forming the Contract shall be interpreted in the following order of priority:

a) Agreement,

b) Any Letter of Bid Acceptance,

c) Provider's Bid as amended by clarifications,

d) This Contract,

e) Statement of Requirements,

f) Any other documents agreed in the contract negotiations (They will be listed).

2   All documents forming the Contract are intended to be correlative, complementary, and mutually explanatory.

3   No amendment, modification or other variation of the Contract shall be valid unless an Amendment to Contract is made in writing, is dated, expressly refers to the Contract, and is signed by a duly authorised representative of each party thereto.

4   If any provision or condition of the Contract is prohibited or rendered invalid or unenforceable, such prohibition, invalidity or unenforceability shall not affect the validity or enforceability of any other provisions and conditions of the Contract

5   Any action required or permitted to be taken, and any document required or permitted to be executed, under the Contract by the Hospital or the Provider may be taken or executed by the authorised representatives.

6   The Contract constitutes the entire agreement between the Hospital and the Provider and supersedes all communications, negotiations and agreements (whether written or oral) of parties with respect thereto made prior to the date of Contract. No agent or representative of either Party has authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not set forth herein.

4.2.4   Governing Law

The Contract shall be governed by and interpreted in accordance with the laws of Uganda.

4.2.5   Language

1   The Contract as well as all correspondence and documents relating to the Contract exchanged by the Provider and the Hospital, shall be written in English. Supporting documents and printed literature that are part of the Contract may be in another language provided they are accompanied by an accurate translation of the relevant passages in the language specified, in which case, for purposes of interpretation of the Contract, this translation shall govern.

2   The Provider shall bear all costs of translation to the governing language and all risks of the accuracy of such translation.

4.2.6   Notices and Addresses

1 Any notice, request or consent required or permitted to be given or made pursuant to the Contract shall be in writing. Any such notice shall be deemed to have been given when delivered to the authorised representative of the Party at the address specified below:

2 The addresses for Notices are:

a) For the Hospital

Street Address:	Lubaga Hill, Near Cathedral
Town/City:	Kampala
PO Box No:	
Country:	Uganda
Telephone:	
Facsimile number:	
Email:	info@lubagahospital.org

b) For the Provider

Street Address:	
Floor/Room number:	
Town/City:	
Postal Code/PO Box No:	
Country:	
Telephone:	
Facsimile number:	
Email:	

3 A Party may change its address for notice hereunder by giving the other Party notice of such change.

4.2.7 Commencement of Services

1 The period within which the Services shall have commenced is: upon signature of this Contract by both Parties.

2 If the Services have not commenced in accordance with Sub-Clause 1 above, either Party may, by not less than four weeks' written notice to the other Party, declare the Contract to be null and void, and in the event of such a declaration by either Party, neither Party shall have any claim against the other Party with respect hereto.

4.2.8 Assignment

The Hospital or the Provider shall not assign, in whole or in part, their obligations under this Contract, except with the prior written consent of the other party.

4.2.9 Subcontracting

1 The Provider shall request approval in writing from the Hospital for all subcontracts awarded under the Contract that are not included in the Contract. Subcontracting shall in no event relieve the Provider of any of its obligations, duties, responsibilities or liability under the Contract.

2 Subcontracts shall comply with the provisions of regarding corrupt practices and eligibility.

4.2.10 Contract Amendments

1 The Hospital may at any time request the Provider through notice in accordance with the Clause regarding notices, to make changes to the Contract by agreement to an Amendment of Contract.

2 If any such change causes an increase or decrease in the cost of, or the time required for, the Provider's performance of any provisions under the Contract, an equitable adjustment shall be made in the Contract Price or in the Completion Date, or both, and the Contract shall accordingly be amended. Any claims by the Provider for adjustment must be asserted within twenty-eight days from the date of the Provider's receipt of the Hospital's notice.

3 Prices to be charged by the Provider for any related or additional Services that might be needed but which were not included in the Contract shall be agreed upon in advance by the parties.

4 An Amendment to Contract shall be signed by both Parties following agreement to the proposed changes required and shall make adjustments for the impact on the Contract Price, completion period or any other condition.

4.2.11 Change in Laws

Unless otherwise specified in the Contract, if after the date of the Bidding Document, any law, regulation, ordinance, order or bylaw having the force of law is enacted, promulgated, abrogated, or changed in Uganda or where the Site is located (which shall be deemed to include any change in interpretation or application by the competent authorities) that subsequently affects the Completion Date and/or the Contract Price, then such Completion Date and/or Contract Price shall be correspondingly increased or decreased, to the extent that the Provider has thereby been affected in the performance of any of its obligations under the Contract. Notwithstanding the foregoing, such additional or reduced cost shall not be separately paid or credited if the same has already been accounted for by a contracts amendment or a price adjustment.

4.2.12 Force Majeure

1 For the purposes of the Contract, "Force Majeure" shall mean an event or events which are beyond the reasonable control of a Party, and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking Force Majeure to prevent), confiscation or any other action by government agencies.

2 Force Majeure shall not include:

a) Any event which is caused by the negligence or intentional action of a Party or such Party's Sub-contractors or agents or employees; nor

b) Any event which a diligent Party could reasonably have been expected to both:

   i)   Take into account from the effective date of the Contract; and

   ii) Avoid or overcome in the carrying out of its obligations.

c) Insufficiency of funds or failure to make any payment required hereunder.

3 The failure of a Party to fulfil any of its obligations hereunder shall not be considered to be a breach of, or default under, the Contract insofar as such inability arises from an event of Force Majeure, provided that the Party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures, all with the objective of carrying out the terms and conditions of the Contract.

4 A Party affected by an event of Force Majeure shall take all reasonable measures to:

a) Remove such Party's inability to fulfil its obligations hereunder with a minimum of delay; and

b) Minimise the consequences of any event of Force Majeure.

5 A Party affected by an event of Force Majeure shall notify the other Party of such event as soon as possible, and in any event not later than fourteen (14) days following the occurrence of such event, providing evidence of the nature and cause of such event, and shall similarly give notice of the restoration of normal conditions as soon as possible.

6 During the period of their inability to perform the Services as a result of an event of Force Majeure, the Provider shall be entitled to continue to be paid under the terms of the Contract as well as to be reimbursed for additional costs reasonably and necessarily incurred by them during such period for the purposes of the Services and in reactivating the Services after the end of such period.

7 Not later than thirty (30) days after the Provider, as the result of an event of Force Majeure, has become unable to perform a material portion of the Services, the Parties shall consult with each other with a view to agreeing appropriate measures to be taken in the circumstances.

4.2.13 Suspension of Assignment

1   The Hospital may, by written notice of suspension of the assignment to the Provider, suspend all payments to the Provider hereunder if the Provider fails to perform any of its obligations under the Contract, including the carrying out of the Services, provided that such notice of suspension shall:

2   Specify the nature of the failure; and

3   Request the Provider to remedy such failure within a period not exceeding thirty days after receipt by the Provider of such notice of suspension.

4.2.14 Termination

1   The Hospital may, by not less than thirty days written notice of termination to the Provider (except in the event listed in paragraph (f) below, for which there shall be a written notice of not less than sixty days), such notice to be given after the occurrence of any of the events specified under this provision, of termination of the Contract if:

   a) the Provider fails to remedy a failure in the performance of its obligations as specified in a notice of suspension of assignment within thirty days of receipt of such notice of suspension of assignment or within such other period agreed between the Parties in writing;

   b) the Provider becomes, or if any of the Provider's Members becomes, insolvent or bankrupt or enters into any agreements with their creditors for relief of debt or take advantage of any law for the benefit of debtors or go into liquidation or receivership whether compulsory or voluntary other than for a reconstruction or amalgamation;

   c) The Provider fails to comply with any final decision reached as a result of arbitration proceedings as already specified in this contract.

   d) the Provider submits to the Hospital a statement which has a material effect on the rights, obligations or interests of the Hospital and which the Hospital knows to be false;

   e) the Provider is unable as the result of Force Majeure, to perform a material portion of the Services for a period of not less than sixty days;

f) the Hospital, in its sole discretion and for any reason whatsoever, decides to terminate the Contract; or

g) The Provider, in the judgment of the Hospital, has engaged in corrupt or fraudulent practices in competing for or in executing the Contract.

2   The Provider may, by not less than thirty days written notice to the Hospital, such notice to be given after the occurrence of any of the events as specified already terminate the Contract if:

a)   the Hospital fails to pay any money due to the Provider pursuant to the Contract and not subject to dispute within forty-five days after receiving written notice from the Provider that such payment is overdue;

b)   the Hospital is in material breach of its obligations pursuant to the Contract and has not remedied the same within forty-five days (or such longer period as the Provider may have subsequently approved in writing) following the receipt by the Hospital of the Provider's notice specifying such breach;

c)   The Provider is unable as the result of Force Majeure, to perform a material portion of the Services for a period of not less than sixty days; or

d)   The Hospital fails to comply with any final decision reached as a result of arbitration.

3   If either Party disputes whether a termination event has occurred, such Party may, within forty-five days after receipt of notice of termination from the other Party, refer the matter to arbitration and the Contract shall not be terminated on account of such event except in accordance with the terms of any resulting arbitral award.

4.2.15 Cessation of Rights and Obligations or Services

1   Upon termination of the Contract, or upon completion of the Services, all rights and obligations of the Parties hereunder shall cease, except:

a)   such rights and obligations as may have accrued on the date of termination or completion;

b)   the obligation of confidentiality;

c)   Any right which a Party may have under the Governing Laws.

2   Upon termination of the Contract by notice of either Party to the other, the Provider shall, immediately upon dispatch or receipt of such notice, take all necessary steps to bring the Services to a close in a prompt and orderly manner and shall make every reasonable effort to keep expenditures for this purpose to a minimum. With respect to documents prepared by the Provider and equipment and materials furnished by the Hospital, the Provider shall proceed as provided for in the contract.

4.2.16 Settlement of Disputes

1   The Hospital and the Provider shall make every effort to resolve amicably by direct informal negotiation any disagreement or dispute arising between them under or in connection with the Contract or interpretation thereof.

2   If the parties fail to resolve such a dispute or difference by mutual consultation within twenty-eight days from the commencement of such consultation, either party may require that the dispute be referred for resolution in accordance with the Arbitration Law of Uganda.

4.2.17 Completion Period of the Services

The period for the completion of the Services shall be …… calendar months. The completion period shall be counted from the date of the commencement of the Services.

