

**Response to queries discussed in Pre-bid meeting held on 17<sup>th</sup> May 2022 w.r.t. Selection of Agency to design, develop, integrate, customize & maintain web-based application and mobile application for Unified Disease Surveillance Platform**

The clarification/replies to the queries raised during the meeting and received vide emails/letters are responded to below.

Sr. No.	RFP Clause Reference No.	RFP Clause	Amended Clause
1	Eligibility Criteria: 4. Technical Capability , RFP Page 46	Herein “Similar nature” is defined as work related to Design, develop, integrate, customize & maintain web-based application and mobile application for Unified Disease Surveillance Platform for any Government department or PSU in India.	Herein “Similar nature” is defined as experience in designing, developing, integrating, customizing & maintaining Web-based Applications and Mobile Applications for any Government department or PSU in India.  The above clause shall be applicable everywhere
2	Section 8.2, RELEVANT STRENGTHS, RFP Page No.33	Experience in Design, Development, Integration, Customization & Maintenance of Web Applications and Mobile Applications for Government department / PSU, to be demonstrated in an engagement of value INR 75 Lakhs or above that have either been completed or an ongoing project where deliverable or milestone has been successfully met relevant to the experience. The work order should have been issued within the last 5 years, as of 31st Mar 2022.  When no. of engagement is: a) >=7 projects= 30 marks b) >=6 projects <7 projects= 25 marks c) >=5 projects < 6 projects =20 marks d) >=4 projects < 5 projects=15 marks	Experience in Design, Development, Integration, Customization & Maintenance of Web Applications and Mobile Applications for Government department / PSU, to be demonstrated in an engagement of value INR 75 Lakhs or above that have either been completed or an ongoing project where deliverable or milestone has been successfully met relevant to the experience. The work order should have been issued within the last 5 years, as of 31st Mar 2022.  When no. of engagement is: <b>a) 6 projects or more = 30 marks</b> <b>b) 5= 25 marks</b> <b>c) 4 projects =20 marks</b> <b>d) 3 projects=15 marks</b>

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		e) $\geq 3$ projects = 10 marks	
3	Section 8.2, RELEVANT STRENGTHS, RFP Page No.33	No. of users using a mobile application developed by the vendor $\geq 100k = 10$ marks $\geq 75 k < 100 k = 7$ marks $\geq 50 k < 75 k = 5$ marks $\geq 25 k < 50k = 3$ marks	No. of users using a mobile application developed by the vendor $\geq 25k = 10$ marks $\geq 15 k < 25 k = 7$ marks $\geq 5 k < 15 k = 5$ marks $\geq 3 k < 5 k = 3$ marks
4	8.1 Eligibility Criteria, RFP Page No.31	6-) Certifications  Bidder shall have at least two of the following certifications: a. CMMI Level 3 or above b. ISO 9001:2015 c. ISO/IEC 27001:2013	6-) Certifications  Bidder shall have at least one of the following certifications: a. CMMI Level 3 or above b. ISO 9001:2015 c. ISO/IEC 27001:2013
5	8.2 Technical evaluation matrix	Bidder shall have at least two of the following certifications: a) CMMI Level 3 or above b) ISO 9001:2015 c) ISO/IEC 27001:2013  Marks will be awarded for the number of certificates as mentioned below: a) All 3 certificates: 10 marks b) Any 2 certificates: 5 marks	Bidder shall have at least one of the following certifications: d) CMMI Level 3 or above e) ISO 9001:2015 f) ISO/IEC 27001:2013  Marks will be awarded for the number of certificates as mentioned below: a) All 3 certificates: 10 marks b) Any 2 certificates: 6 marks c) Any 1 certificate: 3 marks

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1	About unified COVID platform, RFP Page No.6	3.1 Module Description	1) What modules to be developed from scratch. 2) What development need to be done for these modules if they are developed already. 3) Please suggest links that we can refer to take a look	Please refer to RFP and same will discuss at time of requirement gathering with successful bidder.

