|  |
| --- |
| **Invitation for Bids (ITB) for Goods/Services** |
| **Project: 23144-00 “Minimising the impact of the COVID-19 outbreak in Georgia through telemedicine and digital health solutions”** |
| **“Telecare Platform (Software) for Telemedicine System of Rural Primary Health Care of Georgia”**  **Ref No: ITB/2023/48726**  **October 2023**  **Tbilisi, Georgia** |

**Section III: Returnable Bidding Forms**

**Note to Bidders:** **Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed** **and return them as part of their bid submission.**

This Section comprises the following Returnable Bidding Forms:

Contents

[Form A: Bidder Information Form 2](#_Toc147137893)

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# Form A: Bidder Information Form

The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

1. **Background and Expertise of Organization:**

|  |  |
| --- | --- |
| **Full legal name of Bidder** | [complete] |
| **What year was your firm/organisation established?** | [complete] |
| **Address of registered office** | [complete] |
| **Name of bidder Representative** | complete] |
| **Has your firm/organisation ever filed or petitioned for bankruptcy?** (If YES, explain in detail the reasons why, filing date, and current status.) | [complete] |
| **Does your firm have an actual or potential conflict of interest in this procurement process?** (Refer to Section II: Instructions to Bidders, Article 4, for details on conflict of interest) | [Insert either “No”, or “Yes” in which case please provide details on your actual or potential conflict of interest here] |

1. **UNGM Registration and UNOPS Vendors**

As part of the bid, it is desired that the Bidder goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Registration/RegisterSupplier.aspx> and fills out the registration.

If the Bidder is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm’s information on UNGM is current.

The Bidder may still bid even if not registered with the UNGM. However, if the Bidder is selected for Contract award, the Bidder must register on the UNGM prior to Contract signature.

|  |  |
| --- | --- |
| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No If yes, [insert UGNM vendor number] |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No If yes, [insert UNOPS vendor ID] |

1. **Contact details of persons that UNOPS may contact for requests for clarification during bid evaluation:**

|  |  |
| --- | --- |
| **Name/Surname** | [complete] |
| **Title** | [complete] |
| **Tel Number (direct)** | [complete] |
| **Email address (direct):** | [complete] |

**PS:** This person must be available during the next two weeks following receipt of bid

# Form B: Joint Venture Partner Information Form

[The Bidder shall fill in this Form in accordance with the instructions indicated below].

ITB reference no [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

|  |  |
| --- | --- |
| **JV / Consortium/ Association Information** | |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) | [complete] |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfilment of the provisions of the Contract.

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form C: Bid Submission Form

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Bid for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** ITB Case No**. [Insert ITB ref number],** dated **[insert date]**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. The discounts offered and the methodology for their application are:
  + **Discounts**: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
  + **Methodology of application of the discounts**: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders, Article 34 and the General Conditions of Contract;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
  4. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  5. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility.
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded.
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Stamp form of bid with official stamp of the bidder*]

# Form D: Price Schedule Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.

|  |  |
| --- | --- |
| **Currency** | **USD** |
| **DPU (Delivered at Place Unloaded) Incoterms 2020** | **50 locations throughout Georgia** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Description** | **Qty** | **Unit price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | **Total price**  **(DPU Incoterm, including registration formalities)**  **VAT free** |
| 1 | Telecare Platform (Software) | Lump sum |  | insert |
| 2 | Assembly and Calibration | Lump sum |  | insert |
| 3 | On-site User Training  (50 ambulatories throughout Georgia) | 50 sessions | insert | insert |
| 4 | Training for healthcare professionals. | 1 session | insert | insert |
| 5 | Training for technical professionals. | 1 session | insert | insert |
| 6 | Training for administrative staff. | 1 session | insert | insert |
| 7 | After sales support. | 36 months | insert | insert |
| **Tatal Price in USD:** | | | |  |

Payment terms **30 days** accepted, as following schedule: ☐ Yes

1. **50 % of the contract amount** will be paid after development of the software as of **Paragraph B. Technical specifications for Goods**; its assembly and calibration as of “Part A – Assembly and Calibration” of the **Paragraph C Services Requirements:**
2. **50 % of the contract amount** will be paid after **a)** training delivery as of “Part B – Training”; **b**) executing 36 (thirty-six) months after sales support agreement with a client organisation as of “Part C – After Sales Support” of the **Paragraph C Services Requirements:**

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. [Full legal name and address of subcontractors] \_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

**Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form E: Technical Bid Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section IV: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

1. **Summary of Requirements**

Provision of Telecare Platform (TP) Software for Telemedicine System of Georgia Rural Primary Health Care.