4.3 Obligations of the Hospital

4.3.1 Provision of Information and Assistance

1   The Hospital shall supply the Provider with any information or documentation at its disposal which may be relevant to the performance of the contract. Such documents shall be returned to the Hospital at the end of the period of the Contract.

2   The Provider may request the assistance of the Hospital to obtain copies of laws, regulations, and information on local customs, orders or bylaws of Uganda, which may affect the Provider in the performance of its obligations under the contract. The Hospital may charge the Provider for such assistance.

3   The Hospital shall issue to its employees, agents and representatives all such instructions as may be necessary or appropriate to facilitate the prompt and effective performance of the Services.

4   The Hospital shall use its best efforts to ensure that it shall:

   a) Facilitate prompt clearance through customs of any property required for the Services and of the personal effects of the Personnel and their eligible dependents;

   b) Exempt the Provider and the Personnel from any requirement to register or obtain any permit to practice their profession or to establish themselves either individually or as a corporate entity according to the Laws of Uganda;

   c) Provide to the Provider, Sub-contractors and Personnel any such other assistance as may be mutually agreed by both parties.

5   The Hospital shall make available to the Provider and the Personnel, for the purposes of the Services and free of any charge, the services, facilities and property described in the Statement of Requirements at the times and in the manner specified in the Statement of Requirement.

4.3.2   Provision of Counterpart Staff

1   If required, the Hospital shall make available to the Provider, as and when provided in the Contract, and free of charge, such counterpart Personnel to be selected by the Hospital, with the Provider's advice, as shall be specified in the Contract. Counterpart Personnel shall work under the exclusive direction of the Provider. If any member of the counterpart Personnel fails to perform adequately any work assigned to such member by the Provider which is consistent with the position occupied by such member, the Provider may request the replacement of such member, and the Hospital shall not unreasonably refuse to act upon such request.

2   If counterpart Personnel are not provided by the Hospital to the Provider where specified in the Contract, the Hospital and the Provider shall agree:

a) How the affected part of the Services shall be carried out; and

b) The additional payments or time, if any, to be granted by the Hospital to the Provider as a result thereof.

3   Counterpart personnel are not liable for the poor performance of the service provider.

4.4 Payment

4.4.1   Contract Price and Currency

1   The Contract Price shall be…………………….US$ (*expressed in figures and words*)

2   Payments shall be made in the currency or currencies of the Contract Price, i.e. US$.

3   The Contract Price may only be changed as provided in the relevant contract clause.

4.4.2   General Payment Procedure

In consideration of the Services performed by the Provider under the Contract, the Hospital shall make to the Provider such payments in such manner as is provided by the Contract.

4.4.3   Invoice Procedure

1   The Hospital shall receive payment requests made by submission of invoices and all supporting documents and shall certify such invoices for payment. The Hospital shall certify or reject such requests for payment within five days from receipt.

2   Where such payment requests are rejected, the Hospital shall promptly advise the Provider of the reasons for rejection.

3   The Hospital shall not unreasonably withhold any undisputed portion of a request for payment. The Hospital shall notify the Provider of the inadmissibility of a request for payment due to an error, discrepancy, omission or any other reason so that the Parties may resolve such error, discrepancy, omission or other fault and agree a solution to enable payment of the corrected request for payment. Only such portion of the request for payment that is inadmissible may be withheld from payment. Should any discrepancy be found to exist between actual payment made and costs authorised to be incurred by the Provider, the Hospital may add or subtract the difference from any subsequent payments.

4.4.4   Documentation to Support Invoices

Invoices shall be accompanied by the documentary requirements that show that the associated project milestones have been successfully implemented and approved by the hospital.

4.4.5   Payment Schedule

1   The payment schedule shall be:

a)   The advance payment of up to 20% of total contract value. Advance payment will be made upon an advance payment guarantee of 20% of the payment. Upon submission of analysis report and design report prototype.

b)   40% payable upon installation and configuration, user acceptance after approval of an analysis report, design report and prototype, installation/configuration, user acceptance testing and training.

c)   30% payable after commissioning. The HMIS will be tested further for a time of 4 months after "go live", i.e. when the project is moved to operations. If the hospital is satisfied the projected will be commissioned and the final payment made.

d)   10% after a satisfactory warranty period of 12 months, the performance bond will be returned and the hospital may go into a support/maintenance agreement with the Provider.

4.4.6   Payment Terms

1   Payments shall be made by the Hospital, no later than thirty days after submission and certification of a request for payment by the Provider.

4.4.7   Final Statement and Payment

1   A final payment shall be made against submission by the Provider of a final statement, identified as such and approved by the Hospital. The final statement shall be deemed approved by the Hospital ninety working days after receipt by the Hospital unless the Hospital, within this period, gives written notice to the Provider specifying in detail deficiencies in the Services, the deliverables or the final statement.

2   Any amount which the Hospital has paid or caused to be paid which is in excess of the amounts actually payable in accordance with the provisions of the Contract, shall be reimbursed by the Provider to the Hospital within thirty days after receipt by the Provider of a notice thereof. Any such claim by the Hospital for reimbursement must be made within twelve months after receipt by the Hospital of a final statement approved by the Hospital.

3   Upon termination of the Contract, the Hospital shall make the following payments to the Provider:

a) Fees for Services satisfactorily performed prior to the effective date of termination;

b) Except in the case of termination reimbursement of any reasonable cost incidental to the prompt and orderly termination of the Contract including the cost of the return travel of the Personnel and their eligible dependents.

4.4.8   Accounts

All payments under the Contract shall be made to the accounts of the Provider specified in the Invoice.

4.4.9   Price Adjustments

Prices charged by the Provider for the Services performed under the Contract shall not vary from the prices quoted in the Contract, with the exception of any price adjustments authorised by mutual consent of both parties.

4.4.10 Taxes and Duties

1   The Provider shall bear and pay all taxes, duties, and levies imposed on the Provider, by all municipal, state or national government authorities, both within and outside Uganda, in connection with the provision of the Services to be supplied under the Contract.

2   If any tax exemptions, reductions, allowances or privileges may be available to the Provider in Uganda, the Hospital shall use its best efforts to enable the Provider to benefit from any such tax savings to the maximum allowable extent.

3   For the purpose of the Contract, it is agreed that the Contract Price specified in the Agreement is based on the taxes, duties, levies, and charges prevailing at the date twenty-eight (28) days prior to the date of bid submission in Uganda (called "tax" in this clause). If any tax rates are increased or decreased, a new tax is introduced, an existing tax is abolished, or any change in interpretation or application of any tax occurs in the course of the performance of the Contract, which was or will be assessed on the Provider, its Subcontractors, or their employees in connection with performance of the Contract, an equitable adjustment to the Contract Price shall be made to fully take into account any such change by addition to or reduction from the Contract Price, as the case may be.

4.5   Obligations of the Provider

4.5.1   Obligations of the Provider

1   The Provider shall perform the Services under the contract with due care, efficiency and diligence, in accordance with best professional practices.

2   The Provider shall submit to the Hospital the reports and other deliverables, specified in the Contract.

3   The Provider shall respect and abide by all laws and regulations in force and shall ensure that its personnel, their dependants, and its local employees also respect and abide by all such laws and regulations. The Provider shall indemnify the Hospital against any claims and proceedings arising from any infringement by the Provider, its employees and their dependants of such laws and regulations.

4   The Provider shall treat all documents and information received in connection with the contract as confidential in accordance with provisions of this contract.

5   The Provider shall obtain the Hospital's prior approval in writing before taking any of the following actions:

a) Appointing any member of the Personnel that are not named in the Contract;

b) Entering into a subcontract that is not specified in the Contract, for the performance of any part of the Services, it being understood that the Provider shall

remain fully liable for the performance of the Services by the Sub-contractor and its Personnel pursuant to the Contract;

c) Any other action that may be mutually agreed upon by both parties.

4.5.2 Joint Venture, Consortium or Association

1 If the Provider is a joint venture, consortium, or association, all of the parties shall be jointly and severally liable to the Hospital for the fulfilment of the provisions of the Contract. The joint venture, consortium, or association shall designate one party to act as the Member in Charge with authority to bind the joint venture, consortium, or association and to act on their behalf in exercising all the Provider's rights and obligations towards the Hospital under the Contract, including without limitation the receiving of instructions and payments from the Hospital.

2 The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of the Hospital. Any alteration of the composition of the joint venture, consortium or association without the prior written consent of the Hospital shall be considered to be a breach of contract.

4.5.3 Code of Conduct

1 The Provider shall at all times act loyally and impartially and as a faithful adviser to the Hospital in accordance with the rules and/or codes of conduct of its profession. It shall, in particular, refrain from making any public statements concerning the Services without the prior approval of the Hospital, and from engaging in any activity which conflicts with its obligations towards the Hospital under the contract. It shall not commit the Hospital in any way whatsoever without its prior written consent, and shall, where appropriate, make this obligation clear to third parties.

2 For the period of execution of the contract, the Provider and its personnel shall respect human rights and undertake not to offend the political, cultural and religious practices prevailing in Uganda.

3 For more details see Code of Conduct section in the Procedures section.

4.5.4   Conflict of Interests

1   The Provider shall refrain from any relationship which would compromise its independence or that of its Personnel.   If the Provider fails to maintain such independence the Hospital may terminate the contract in accordance with the provisions of the contract.

2   The Provider shall after the conclusion or termination of the Contract, be limited in its role in connection with the project and shall not be permitted any further involvement in the provision or procurement of works, supplies or further Services other than a continuation of the Services, for any project resulting from or closely related to the Services.

3   The Provider shall not engage, and shall cause their Personnel and Subcontractors not to engage, either directly or indirectly, in any of the following activities:

   a)   During the term of the Contract, any business or professional activities in Uganda which would conflict with the activities assigned to them under the Contract; and

   b)   After the termination of the Contract, such other activities as may be mutually agreed upon.

4   The payments to the Provider under the contract shall constitute the only income or benefit it may derive in connection with the contract and neither it nor its personnel shall accept any commission, discount, allowance, indirect payment or other consideration in connection with, or in relation to, or in discharge of, its obligations under the contract.

5   The Provider shall not have the benefit, whether directly or indirectly, of any royalty, gratuity or commission in respect of any patented or protected article or process used in or for the purposes of the contract or the project, without the prior written approval of the Hospital.