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			<p>into the system (If possible)</p> <p>4) Any portal to be developed for a citizen. If yes, any link for reference.</p> <p>5) if yes for the above point, Please suggest on the scope expectation.</p> <p>6) Is it possible to get a walkthrough of the current system. Please suggest.</p>	
2	Section 4.1.6 Design Principles for development of the Unified Disease Surveillance, RFP Page No.11	System should be capable enough to integrate with other applications i.e. HFR, IHIP (Integrated Disease Surveillance Programme), TB Surveillance Platform, NCD programme, E-Hospital and CPHC Platform etc. There should not be technology/ Platform dependencies	We suppose Client would provide the API for these application	IHAT will coordinate with stakeholders for API integration.
3	Section 4.1.6 Design Principles for development of the Unified	The system should be in compliance with the 'Ayushman Bharat Digital Mission'	What are the guidelines?	Bidder may refer <a href="https://abdm.gov.in/">https://abdm.gov.in/</a> for guidelines related information and updates

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	Disease Surveillance, RFP Page No.11	(ABDM) guidelines.		
4	About unified COVID platform, RFP Page No.6	3.1 Module Description (Interactive Dash board)	1) Is this a separate interface/module for which login will be required Or, is it a part of the interface of Admin. Please suggest. 2) What are the parameters and report data required for Dashboard screen. Please confirm.	Please refer to RFP and the same will discuss at the time of requirement gathering with the successful bidder.
5	Section 3.3 Application List & Technology used, RFP Page No. 8	Application List & Technology used	1) We assume hosting platform used is/will be Azure. Please confirm. 2) Who will bear Operational Cost of Hosting. Please suggest.	IHAT/UP Govt. will provide the Hosting for staging and production server
6	Section 4.1 , RFP Page No.9	4.1.1 The Development of the Unified Disease Surveillance platform shall be in the form of enhancements to existing unified COVID Platform or to re-design and develop a responsive, dynamic, real-time and informationa l integrated platform for public health surveillance, as deemed	1) What are the expected scope and volume of enhancements. 2) What is the expectation from Redesigning. Do we need to use the existing code and do enhancement and development on it. 3) What development need to be done for these modules if they are developed already.	1. IHAT will provide the source code of the existing application. It's up to the bidder, what the bidder is opting for, whether enhancement in existing source code or development from scratch. 2. This will be discussed at the time of requirement gathering with the successful bidder.

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		appropriate by the bidder		
7	Section 4.1.6, RFP Page No.11	The system should be capable enough to integrate with other applications i.e. HFR, IHIP (Integrated Disease Surveillance Programme), TB Surveillance Platform, NCD programme, E-Hospital and CPHC Platform etc. There should not be technology/ Platform dependencies.	1) what are the integration points. 2) Who will be sharing the API's 3) How many systems need to be integrated. please suggest.	This will be discussed at the time of requirement gathering with the successful bidder.
8	Section 4.1.6, RFP Page No.11	Designing of API should be restful so that end-to-end digitalization occurs smoothly	1)What is the expectation from the said statement. Do we need to design the API's 2) how many Api's need to be developed ? Are these Rest API's?	This will be discussed at the time of requirement gathering with the successful bidder.
9	Section 4.1.6, RFP Page No.11	If bidder will opt for re-design of web and mobile application for unified surveillance platform, then bidder shall be	1) What is the relevance of Opt as mentioned here. 2) Does this refer to choosing an option based on preference which means either development of system from scratch or development or	1. IHAT will provide the source code of the existing application. It's up to the bidder, what the bidder is opting for, whether enhancement in existing source code or development from scratch.

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		responsible for end-to-end development of the planning, design, UI/UX and development and testing into a fully functional platform.	redesigning using the existing system.	
10	Section 4.1.8, RFP Page No.11	Bidder shall be responsible for end-to-end digitalization and its associated process(es).	1) Please elaborate the expectation from Digitalisation.	The process flow is mentioned in the RFP, please refer to it. those processes need to be digitally done.
11	Section 4.1.8, RFP Page No.11	The engagement of services is intended for 3 years which the first year will be for up-gradation/re-design of the existing unified COVID platform.	1) What is expectation from the said word "Upgradation". Please suggest.	1. IHAT will provide the source code of the existing application. It's upto the bidder, what the bidder is opting for, whether enhancement in existing source code or development from scratch.
12	Section 4.2.3, RFP Page No.14	4.2.3.1 Diseases V/s Program Mapping.  Disease wise form configuration.	1) What is the expectation from Program mapping. Please elaborate. 2) Where is the program data coming from. Please suggest. 3) Which user role/Who will be managing these mappings. Please confirm.	Master Directories are required to be created and wherever information can be fetched from other applications in terms of populating the masters, that need to develop.