4.5.5   Indemnification

1   At its own expense, the Provider shall indemnify, protect and defend, the Hospital, its agents and employees, from and against all actions, claims, losses or damage arising from any act or omission by the Provider in the performance of the Services, including

any violation of any legal provisions, or rights of third parties, in respect of patents, trade marks and other forms of intellectual property such as copyrights.

2   At its own expense, the Provider shall indemnify, protect and defend the Hospital, its agents and employees, from and against all actions, claims, losses or damages arising out of the Provider's failure to perform its obligations provided that:

a) The Provider is notified of such actions, claims, losses or damages not later than 30 days after the Hospital becomes aware of them;

b) The ceiling on the Provider's liability shall be limited to an amount equal to the contract value, but such ceiling shall not apply to actions, claims, losses or damages caused by the Provider's wilful misconduct;

c) The Provider's liability shall be limited to actions, claims, losses or damages directly caused by such failure to perform its obligations under the contract and shall not include liability arising from unforeseeable occurrences incidental or indirectly consequential to such failure.

3   The aggregate liability of the Provider to the Hospital shall not exceed the total contract value.

4   The Provider shall have no liability whatsoever for actions, claims, losses or damages occasioned by:

a) The Hospital omitting to act on any recommendation, or overriding any act, decision or recommendation, of the Provider, or requiring the Provider to implement a decision or recommendation with which the Provider disagrees or on which it expresses a serious reservation; or

b) The improper execution of the Provider's instructions by agents, employees or independent contractors of the Hospital.

5   The Provider shall remain responsible for any breach of its obligations under the contract for such period after the Services have been performed as may be determined by the law governing the contract.

4.6 Performance of the Services

4.6.1 Scope of Services

1 The Services to be provided shall be as specified in the Statement of Requirements in the Contract.

2 The Services shall be performed at such locations as are specified in the Contract and, where the location of a particular task is not so specified, at such locations, whether in Uganda or elsewhere, as the Hospital may approve.

4.6.2 Extensions of Time

If at any time during performance of the Contract, the Provider or its subcontractors should encounter conditions impeding timely completion of Services, the Provider shall promptly notify the Hospital in writing of the delay, its likely duration, and its cause. As soon as practicable after receipt of the Provider's notice, the Hospital may at its discretion extend the Provider's time for performance, in which case the extension shall be ratified by the parties by amendment of the Contract.

4.6.3 Performance Security

1 The Provider shall, within twenty eight days of the notification of contract award, provide a Performance Security for the due performance of the Contract of 10% of the contract amount in the contract currency, US$.

2 The proceeds of the Performance Security shall be payable to the Hospital as compensation for any loss resulting from the Provider's failure to complete its obligations under the Contract.

3 The Performance Security shall be in form of a bank guarantee or insurance bond in the format stipulated by the PPDA.

4 The Performance Security shall be discharged by the Hospital and returned to the Provider not later than twenty-eight days following the end of the 1 year warranty period.

4.6.4   Provider's Personnel

1   The Provider shall employ and provide such qualified and experienced Personnel and Sub-contractors as are required to carry out the Services. The Provider shall be responsible for the quality of the Personnel.

2   If required by the Contract, the Provider shall ensure that a resident project manager, acceptable to the Hospital, takes charge of the performance of the Services.

3   The Services shall be carried out by the Personnel specified in the Contract for the period of time indicated therein. The title, job description, and estimated period of engagement of each of the Provider's Key Personnel shall be listed in the Contract.

4   The Key Personnel and Sub-contractors listed by title/position and by name in the Contract are hereby approved by the Hospital. In respect of other Key Personnel which the Provider proposes to use in the carrying out of the Services, the Provider shall submit to the Hospital for review and approval a copy of their biographical data. If the Hospital does not object in writing stating the reasons for the objection, within twenty-one days from the date of receipt of such biographical data, such Key Personnel shall be deemed to have been approved by the Hospital.

5   The Provider may with the prior approval of the Hospital make minor adjustments to the periods of input for Key Personnel as may be appropriate to ensure the efficient performance of the Services, provided that such adjustments do not cause the payments made under the contract to exceed the Contract Price.

6   Adjustments with respect to the periods of engagement of Key Personnel which shall cause the total contract payments to exceed the Contract Price shall only be made with the Hospital's written approval.

7   If additional work is required beyond the Statement of Requirements specified in the Contract, the estimated periods of engagement of Key Personnel set forth in the Contract may be increased by agreement in writing between the Hospital and the Provider, provided that any such increase shall not, except as otherwise agreed in writing, cause payments under the Contract to exceed the Contract Price specified in the Agreement.

4.6.5   Working Hours of the Personnel

1   Working hours and holidays for Key Personnel are set forth in the Contract. To account for travel time, foreign Personnel carrying out Services inside Uganda shall be deemed to have commenced or finished work in respect of the Services such number of days before their arrival in or after their departure from Uganda.

2   The Key Personnel shall not be entitled to be paid for overtime nor to take paid sick leave or vacation leave.   Except as specified in the Contract, the Provider's remuneration shall be deemed to cover these items. All leave to be allowed to the Personnel is included in the staff-months of service set forth in the Contract. Any taking of leave by Personnel shall be subject to the prior approval by the Provider who shall ensure that absence for leave purposes will not delay the progress and adequate supervision of the Services.

4.6.6   Replacement of Personnel

1   The Provider shall not make changes in the Personnel without the prior written approval of the Hospital. The Provider must on its own initiative propose a replacement in the following cases:

   a)   In the event of death, illness for an extended period or in the event of accident of a member of Personnel.

   b)   If it becomes necessary to replace a member of Personnel for any other reasons beyond the Provider's control (e.g. resignation, etc.).

2   The Hospital may request a replacement with a written and justified request if in the course of performance; it considers that a member of the Personnel does not perform its duties satisfactorily under the contract.

3   Where a member of Personnel must be replaced, the replacement must possess at least equivalent qualifications and experience, and the remuneration to be paid for the replacement cannot exceed that paid for the member of Personnel who has been replaced. Where the Provider is unable to provide a replacement with equivalent qualifications and/or experience, the Hospital may either decide to terminate the contract, if the proper performance of it is jeopardised, or, if it considers that this is

not the case, accept a replacement with lesser qualifications, provided that the fees of the latter are reduced to reflect the appropriate remuneration level.

4 Additional costs incurred in the replacement of Personnel are the responsibility of the Provider. Where the expert is not replaced immediately and it is some time before the new expert takes up its functions, the Hospital may ask the Provider to assign to the project temporary personnel pending the arrival of the new personnel, or to take other measures to compensate for the temporary absence of the missing personnel. The Hospital shall make no payment for the period associated with the Personnel's absence while the position is not filled.

4.6.7   Medical and Insurance arrangements

For the period of execution of the contract, the Provider shall obtain medical insurance for its Personnel. The Hospital shall be under no liability in respect of the medical expenses of the Provider.

5   2.0 Scope

5.1	2.1 Financial Management	
2.1.1	Chart of accounts	• Ability to create unlimited accounts for both balance sheet and income statement. • Account history and transaction navigation. • Controls for account editing and posting restrictions. • Export accounts and details to Excel. • Extensive filters
2.1.2	Cost Centers and Revenue streams	• Creation of limitless cost centres and revenue streams. • Integration with operational data input interfaces, ledgers, archives, and reporting outputs. • Hierarchy support for parent and sub-cost centres. • Automation or mapping defaults to link accounts to specific cost centres and revenue streams.
2.1.3	Budgeting	• Import and consolidation of unit budgets. • Setup for both capital and operating expenditure planning. • Integration with the chart of accounts, cost centres, revenue streams, and periods.

		• Visibility into budgeted vs. actual expenditure during transactions. • Bulk import of budgets. • Online approval process for adjustments. • Budget versioning and tracking of changes. • Extraction of budget monitoring and performance reports.
2.1.4	Currencies	• Support for multiple currencies, including Uganda shillings as the base currency. • Setup of periodic exchange rates. • Currency adjustments and revaluation. • Maintenance of sub-ledger accounts in other currencies.
2.1.5	Accounting periods	• Alignment with Lubaga's accounting period (July 1st to June 30th). • Support for income statement closure.
2.1.6	Journals	• Support for various transaction types (expenses, assets, bank transfers, etc.). • Preview and online approval before posting. • Printing of journal vouchers directly from the system. • Serialization to prevent duplication. • Bulk import from Excel. • Auto-computation of WHT tax.
2.1.7	Taxes	• Computation, accrual, and remittance for WHT, VAT, Excise Duty, PAYE, LST, and Import Duty. • Automatically calculate withholding tax and post to relevant GL accounts
2.1.8	Reports	• Generation of various financial reports, including budget-variable reports, customer aging, supplier aging, trial balance, income statement, balance sheet, inventory status reports, and cashbook reports.

2.1.9	Cashbook and payment management	- Money requisition process with workflow for request, review, and approval. - Conversion of approved requisitions to payment vouchers with partial conversion capability. - Payment voucher process with workflow for creation, review, and approval by finance manager and executive director. - Petty cash voucher process for payments ≤ UGX 200,000. - Bank statement import and auto-reconciliation with cash book entries. - Manual reconciliation option. - Approval of reconciliations before posting. - Printing of reconciled cashbook statements. - Archival of posted statements. - Ledger report generation. - Specialist claims and professional fee management for specialists and surgeons.
2.1.10	Inventory Control	- Average costing method for stock items. - Flagging of items sold below cost price. - Prevention of negative inventory balances. - Automatic stock reduction upon invoice posting and increase upon goods received note. - Re-order level alerts for the accounts department.
2.1.11	Sales and Receivables	- Tracking of revenue from multiple sources (patients, projects, asset disposal). - Creation and management of price lists. - Onboarding of new insurance or credit companies, including exclusions, co-pay details, and linking to customers. - Staff schemes management with MTO forms, OPD and IPD limits, utilization reporting, and termination triggers. - Patient billing for cash and credit, including SMART integration, co-pay handling, payment visibility across

		service points, outstanding balance management, and payer splitting. • Refund request process with approval workflow. • Consolidated invoice printing for OPD and IPD visits, with options for cancelled items and export to PDF/Excel. • Cashier shift end process with till report, receipt and refund details, and archived visit handling. • IPD billing specifics, including bio data visibility, diagnosis capture, insurance information, daily bill updates, and discharge process with SMART integration and vetting officer review. • Receipt of payments from insurance companies, with support for multiple payment methods, partial application, invoice adjustments, ledger consolidation, and WHT automation.
2.1.12	Package Management	• Package setup for standardized billing, including itemization, quantities, pricing, substitutes, profitability tracking, and duration controls. • Patient registration under packages. • Billing and package reconciliation with inventory and resource tracking, profitability calculation, and over-utilization notifications. • Package closure based on visit count or duration, with alerts and manual closure options.

5.2   2.2 Fixed Assets Management

2.2.1	Asset Categorization	• Classification codes and names for: Media Equipment, Furniture, ICT Equipment, Vehicles, Plant & Machinery, Sewerage, Building • Critical fields for asset creation: No, Name, Location, Category, Serial No, Engravement No, Responsible Employee • Automatic generation of engraved numbers • Definition of mandatory fields

2.2.2	Asset Acquisition Process	• Purchase requisitions detailing asset specifications • Local purchase orders and asset receipt by stores • Invoicing by accounts department to update acquisition cost • Segregation of assets under procurement • Alerts for delivered assets to finance department • Tracking of assets by location • Support for donation-based acquisitions
2.2.3	Asset Repair and Maintenance, Insurance:	• Tracking of servicing and repair costs • Reports on maintenance costs over specified periods • Details of maintenance activities and dates • Reporting on: Asset insurance premium, accumulated insurance costs, renewal due dates, insurance providers
2.2.4	Asset Transfers	• Online initiation of asset transfers • Specification of asset number, name, request date, locations (from/to), requested by • Approval of transfer requests by department heads
2.2.5	Asset Depreciation	• Support for bulk periodic depreciation • Reducing balance depreciation policy • Predefined depreciation rates for each asset category
2.2.6	Asset Register	• Ability to output register with fields: Asset Number, Description, Date of Acquisition, Acquisition Cost, Location, Responsible Staff, Life Span, Net Book Value
2.2.7	List of Equipment	• Maintain a list of all hospital equipment, categorized by asset type. • Exclude computers and accessories (managed by IT). • Include both owned and hired equipment. • Update the list for new acquisitions and disposals.
2.2.8	Preventive **Maintenance Alerts**	• Generate alerts for upcoming maintenance based on equipment type and schedule.

		• Notify different departments depending on internal vs. external maintenance providers (Estate staff for internal, Finance and procurement for external). • Allow for varying notification lead times for different equipment.
2.2.9	**Job cards**	• Users can raise job cards for repairs and preventive maintenance. • Maintenance team receives alerts and provides technical support. • Track all maintenance tasks performed on each equipment over time. • Allow specifying next maintenance date within the equipment record.
2.2.10	**Additional Notes**	• Consider integrating with Procurement for external repairs. • Explore options for automating maintenance scheduling and tracking. • Ensure the system is flexible to accommodate changes in equipment types and maintenance schedules
2.2.11	Reports	• Equipment due for maintenance within a specified period. • Equipment repaired or serviced within a period. • Detailed repair reports with date, problem, equipment, cost, service provider, description, comment, and user ID.
5.3	**2.3 Payroll Management**	
2.3.1	Staff Earnings & Deductions	• Monthly payroll preparation • Support for limitless earnings and deductions with add-on option • Auto computation of PAYE, NSSF, and LST
2.3.2	Cost Allocation	• Allocation of staff salaries per cost center, reflected in general ledger accounts

2.3.3	Staff Benefits (non-cash)	• Computation of noncash benefits like NSSF 10%
2.3.4	Email Pay Slips	• Sending of pay slips via email alerts at month end
2.3.5	Online Payroll Approval	• Online payroll approval with final printout of approvers appended
2.3.6	Reports	• Master payroll • PAYE • NSSF • LST • bank payment list • Payslip

5.4   3.0 Procurement Requirements

3.1	Supplier Pre-Qualification	• Upload of new prequalified suppliers • Blocking of non-prequalified suppliers • Mandatory fields at vendor creation • Isolation of prequalified suppliers
3.2	Purchase Requisition Process	• Creation by user departments • Approval routing based on request type (non-medical, medical, fixed assets) • Issuance of RFQs to pre-qualified suppliers • Emailing of RFQs • Online quotation evaluation and best candidate identification • Support for fault report forms and memoirs
3.3	Purchase Order Process	• Creation by procurement for best-evaluated supplier • Reference to source requisition and evaluation report • Approval routing based on order type (non-medical, lab, medical stock) • Budget availability status display • Online signatures for approved documents

		• Company stamp on LPO • Emailing of LPO to supplier • Support for proforma invoices and evaluation sheets
3.4	Contract Management	• Requisition process to initiate contracts • Online portal for bid submissions • Online receiving and evaluation of bids (technical and financial) • Contract categories: Construction, Call on Order, Services Contract • Support for contract addendums • Online contract performance evaluation
3.5	Price Variations	• Alerts for price changes since last purchase
3.6	Reports	• Vendor statements and aging reports • Purchases made in a period. • Purchase order items pending delivery

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6.1	4.0 Transport Management	
4.1	Asset Categorization	• Track vehicle models
4.2	Transport Request	• Initiated by the user department using a Transport Request Form • Recommended/confirmed by Transport Officer • Approved by Head of Unit/Administrator • Assigned to a driver • Ambulances have a separate dispatch process
4.3	Mileage Automation	• Fields for automated mileage log: Date, section, purpose, trip details, mileage, fuel refill, driver comments
4.4	Fuel Requisition	• Initiated by user department or driver using Fuel Request Form

		- Verified by Transport Officer - Approved by Administrator - Used for both vehicles and generators
4.5	Repair & Maintenance	- Normal maintenance uses Fuel Authorization Form - Mechanical repairs use Vehicle Fault Report Form - Approval of Vehicle Fault Report Form triggers procurement process
4.6	Tracking of Expiry	- Track driver permits and vehicle third party insurance - Notify about expiring licenses (2 months before expiry)
4.7	Asset Value:	Provide book value report for vehicles and generators
4.8	Additional Notes	- Consider integration with procurement for repair and maintenance processes. - Explore options for automating mileage tracking (e.g., GPS). - Ensure system flexibility to accommodate potential future vehicle model additions.

6.2 5.0 Patient Management

6.3 5.1 OPD Patient Registration

5.1.1	Patient Sorting	- Triage: Capture basic vitals (heart rate, breath rate, oxygen saturation, pain level, temperature) at the triage tent. - Assessment: Score patient needs based on vital signs, symptoms, and pain level. - Next Care Point: Determine the appropriate destination for the patient (OPD, Emergency, Public Health, Surgical Outpatient). - Referrals: Initiate referrals to Lab or Radiology as needed.
5.1.2	Patient Registration	- New Patients: Register biodata, contact information, next of kin details, and national ID information. - Cash Patients: Collect payment or co-pay before proceeding. - Insurance Patients: Verify insurance details and capture co-pay information. - Duplicate Management: Employ fingerprint capturing and data comparison to prevent duplicate registrations.
5.1.3	Visit Creation	- Automatic Visit Number: Generate a unique identifier for each patient visit. - Patient Information: Link the visit to the patient's record and capture visit date and immediate service. - Insurance Claims: Manage claim numbers, card details, and payee information.
5.1.4	Billing and Referrals	- Cash Patients: Generate invoices and collect payment before sending to next service point (Main Triage). - Insurance Patients: Upload invoices to SMART system for claims processing.

		• Co-payments: Handle co-pay calculations and adjustments. • Referrals: Generate referral orders for Lab and Radiology services.
5.1.5	Additional Features	• Cashier Interface: User-friendly interface for cashiers to manage patient registration, billing, and visit creation. • Service Point Interfaces: Interfaces for other service points to access patient information and update visit progress. • Reporting and Analytics: Generate reports on patient flow, service utilization, and revenue. • Data Security: Ensure compliance with data privacy regulations.

6.4   5.2 Triage

5.2.1	Enhanced Triage:	• Unified Vitals Capture: Capture a broader range of vitals (including weight, height, MUAC, etc.) at a single point for a holistic assessment. • Dynamic Patient Routing: Employ smart algorithms to direct patients to the most appropriate service points based on real-time needs and resource availability. • Advanced Clinical Notes: Enable nurses to document detailed clinical observations within the system for improved care continuity.
5.2.2	Integrated Dispensing and Stock Management:	• Triage Dispensing: Integrate medication and consumable dispensing at triage with real-time billing updates. • Unit-Level Stock Management: Empower triage nurses to manage their own stock levels and initiate automated replenishment requests. • Standard Unit Dispensing: Ensure accurate and efficient dispensing by enforcing standard packing units for drugs and consumables.

5.2.3	Collaborative Care Delivery:	• Specialist Selection: Allow patients to specify preferred specialists during triage, promoting proactive care coordination.
		• General Practitioner Collaboration: Foster seamless collaboration among GPs through shared consultation queues and integrated data access.
		• First Come, First Served: Prioritize patient care based on arrival time, ensuring fairness and reducing anxiety.
		•
5.2.4	Proactive Discrepancy Management:	• Real-time Alerts: Automatically flag discrepancies between billed and dispensed medication quantities for immediate resolution.
		• Nurse-Driven Variance Tracking: Equip nurses with tools to document and address unforeseen medication needs within the system.

6.5   5.3 Doctor's Consultation

5.3.1	Doctor Assessment and Diagnosis	• Patient Vitals: View and re-triage patients based on captured vital signs.
		• Presenting Complaints: Record patient concerns and symptoms.
		• Clinical Notes: Document observations and findings during the consultation.
		• History Review: Access past medical, surgical, obstetric, gynecological, family, and social history.
		• General Examination: Record findings upon examination of various body systems.
		• Provisional Diagnosis: Enter initial diagnosis based on assessment.
		• Treatment Plan: Develop and document a plan for addressing the patient's condition.

		• Allergies and Chronic Conditions: Flag pre-existing allergies and chronic conditions based on past visits. • Optician Specialist Fields: Capture specific data relevant to ophthalmic examinations
5.3.2	Referrals	• Lab and Radiology: Generate laboratory and radiology investigation requests with specific tests. • Self-service Requests: Allow patients to record additional investigation requests outside the doctor's recommendations. • Critical Cases: Flag urgent requests for expedited processing in labs and radiology units. • Specialist Doctors: Refer patients to specific specialists within the hospital. • External Hospitals: Generate detailed referral documents for transfer to external healthcare facilities
5.3.3	Results and Diagnosis	• Investigation Results: Upload and integrate results from lab and radiology units in various formats (qualitative, quantitative, attachments). • Final Diagnosis: Enter the final diagnosis based on all available information, adhering to ICD-11 requirements. • Provisional vs. Final Diagnosis: Maintain records of both provisional and final diagnoses for reference
5.3.4	Additional Features	• Manage patient appointments within the system for future consultations. • Notify patients, doctors, and customer care about upcoming appointments via email and SMS.