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13	Section 4.2.3, RFP Page No.14	4.2.3.1 Disease wise form configuration	<p>1)What are the form parameters. Please elaborate.</p> <p>2) Are these parameters/sections of the form to be managed dynamically Or will this be static and will be added as master data one time. Please suggest.</p> <p>3) What is the expectation from the usage of these forms.</p> <p>4) How is the mapping expected to be done for these forms. please suggest.</p>	Please refer to RFP and the same will discuss at the time of requirement gathering with the successful bidder.
14	Section 4.2.3, RFP Page No.14	4.2.3.1 Follow up at Community or facility.	1) What is the expectation. Please elaborate.	All Surveillance cases against disease, are followed to be done by Community and facility
15	Section 4.2.4.4, RFP Page No.18	Once the disease survey flow has been updated on the application, it will get reflected on the community/ facility application, as per the defined protocol, for the field staff to capture data.	1) We understand that Beneficiaries are citizens. Please confirm.	No change
16	Section 4.2.3.4 , Page No. 16	Visualization & Reports: Disease wise Analytical reports and	<p>1) What reports are required. Please suggest.</p> <p>2) How many reports are required. Please suggest.</p>	Please refer to RFP and the same will discuss at the time of requirement gathering with the successful bidder.

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		visualization of statistics.	3) What formats are required for reporting. 4) What is the expectation from Visualization as mentioned here. Please suggest.	
17	Section 4.2.3.5 , Page No. 16	Sample Collection and Routing of samples to lab (incase required)	1)What is the process of sample collection? 2) How is the tracking and mapping done 3) How the sample is mapped and tracked for a user ? 4) Any tracking via GPS for the field agent 5) How does the request gets aligned to a field agent. 6) Does field agents has a provision to accept/reject the request. 7) Any provision for payments? If yes, Flow?	Please refer to RFP and the same will discuss at the time of requirement gathering with the successful bidder.
18	Section 4.2.4.5, RFP Page No.19	Incuse the disease protocol defines a lab test, a sample collection shall be prompted as part of the survey (refer the flow above). Once the sample has been collected it will be routed to the designated lab for further process	1) How is the verification done 2) Any actions on the results?	1. Verification of samples needs to be done by Labs on Portal i.e. they need to flag the same that they had received the samples at their end. 2. District Surveillance Officer will take the action. This can be discussed at the time of SRS preparation.



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19	Section 4.2.3.5, RFP Page No.16	Upgradation /re-design and development of Mobile applications at the level of Health facilities and Community.	<p>1) We understand that the Mobile App need to be developed from Scratch. To be confirmed.</p> <p>2) We understand that users will be the field staff. please confirm.</p>	<p>1. IHAT will provide the source code of the existing mobile application. It's up to the bidder, what the bidder is opting for, whether enhancement in existing source code or development from scratch.</p> <p>2. State, District, Labs, Heath Facilities &amp; Field Staff</p>
20	General		<p>1) What is the current user base for the application</p> <p>2) how many field agents will be using the mobile application.</p> <p>3) What is the current flow for support tickets</p> <p>3.a) As on date, what is daily volume of tickets.</p> <p>3.b) What is the average flow size of tickets for the one year.</p> <p>4) If possible, can you please share GD type performance/Code Testing Report of application</p>	It will be discussed during the SRS preparation with the successful bidder.
21	General		<p>1) We assume that there will be notification events across application. Please suggest on the expectation for such events ( if applicable)</p> <p>2) What is the monthly volume of SMS /Notifications.</p> <p>3) What is the average out data for SMS/notifications for 1 year.</p>	Any charges incurred for notification through SMS/Email will borne by IHAT/UP Govt.

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			4) We assume that the operational cost of third party services like SMS/Email gateway and similar will be borne by IHAT	
22	Section 5, RFP Page No.21	Go-Live (Deployment and Hosting of the applications)	Who will provide the server for hosting during go-live? Up to UAT is the application to be hosted on the agency's server?	IHAT/UP Govt. will provide the Hosting for staging and production server