		• Provide doctors with personalized dashboards displaying scheduled appointments and patient information. • Maintain a dedicated database and ledger for tracking the progress of enrolled patients. • Generate comprehensive reports for doctors and specialists including patient history, service centre utilization, and doctor-specific patient statistics

6.6   5.4 Laboratory

5.4.1	Sample Processing	• Patient Details: Access patient information (No, Name, Age, Gender, Telephone Number) and location (IPD/OPD). • Requestor: Identify the doctor or unit requesting the investigation. • Sample Information: View details of received samples (type, date/time, received by). • Clinical Notes: Review doctor's notes attached to the request. • Requesting Unit: Identify the originating department/service center. • Sample Type(s): Confirm received sample types match the requested tests. • Investigation(s): Verify requested investigations against pre-collection instructions. • Barcodes: Scan and match sample barcodes with corresponding requests. • Payment Status: Ensure samples belong to paid/invoiced patients only. • Container Type and Volume: Verify adherence to pre-collection instructions. • Rejection Provision: Reject unsuitable samples with documented notes. • Emergency Tests: Prioritize samples marked as urgent

5.4.2	Waiting List	• List Management: Display patient details, location, requestor, sample information, notes, requesting unit, investigation(s), barcode, and payment status. • Prioritization: Only paid/invoiced and verified samples proceed to testing. • Testing Area Push: Send scanned samples with matching tests to the testing area. • Department View: Users can filter by requesting departments and identify internal vs. external tests
5.4.3	Testing Area	• Patient Information: Access full patient details as in the waiting list. • Internal Quality Control (IQC): Confirm IQC completion before test execution. • Numerical Results: Display results with reference ranges based on equipment, age, and gender. • Lab Machine Interface: Integrate with lab equipment to automatically receive results. • Preliminary Results: Allow sending incomplete reports with critical elements for early medical intervention
5.4.4	Report Generation	• Peer Review: Enable internal review of results before forwarding to doctors. • Lab Staff Comments: Provide space for comments and clarifications on results. • Repeat Tests: Track initial and repeat results alongside each other. • Measurement Uncertainty: Include uncertainty values for numerical results. • Multi-Page Reports: Display page numbers and total pages. • Electronic Stamp: Digitally sign lab reports for authenticity.

		• Referred Results: Enter results sent to other facilities before forwarding to physicians
5.4.5	Lab Controls and Special cases	• Payment/Authorization Control: Block unauthorized or unpaid patient samples. • Cancellation Tracking: Remove canceled requests from lab lists and maintain audit trails. • Non-Patient Samples: Track samples like IPC or external quality assessment requests. • Waiting Time Calculation: Calculate and analyze waiting times for each request. • Data Validation: Enforce data validation rules for meaningful clinical notes
5.4.6	Additional Features	• Intuitive Dashboards: Display real-time workload status at each lab stage. • Reports: Generate reports on test volumes, turnaround times, equipment usage, etc. (specific report types to be defined). • Equipment Management: Register equipment, track service periods, and analyze reagent consumption trends

6.7 5.5 Radiology

5.5.1	Capture Patient Information	• Capture demographic details (No, Name, Age/D.O.B, Gender, Address) and LNMP (Last Normal Menstrual Cycle) if applicable.
5.5.2	Request Form	Utilize separate forms for Ultrasound and CT Scan, capturing specific details for each: • Ultrasound: ○ OPD/IPD, Ward (for inpatients), Clinical Findings, Indication, Required Examination, Referring Clinician, Signature, Date.

		• CT Scan:
		    o Patient Bio data as above.
		    o Contrast Media Information (if applicable): Allergy to X-ray contrast (Y/N), Type of reaction (if known), Diabetes (Y/N) and Diabetes medication, Age >70 (Y/N), Known renal impairment (Y/N), Hypertension or CHF (Y/N), Previous Renal surgery (Y/N), Current treatment with NSAIDs/Diuretics (Y/N), Serum Creatinine/Date.
		    o For general patients needing contrast media: EGFR (mL/min/1.73m2), RFTs (Creatinine, Urea).
		 • General Information:
		    o Exam Requested, Clinical Information/relevant history, Diagnosis, Relevant Tests already performed (MRI, X-ray, Nuclear Medicine, US, CT, Angio, Other), Findings (from above), Referring Physician, Signature & phone, Consent sign-off.

5.5.3	Validation and Rejection	• System should automatically check for complete and consistent information on request forms. Incomplete or inconsistent requests should be rejected and sent back to the requesting department for correction.
5.5.4	Capture source of request	Capture and automate details from request forms originating from various centers within and outside the hospital, including: • OPD (Adult, Pediatric, Specialist Center, Art Clinic)

		• Emergency and Response • Antenatal • Surgical OPD (Orthopedic etc.) • External Referrals • External Quality Assessment • Projects (e.g., PROTID) • IPD (Medical HDU, Maternity HDU, Children Ward, Maternity Admission, Postnatal Ward, Nursery, Labor Ward, Surgical Ward, ICU, Main Theatre, Transplant Theatre, Dialysis Unit, Endoscopy Unit)
5.5.5	Patient Eligibility and Precautionary Measures	• Ensure patients have cleared investigation fees or been invoiced for credit clients. • Implement a flag system for contagious patients, ensuring the radiology department receives this information from the requesting department.

5.5.6	Report Input and Editing	• Provide a rich text editor with support for:
		  o Detailed results entry.
		  o Copy-paste and table insertion for formatting.
		  o Attachment of various formats like PDFs and images.
		• Track and display edit history for audit purposes.
		• Allow direct emailing of reports from the application.

5.5.7	Reports and Analytics	Generate reports on key metrics, including: • Turnaround times per investigation. • Number of investigations performed in a specified period. • Investigations done by each staff member

5.5.8	Radiology patient register	Maintain a register for different investigation types with information specific to each: - Ultrasound: Serial Number, Name, Address, Time in/out, Referring Unit, Gender, Age, Type of investigation, P-number, Diagnosis, Number of sonal paper, Verbal/implied consent (Yes/No), Names of staff conducting imaging and reporting. - X-ray: Serial Number, Name, Pin no, Receipt number, Referring Unit, Gender, Age, Address, Investigation type, KV (Integer), MAS (Integer), Image printed (check box), Print-out taken by patient (check box), Report made (check box), Fee, Radiologist signature, Film used (integer), Balance on film, Time in/out. - CT Scan: Concentration of contrast (integer), Volume of contrast, Route of administration (option: IV, Oral, Endo cavitary), Image printed (check box), Print-out taken by patient (check box), Report made (check box), Fee, Radiographer, Diagnosis, Film used (integer), Balance on film, Time in/out.

6.8   5.6 Emergency Unit

5.6.1	Receive Patient at Emergency	- Patient Bio Data: Capture essential information like Name, Surname, Gender, Age, Weight, Occupation, Contact, Address, Next of Kin Name and Contact. - Triage Route: System automatically routes patients based on triage category (1-5) and potential life-threatening conditions. - Bed Assignment: Upon arrival, assign a bed within the EU.

			• Patient Information Gathering: Obtain patient information from either the patient (when possible) or next of kin (for unstable patients).
5.6.2	Patient Assessment		Nurse: • Document the main reason for seeking emergency care. • Assign a triage category based on severity and urgency. • Use a 0-10 scale to measure pain level. • Record temperature, blood pressure, SpO2, respiratory rate, and pulse rate at specific times. • Utilize checkboxes to identify significant concerns like abnormal AVPU, stridor, abnormal HR/temperature, respiratory distress, vomiting, etc. Doctor: • Check for patency through airway assessment options like angioedema, stridor, voice changes, burns, obstructions, and intervention options like repositioning, suction, NPA, LMA, BVM, ETT. • Record spontaneous respiratory rate, chest rise (shallow, retractions, paradoxical), trachea position (midline, deviated), breath sounds (left/right), oxygen administration method (NC, mask, NRB, BVM, CPAP/BIPAP, ventilator), bronchodilator usage, and chest tube/needle placement details. • Evaluate skin temperature (warm, dry, moist, pale, cyanotic), capillary refill time, pulse strength and symmetry, JVD presence, and access points (IV location and size, CVC/IO location and size, IV fluids

			volume and type, blood product orders, epinephrine administration).
			• Evaluate AVPU score, movement abilities, pupil size and reactivity, blood glucose level, and need for ICU admission.
			• Record details like symptom onset, progression, aggravating/alleviating factors, prior episodes, and interventions.
			• Systematically assess each body system (general, ENT, RESP, CVS, GIT, GU, SKIN, MSK, CNS) for relevant symptoms or abnormalities.
			• Document known medical conditions, medications, allergies, last menstrual cycle, pregnancy status, vaccination history, substance use, and family history.
			• Perform a detailed physical examination of all body systems.
			• Include a mental health assessment if necessary.
5.6.3	Lab and Radiology Investigations		• Systematically process orders for sending samples to Lab or Radiology departments.
			• Allow flagging and communicating urgent cases for faster processing.
			• Receive and integrate lab and radiology results electronically into patient files.
			• Connect with ECG machines to import readings directly into patient files
5.6.4	Applying Medication and Procedures		• Record all administered drugs, including dosage, route, and time.
			• Track all used consumables during patient care.
			• documentt all performed procedures within the EU.
			• Capture details of any daycare procedures conducted within the unit

5.6.5	Discharge Plan, Admission, and Referrals	• Update and record final patient vital signs before discharge. • Document discharge date and time (24-hour format). • List final medication instructions for the patient. • Indicate whether discharge plan was discussed with the patient. • Determine if admission to a specific ward is necessary (ICU, OT, left without being seen, or before treatment completion). • Initiate transfer to another medical facility if needed. • Ensure payment or invoice generation for credit customers before discharge, admission, or referral
5.6.6	Stock Management	• Allow nurses to request drugs and consumables for the EU. • System should display requested items, quantity, current stock balances, projected stock after replenishment, accountability since last replenishment, requestor, and receiving unit location. • Facilitate receiving and recording incoming stock within the system. • Support stock take
6.9 5.7 Ambulance		

5.7.1	Patient Pick-up Response	• Ambulance Dispatch Form:
		  o Call Taker Section:
		    • Date, Time, Caller Name, Address (where calling from), Caller Phone Number, Emergency/Complaint, Client Name, Client, Location/Address, Relationship, Age (D.O.D Days/Months/Year),

		Gender, Landmark (For identification), Special Considerations, Call Taker Name, Signature o Dispatcher Section: • Priority (AS1-Emergency(Red), AS2-Urgent(Yellow), AS3-Routine(Green)), Dispatch Number (Year-Month-Day-Serial Number), Ambulance Plate Number, Dispatch Time, Driver/Pilot, Crew Members (Full Name & Cadre), Route, Destination Health Facility, Ward, (Medical, Surgical, Obstetrics, ICU, Psych, Pediatric, Others), Dispatcher Name, Dispatcher Cadre, an Signature
5.7.2	Dispatch Ambulance	• Emergency Department receives a call requiring ambulance services. • Dispatch form is completed. • Driver is alerted and the ambulance is dispatched.
5.7.3	Patient Medication	Patient Vitals: - Attending medical team takes patient vitals while on the ambulance. • Drugs & Consumables: - Administer medication and provide patient care required to stabilize the patient.
5.7.4	Arrival at the Hospital	Bio Data Details: - Patient is created into the system upon arrival. • Visit Creation: - Creation of patient visit and billing of all services received while on ambulance.

		• Admission Process: - Patient goes through admission process upon payment of services.
5.7.5	Ambulance Stock Balance	Drugs and Consumables: • System supports requisitions for drugs and consumables for ambulance location. • Requisitions display: • Drugs & consumables, Quantity requested, Current Stock balances, Projected stock (after replenishment), Accountability since last, replenishment, Requestor, Location (receiving unit) • Ambulance unit can receive stock within the system.
5.7.6	Hospital Pick-ups Going to Another Health Facility	Ambulance Dispatch: • Caller or client makes a deposit for the ambulance before dispatch. • Ambulance crew moves with the receipt.
5.7.7	Patient Drop-offs	Ambulance Dispatch: • Receive a call from a department internally requesting patient drop-off. • Inquiry is made if the patient is supposed to pay or not. • Patient must have paid before leaving the hospital. NB: Clarify how items billed on the ambulance are catered for
5.7.8	Reports	Enable users to generate a report showing ambulance trips within a specified timeframe.
6.10 5.8 Physiotherapy		
5.8.1	Receiving Patient	• Cashier Interaction: Most patients first visit the cashier (near maternity ward) for payment and registration before receiving services.

		• Receipt or Invoice Requirement: Patients should have cash receipts or invoices (for IPD and credit clients) before receiving therapy. • Patient Sources: Department receives patients through internal referrals (OPD & IPD doctors), external referrals from other health centers, and walk-ins. • Therapy Services Offered: Speech, Occupational Therapy, Prosthetics & Orthotics, Clinical Psychology.
5.8.2	Patient Consent	Consent Form: Patients sign a consent form before being attended to by the physiotherapist. The form should capture: • Patient Name, Signature, and Date • Guardian Name, Signature, and Date (under 18) • Physiotherapist Name, Signature, and Date
5.8.3	Patient Assessment and Treatment	• Assessment Forms: o Barthel Index (Adults): Evaluates functional independence in activities of daily living (ADLs). Captures details like patient number, name, age, gender, diagnosis, tests, time in/out, the score for each ADL category (bowels, bladder, grooming, etc.), total score, physiotherapist signature, date, and review. o Pediatric Assessment Form: Captures detailed information like: • Patient details (number, name, age, gender, next of kin, address, therapist, religion, diagnosis, tribe, telephone, date)

| | | | Presenting complaints (pregnancy, birth, post-birth) Child's strengths Functional areas: neuromuscular, sensory, hand function, cognition ADLs Priority functional issues (caregiver input) Summary of problems identified and immediate action Treatment plan with short-term and long-term goals, specific strategies, requested OT hours, and discharge plan Physiotherapist signature, date, and review. Adult Assessment Form: Captures comprehensive information like: Patient details (number, name, age, gender, next of kin, address, therapist, religion, diagnosis, tribe, telephone, date) Source and reason for referral Background information: past medical/mental history, occupational history, mental health Representation (physical, cognitive, coping strategies) Occupational factors: self-care, leisure, productivity, strengths/barriers Environmental factors and barriers: accommodation, support networks, financial, risk, protective |

		• Current goals and OT impression of patient needs • Treatment plan with short-term and long-term goals, specific strategies, requested OT hours, and discharge plan • Physiotherapist signature, date, and review.
5.8.4	Additional Requirements	• Therapy Schedule with Alerts: Define therapy schedules within the system with alerts for both patients and therapists when assessments are due. • Communication Plan Integration: Incorporate the communication plan into the system for efficient patient-therapist communication. • Diagnosis Update: Allow updating diagnoses within the system as needed. • Patient Discharge: Facilitate patient discharge after completing physiotherapy appointments as per the schedule.
5.8.5	Reports	• Therapy Sessions (Monthly): Report on the number of therapy sessions conducted per month for both inpatient and outpatient categories, categorized by therapy type. • Therapist Performance: Report on the number of therapies conducted by each staff member within a specified period. • Patient Appointment Schedule: Generate a consolidated schedule of patient appointments for the month.
6.11 5.9 Pharmacy		
5.9.1	Item Creation	• New Item Form: Automated form for creation and approval of new drugs and consumables. • Approval Process: Pharmacist creates, Chief Pharmacist approves.

		• System supports different price groups based on supplier arrangements. • Emergency Item Creation allowed for pharmacists with Chief Pharmacist review. • Item Editing: Chief Pharmacist visibility and control over key item information edits. • Item Creation Reports: System supports extraction of created items within a period. • Duplicate Control: Flags matching items during creation.
5.9.2	Item Locations	• System supports creation and management of item locations (e.g., Main Store, Sundries Store, Lab Store). • Default Location Assignment: Items attached to default locations for maintenance. • User Location Restrictions: Users limited to dispensing items from their approved locations.
5.9.3	Purchase Requisition & Local Purchase Order (LPO)	• Requisition Trigger: Unavailability of items or stock below re-order threshold. • User department or Pharmacy raises requisition, Chief Pharmacist reviews and approves, Procurement creates LPO. • Chief Pharmacist can review and amend quantities and unit prices before LPO approval. • Price List Maintenance: System supports maintaining negotiated supplier price lists. • Electronic Signatures and Emailing: System retains approved LPOs with e-signatures and supports emailing them directly.
5.9.4	Receiving Stock	• Receipt of items per LPO specifications. • System supports partial order deliveries. • Users can generate GRNs. • Batch Number Mandatory: Mandatory input for drugs. • System allows for item returns and adjustments.

		• System handles cash purchases outside LPO process.
		• System reports pending deliveries per purchase order.
5.9.5	Stock Transfers	• User departments initiate transfer requests from main pharmacy.
		• Quantity requested, current stock balances, stock issues since last replenishment, projected balances.
		• Review, Approval, and Disbursement: Stock controller reviews and approves, items disbursed to units.
		• User units acknowledge receipt in the system, adjusting stock balances.
		• System archives past pending orders.
		• Units can transfer inventory without main pharmacy involvement, but movements are visible in the system.
		• Some sundries are expensed at issue time but billed as resources per patient usage.
5.9.6	Stockout alerts	• System generates alerts for inventory approaching depletion.
		• Re-order Calculation: System uses formula B = AMC * (PP + 0.5) - B to determine estimated quantity to purchase.
5.9.7	Dispensing Stock	• Patients pay/invoice, pharmacists view prescriptions, dispense from multiple batches, restricted to locations.
		• OPD Pharmacy users can request prescription changes.
		• Drugs dispensed directly from main pharmacy (except sundries).

		• System tracks non-billable stock for user departments, requires utilization demonstration for replenishment.
5.9.8	Stock take	• Global stock take quarterly, unit stock take monthly. • System supports periodic stock adjustments. • Friendly interface for batch number adjustments during stock take. • Stock take adjustments verified online, including reasons, before posting to general ledger. • Allow for stock adjustment postings after finance department verification and approval. • Mandate reason codes for all stock adjustments
5.9.9	Obsolete stock	• Allow for writing off obsolete stock with finance department approval. • Require reason codes for write-offs. • Provide navigation for viewing all written-off obsolete stock
5.9.10	Controls	• Restrict inventory location adjustments to central stores staff. • Notify central stores staff when adjustments are made through credit memos (especially by finance).
5.9.11	Reports and dashboards	• Transfers made to units in a period. • Purchases in a period. • Dashboard of approved LPOs in a period. • Dashboard of drugs pending delivery and timeframe. • Itemized expenditure on drugs and consumables globally. • Income per drug and consumable item. • Billed items in a location/computer. • Items transferred to a location/computer.

		• Balance in location as of date.
		• Total cost of transfers made by location in a period.
		• Current inventory available
		• Stock issues to various cost centres
		• Expiry, broken, and lost items.
		• Stocktake results

6.12 5.10 Theater

5.10.1	Booking Theater	• Clinician Bookings: Clinicians from various departments book patients for both inpatient and outpatient procedures.
		• Theatre Schedule: Comprehensive schedule showcasing patient details, recommending clinician, procedure, date/time, theatre/room, requesting department, surgeon, anesthetist, and estimated duration.
		• Booking Deadline: Elective surgery bookings must be done before 4PM within the system.
		• Booking Information: Users specify all required data points for complete booking requests.
		• Schedule Visibility: Booked procedures visible to theatre staff for a consolidated schedule.
		• Schedule Adjustments: Theatre staff can relocate procedures based on department events, communicating changes to recommending clinicians and patients.
		• Department Visibility: User departments have read access to theatre scheduling to identify available slots for booking.
		• Payment Requirement: All patients must have made cash deposits (cash patients) or have been invoiced (credit patients) before surgery.
5.10.2	Receiving patient into theater	Before Surgery:
		• Triage Nurse: Captures patient arrival time, patient number and name, receiving

		theatre staff, department/unit the patient is coming from, and start time.
		• Record Duration: Provision for triage nurse to capture patient duration in theatre by specifying arrival and start times.
		• Record Archiving: Saved and archived for future reference.
		After Surgery:
		• Recovery Receipt Time: Theatre nurse records the time the patient enters recovery.
		• Ward Communication: Nurse calls the assigned ward to pick up the patient.
		• Discharge Time: Recorded upon final discharge from theatre.
		• Ward Transfer: Theatre nurse hands over the patient to the ward nurse, specifying the unit sent and ward nurse receiving.
5.10.3	Doctors details	System Input:
		• Surgeon, Anesthesiologist, Assistant Surgeon.
		• Type of anesthesia applied (spinal, general, local).
		• Operation notes.
		• Instructions to the ward.
5.10.4	Billing of drugs and consumables	Theatre Nurse Input: System allows input of dispensed drugs and consumables used in theatre for eventual billing.
5.10.5	Transfer from theater	Details captured by ward nurse before patient transfer:
		• Date and time of transfer
		• Patient PIN
		• Procedure
		• Reason for transfer (e.g., stable, critical (HDU), very critical (ICU))

		- Vitals (temperature, pulse, BP, respiration, SpO2) - Current mental state (alert, oriented, confused, comatose) - Ward transfer destination - Sample taken (if applicable) - Additional notes for family or nurse
5.10.6	Main theater register	**Data Points:** Date, Serial number (auto-increment), Patient name, PIN number, Age (date of birth), Gender, Surgeon, Anesthetist, Instrument nurse, Circulating nurse, Anesthesia type, Diagnosis, Operation, Remarks Updating Information: All inputs completed before patient discharge.
5.10.7	Reports	Theatres: Reports on surgeries performed, patients transferred to ICU and HDU, and theatre register details
5.10.8	Additional Notes	- IPD patients return to the admitting ward after surgery, while OPD patients go to Surgical OPD. - The system should allow marking a patient's need for ICU or HDU admission based on their recovery status.
6.13 5.11 Admissions		
5.11.1	Patient Admission process	- Patients admitted at Surgical OPD (admission point). - OPD patients admitted after doctor consultation. - Payment Requirements: - Cash Patients: Deposit fee paid before ward admission. - Credit Patients: Pre-authorization from insurance companies required. - System captures: - Patient bio data details - Diagnosis

		o Admission number o Admission date • Bed Availability: System provides bed occupancy statistics to inform staff. • Ward in-charge assigns bed on patient arrival. • System automatically updates bed occupancy upon assignment.
5.11.2	Patient Management	• IPD nurses/doctors input daily notes and updates. • Pharmacists input drugs and consumables dispensed to patients. • Recommendation of investigations (lab, radiology) by doctors. • Electronic receipt of results from units. • Duplicate investigation alerts for verification. • Users restricted to dispensing from authorized locations.
5.11.3	Patient Billing	• Cashiers generate invoices for drugs, sundries, and bed charges. • System allows generating summarized and detailed interim invoices. • Patient admission function shows the current running balance.
5.11.4	Transfer between wards	• Specialist doctor's opinion required before transfer. • Receiving ward notified, patient assigned a bed. • Existing charges transferred with patient. • Billing based on ward accommodating the patient at consumption time. • System displays ward transfer history within patient information.
5.11.5	Patient Referral from IPD	• System-supported Referral Creation: Doctors create referrals directly in the system.

		• Includes date, source health unit, referral number, patient details, history, symptoms, diagnosis, treatment, reason for referral, clinician name, and signature.
5.11.6	Patient discharge	• Doctors input notes during ward rounds. • Billable items input by pharmacy and IPD nurses before discharge. • System generates discharge report upon completion. • Cashier verifies bills and receives payment/finalizes insurance claims. • Discharged patient bed marked available in the system. • Electronic file sent to vetting officer for review.
5.11.7	Ward stock management	• IPD units submit requisitions for drugs and consumables to main pharmacy. • Current balance, quantities, projected new balances, and accountability since last replenishment. • Stock Receipt: IPD units confirm receipt of dispatched stock. • System supports monthly, quarterly, and annual stock take options. • Stock take updates verified before system posting. • Consumables used for non-patient needs expensed as ward costs.
5.11.8	Bed management	• System administrator creates beds within wards. • System attaches prices based on approved hospital rates. • Real-time display of bed occupancy within the system. • Past bed occupancy details viewable in patient information.

		• Bed marked available upon patient discharge.
5.11.9	Wait time	• Accurate computation of waiting time from doctor discharge clearance to cashier financial clearance.
5.11.10	Additional Notes	• The system should be able to generate bed occupancy reports by ward and hospital wide. • The system should allow for bed reservation on a case-by-case basis. • The system should provide reports on patient referrals and discharge summaries. • The system should be integrated with relevant hospital systems for financial and clinical data exchange.

6.14 5.12 Public Health Services

5.12.1	Track all public services offered by the hospital	• Antenatal services • Postnatal Care • Cervical Cancer Screening • Immunization • Exposed Infant Diagnosis • Communities • TB Clinic • Doctors Room • Art Clinic
5.12.2	Reports	Public health nurses generate reports on: • Patients receiving various services per period • Expectant mothers on antenatal care (including package utilization and service thresholds) • Mothers on postnatal care • Cervical cancer screenings and tests done

6.15 5.13 Medical Records Management		
5.13.1	Receiving & Archiving Patient Charts & Ward Registers	Records Officer Responsibilities: • Receive patient charts from vetting office after IPD discharge and billing completion. • Receive completed ward registers. • Archive patient files and registers based on specified fields (Patient No, Name, Admission No, etc.). • Scan electronic copies of records and registers into HMIS. • Manage user access and navigation for received files. Patient Chart Categories: • Maternity • Nursery • Surgical • Medical
5.13.2	Issuing Patient Charts & Ward Registers	• Clinician requests access to file or register. • Medical director or secretary (delegate) approves request. • Records department issues document and records details in Records Issue Register. • All issued records and their return are tracked. • Same process as patient charts. • Records department authorizes receipt of returned files. • Scanned files allow online access, potentially eliminating manual issuance.
5.13.3	Receiving Administration Files	• Manage archival of administration documents. • Track parameters using Administration File Register fields.

		• Handle issuing and returning of admin files, similar to medical documents but approved by hospital administrator
5.13.4	Reports	• Patient history report (IPD & OPD) • Monthly diagnosis report (new cases & re-attendants) • Turnaround time reports

6.16 5.14 Linen Management Requirements

5.14.1	List of Hospital Linen	• Maintain a list of various linen items with the option to add or update. • List includes items like blankets, sheets, gowns, towels, curtains, etc.
5.14.2	Delivery & Collection	• System tracks delivery and collection of linen from wards. • Records date, item type, quantity, delivery/collection time, and staff responsible. • Linen delivered by 10 AM as per hospital policy. • Electronic register for updating all linen transactions. • Laundry staff verify collections, ward nurses confirm deliveries. •
5.14.3	Dirty Linen Processing	• System maintains a processing register with details like date, item, machine used, temperature, weight, and personnel. • Track linen progress through various washing stages
5.14.4	Reports	• Generate reports comparing linen delivered and collected. • Develop additional reports as needed by the laundry manager

6.17 6.0 IT Requirements

6.18 6.0 ICT System Requirements		
6.1	Security	• Maintain password history to prevent reuse of similar passwords. • Enforce password changes upon demand. • Establish user-configurable timeout limits for inactivity. • Terminate active processes upon logout. • Allow system administrator to remotely log out users. • Limit logins to one workstation at a time. • Assign temporary rights beyond user's security class for a predefined time. • Automatically reset temporary rights to defaults after a preset time. • Suppress menu items based on user roles. • Maintain a full log of all system activity and security breaches. • Employ centralized code management and control system
6.2	Calendar Functionality	• Define holidays, business days, and non-business days. • Define posting rules for transactions based on calendar settings (requires further discussion).
6.3	Integration with HR System	• Automatically lock/deactivate user IDs upon leave application approval
6.4	Ease of upgrades	• Facilitate upgrades without disrupting business operations. • Allow for managing updates from a central location. • Enable deployment and updates with minimal user interaction. • Support reverting to a previous version if necessary.

		• Ensure updates don't negatively impact existing modules. • Prevent incompatible versions of software components from running together. • Manage client-side software distribution centrally. • Allow for managing database updates locally and on a scheduled basis. • Conduct rigorous testing of updates in a staging environment before deployment. • Communicate upgrade plans and potential downtime to users in advance. • Create backups before upgrades and have a rollback plan in place. • Provide training on new features and changes after upgrades
6.5	Backup and Restore	• Ease of Use: Facilitate simple backup and restore processes. • Automation: Schedule backups automatically
6.6	Disaster Recovery	• Bi-Directional Replication: Maintain real-time synchronization between DR and production sites. • Active-Active Scenario: Support operation from either site, with load balancing. (Requires further discussion) • Fast Recovery: Enable data recovery within a short timeframe. • Offsite Backup Support: Allow for offsite backups using tapes or other means. • Online Backup: Support backups while the system is running. • Incremental and Full Backups: Offer both backup types. • Transaction Consistency: Ensure database consistency during recovery, even with incomplete transactions.

		• Server Switching: Facilitate seamless operations transfer between servers in case of failure. • Alternative Hardware Recovery: Allow system recovery on different hardware using offsite backups. • Third-Party Compatibility: Work with backup utilities from independent vendors. • Regular Testing: Conduct regular backup and restore tests to ensure functionality. • Backup Verification: Verify backup integrity to ensure data validity. • Compliance: Adhere to data retention and privacy regulations. • Clear Documentation: Maintain comprehensive documentation of backup and recovery procedures. • User Training: Educate users on backup and recovery processes.
6.7	General Ledger (GL) Accuracy:	• Ensure transactions are posted to correct GL accounts
6.8	Concurrent User Access	• Prevent multiple users from concurrently modifying the same fields on a screen
6.9	Transaction Logging	• Capture logs of all transactions completed via web services by external systems
6.10	Input Validation	• Implement input validation checks to ensure data accuracy
6.11	User interface and monitoring	• Provide tools to monitor system health, performance, and availability. • Notify management proactively about expiring licenses. • Offer contextual help within the system. • Synchronize with internal domain controller and DBMS.

		• Provide online help, multi-windowing, and multi-session capabilities. • Display login details (last login time, username, computer names, server version) upon login.
6.12	Traceability of transactions	• Facilitate easy tracing of recent and historical transactions. • Log uncommitted transactions for later actions. • Implement field-level locking to prevent data inconsistencies during multi-user updates. • Ensure database consistency upon incomplete transactions and allow restoration to consistent points. • Apply integrity checks to verify data integrity and prevent data loss.
6.13	Usability	• Intuitive design, logical tab order, and clear navigation. • Comprehensive search functionality across all modules. • Allow users to customize dashboards and preferences. • Provide notifications for transaction approvals, rejections, and status updates, with escalation options. • Support keyboard shortcuts for common functions. • Enable file compression and zipping. • Facilitate sending bulk SMS messages. • Allow for scheduling jobs and user tasks. • Prevent accidental actions by requiring user confirmation before critical operations.
6.14	Performance	• Handle different transaction types simultaneously. • Integrate with hardware resources effectively.

		• Distribute workloads across application servers and databases.
6.15	Mode of connection	• Accessible through web browsers and smart devices with enhanced security. • Accessible via VPN for remote users. • Mandatory LAN access for users in designated offices. • Avoid direct OS dependencies for compatibility. • Facilitate seamless failover to a standby server in case of hardware failures
6.16	Flexibility	• Easily accommodate changes in taxes, dates, user settings, calendars, holidays, etc. • All functions accessible through menus for intuitive navigation. • Prompt users for actions within specified timeframes and escalate if needed. • Allow adding fields to modules as requirements evolve.
6.17	Session Management	• Log out users after a specified period of inactivity. • Suspend sessions and log out users after additional inactivity. • Provide descriptive error messages for troubleshooting. • Allow system administrators to manually lock out users. • Provide users with the option to terminate unresponsive sessions. • Implement an authentication method for system administrators who forget root passwords. • Enforce time-based access restrictions according to user roles and configurations. • Implement a timer for user logouts

		• Maintain detailed user logs for auditing and tracking purposes
6.18	Tiered System Administrator Structure	• Establish a global super administrator with overarching control. • Allow delegation of administrative roles to other system administrators (non-transferable). • Enable global super administrator to reset passwords and enable disabled administrator accounts.
6.19	Intrusion Detection	• Integrate intrusion detection systems with automated alerts for unauthorized access attempts
6.20	Audit Trail	• Present audit trails in an easily understandable format. • Record all system events with timestamps, disabling this functionality should be impossible. • Generate reports for any attempts to disable audit trails. • Allow filtering logs by date, activity, username, etc. • Enable tracing transactions from source documents through the entire system. • Allow users to delve deeper into details for investigation. • Enable viewing historical data without editing. • Retain records according to regulatory requirements and prevent premature purging. • Allow correcting out-of-balance conditions with audit trails. • Facilitate tracing of data errors and system operations. • Record the number, type, and number of transactions from each source, including external systems.

		• Log changes to parameters and tables that impact financial transactions, with alerts.
		• Provide management with statistics on user actions and report access.
		• Implement auditing at the database level, with a separate backend module to avoid performance impact.
		• Generate reports on activities outside established rules and parameters.
		• Maintain a log of changes to master files.
		• Provide distinct audit trails for end users, auditors, information security, and IT teams.
		• Generate reports on system access activities.
		• Generate reports on suspicious transactions both on-demand and automatically.
		• Allow configuring alerts for suspicious activity.
6.21	Additional Considerations	• Facilitate reconciliation processes to ensure data consistency between systems.
		• Implement robust error handling mechanisms to address transaction issues gracefully.
		• Encrypt sensitive data at rest and in transit.
		• Regularly scan for and address vulnerabilities.
		• Educate users on security best practices.
		• Adhere to relevant security standards and regulations.
		• Conduct rigorous testing under various load conditions to ensure system responsiveness.
		• Gather user input during development and after implementation to refine usability.
		• Provide comprehensive training materials and support to users.
		• Define granular user roles and access permissions based on business needs.
		• Generate comprehensive reports on system usage, performance, and transactions.

		• Conduct thorough testing of all functionalities to ensure system reliability and security.
		• Ensure audit trails integrate with other relevant systems for comprehensive visibility.
		• Adhere to industry-specific audit and compliance requirements.
		• Protect audit trails from unauthorized access and tampering.
		• Develop a knowledge base of frequently asked questions and solutions for user self-service.
		• Maintain version control for documentation to track changes and ensure accuracy.
		• Allow for defining specific transactions that trigger alerts.
		• Enable super users to configure the types of alerts sent
6.22	Documentation and manuals	• Comprehensive and Clear Documentation: Maintain comprehensive and clearly laid-out documentation for all aspects of the system, including software, system design, operations, user manuals, and operating procedures.
		• Regular Updates: Ensure all documentation is kept up-to-date and readily available for examination.
		• Contextual Help: Provide field-sensitive help windows for input fields and self-diagnostic tools within the system.
		• Technical System Documentation: Develop adequate technical system documentation, including requirements documents, system specifications, and operating instructions, for efficient technical staff support.

7.0 HR Requirements

6.19 7.0 Human Resource Management		
7.1	Staff Onboarding	• HR department captures staff details in the system (name, DOB, address, contact, education, next of kin, medical scheme beneficiaries, job, pay, passport photo, employment date, contract dates, employment background, religion). • HR initiates and authorizes MTO (staff medical cover), adding staff and beneficiaries to the patient list. • Easy navigation between staff and corresponding patient/beneficiary details is supported.
7.2	Contract Management & Nursing Licenses	• System tracks contract start and end dates, with notifications for expiry (2 months prior). • Track validity and expiry of nurses' licenses, with notification for approaching expiry.
7.3	Medical Scheme	• HR has visibility of all staff medical expenses (OPD & IPD). • Monitor medical balances for staff in the calendar year (July-June). • OPD balances accumulate in the year, IPD are per admission. • Staff exceeding the cover are removed from the scheme for that year. • Option to recover exceeded amount from insurance.
7.4	Leave Management	• System supports various leave categories (annual, sick, compassionate, maternity, paternity, study). • Set up leave plans to show projected staff absences for annual leave. • Automate self-service leave form based on provided template. • Set up leave entitlements per category. • Leave taken in calendar days.

		• Add public holiday workdays to leave upon approval by unit head. • Head of department approves leave requests before HR archives them. • Only approved leave carried forward.
7.5	Performance Appraisal	• Set technical targets for appraisee as agreed with the line manager. • Preset work habits within the system. • Appraisee updates their section of the appraisal form before submitting. • Line manager updates their input. • Document sent to head of department for final comments before HR archives it. • Specific inputs guided by hospital's appraisal form.
7.6	Termination	• Set staff status to terminated on termination date. • Automatically discontinue medical scheme benefits for terminated staff and dependents.
7.7	Reports	• Active & inactive staff list. • Leave statements & balances report. • All payroll reports. • Medical scheme utilization report (OPD & IPD). • Contracts approaching expiry. • Nurse licenses approaching expiry.

6.20 7.0 Nursing School Requirements		
7.1	Recruitment	• Capture candidate bio data (name, DOB, location, address, gender, contact). • Collect payments before interview (oral and written). • Record interview results and comments. • Convert successful candidates to students, archive others with future access.
7.2	Billing Students	• Generate batch invoices for enrolled students per semester (July-December and January-June). • Fees include tuition, development, function, and accommodation. • Track current student outstanding balances. • Receive payments and issue receipts.
7.3	Student Management	• Track course durations and semesters. • Record internal (40%) and external (60%) exam results per semester. • Fail students with 3 failing papers, requiring them to redo or restart the semester. • Manage disciplinary cases including suspension and reseating semesters. • Remove graduated students while allowing access for outstanding payments. • Display current students with their respective semesters, graduated/completed students, and students under disciplinary action
7.4	Human Resource & Asset Management	• Extend all relevant requirements from the hospital HR and Asset Management modules to the nursing school
7.5	Reports	• Comprehensive income statement. • Expenses report. • Trial balance.

		• Cash flow report.
		• Customer and vendor statements with aging reports.
		• Student-related reports: current students with semesters, graduated/completed students, students under disciplinary action.

6.21 8.0 Quality Assurance

8.1	Risk Register	• Maintain a register with fields for: Ref No, Risk Title, Risk Owner, Existing Control, Risk Rate (1-5), Justification, Control Measure, Department, Focus Area, Task, Action Owner, Deadline, Status (Logged, Received, Assigned, Completed/Terminated) • Categorize risks as Reputational, Operational, Governance & Compliance, Financial • Users log risks, notifying the risk manager and updating the register • Risk manager updates register, assigns risks, and archives completed/terminated risks
8.2	IPC Tests	Requisition and Results: • IPC officers create requisitions for lab tests, including: • Department, Site Name, Date, Person Taking Sample, Sample Type (culture/sensitivity), Comments • Lab updates results (positive/negative) and submits them back to IPC • Retest positive sites after disinfection Frequency: • Tests conducted twice a year Compliance Automation: • Healthcare-associated infections (injections, surgical sites, catheters)

		• Hygiene office (hand hygiene compliance, sluicing linen) • IPC will provide Excel templates for data entry automation

6.22 9.0 Customer Relationship Management (CRM) Requirements

9.1	Customer Registration	• Mandate complete data entry using asterisks for mandatory fields. • Create a section for viewing patients with partially completed data.
9.2	Customer Activities	• Track visit frequency, case management patterns, and patient relationships. • Implement efficient data input techniques to link related patients
9.3	Spending Profile	• Track client expenditure trends. • Enable queries for best spenders and insurance comparisons
9.4	Waiting Time	Generate reports on patient waiting times at each service center (summarized and detailed).
9.5	Automated Feedback Form	• Collect feedback through emails, tablets, or direct input by customer relations
9.6	Discharge Time for OPD	• Capture doctor discharge time, patient notes, dispensing, and billing completion times. • Track discharge time vs. exit time
9.7	Ratio of Services and Drugs Prescribed vs. Drugs Taken	• Calculate the ratio of billed drugs to prescribed drugs (revenue loss). • Track reasons for revenue loss or missed services
9.8	CRM Reports	• Patient Satisfaction Rate (from feedback forms) • Wallet Share Report (top customers vs. total revenue over time) • Customer Turnover (one-time vs. repeat customers, excluding chronic cases)

		- Waiting Time Report (individual vs. hospital average, OPD and IPD separate) - Customer Growth Tracking (in a specified period) - Daily Patient Visits (IPD, OPD, excluding public health cases)