1. **Technical specifications for Goods and Comparative Data Table**

**Bidder to complete all fields indicated in** BLUE

|  |  |  |  |
| --- | --- | --- | --- |
|  | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
|  | **Telecare Platform (TP)** |  |  |
| 1 | **Description of Function:**  TP shall enable healthcare professionals, administrative users, patients, and caregivers to have a remote facility, which guarantees the new model of non-face-to-face care. | ☐ Yes ☐ No | Insert details |
| 2 | **Operational Requirements:**  TP shall be capable to provide clinicians with the capability to collect detailed biometric information from remote patients (telemonitoring) and support telehealth consultations through video conferencing (video conferencing) for the purposes of delivering primary care, chronic care management, and remote patient monitoring at any time, at any place, for any patient who requires care . | ☐ Yes ☐ No | Insert details |
| 3 | **System Configuration:**  TP shall have a multi-language interface, Georgian and English. | ☐ Yes ☐ No | Insert details |
| 4 | **Technical Specification:** |  |  |
| **A** | **General Requirement:** |  |  |
| 5 | TP shall enable effective (bi-directional) communication between the central government and health care providers and between health care providers and patients/caregivers. | ☐ Yes ☐ No | Insert details |
| 6 | The quoted TP shall require minimum infrastructure to support a telemedicine system.  Please indicate the infrastructure required for the platform to operate in full functionality. | ☐ Yes ☐ No | Insert details |
| 7 | TP shall have the ability to integrate with existing Electronic Medical Records (EMR/EHR). | ☐ Yes ☐ No | Insert details |
| 8 | TP shall be compatible with different devices such as: Smartphones, laptops/desktops and tablets to ensure that patients can access healthcare services from anywhere using the devices they have. | ☐ Yes ☐ No | Insert details |
| 8a | TP shall be set up in two data centers available at the Ministry of Health. It shall continue working in the other data center during an emergency or scheduled shutdown of one of the data centers | ☐ Yes ☐ No | Insert details |
| **B** | **Features for general practitioner (GP) / family Doctor (FD)** | ☐ Yes ☐ No | Insert details |
| 9 | TP shall display the healthcare professional profile that shall include the provider's credentials, areas of expertise, years of expertise, and availability. | ☐ Yes ☐ No | Insert details |
| 10 | The patient's condition, medical history, test record and past prescriptions shall be accessible to the healthcare provider. | ☐ Yes ☐ No | Insert details |
| 11 | TP shall provide complete appointment management, export appointments to standard calendars and allow " manager access" to appropriate staff to schedule appointments on behalf of GP. | ☐ Yes ☐ No | Insert details |
| **C** | **Teleconsultation:** | ☐ Yes ☐ No | Insert details |
| 12 | TP shall have teleconsultation functionalities in a secure and private environment for patients to share the details of their condition to GP/FD. | ☐ Yes ☐ No | Insert details |
| 13 | TP shall have a secure voice and video call function that allows the healthcare practitioner to listen and also examine the patient remotely. | ☐ Yes ☐ No | Insert details |
| 14 | TP including teleconsultations and other communications shall be encrypted on both sides and secure from hacking attempts. (provide the details of measures taken to achieve encryption and security). |  |  |
| **D** | **Digital Prescriptions:** | ☐ Yes ☐ No | Insert details |
| 15 | TP shall be able to generate prescriptions that meet the legal standards and requirements, and automatically store them in GP's and patients' private database. | ☐ Yes ☐ No | Insert details |
| 16 | TP Shall have interoperability with other healthcare facilities ensuring the secure and confidential exchange of healthcare information between different organisations. | ☐ Yes ☐ No | Insert details |
| 17 | Shall be able to send SMS/ email notifications to the patients to inform about medications and lab tests to be performed and /or other notifications. | ☐ Yes ☐ No | Insert details |
| 18 | Patients should be able to see the list of available pharmacies and laboratories and select where samples should be taken. | ☐ Yes ☐ No | Insert details |
| **E** | **Clinical proceeds:** | ☐ Yes ☐ No | Insert details |
| 19 | It shall be possible to configure clinical entries at the user level, without the need for programming, using a tool that allows them to be created or modified. | ☐ Yes ☐ No | Insert details |
| 20 | The User (managers) shall be able to create/modify questions, and change the possible answers, as well as the clinical logic that determines the flow, the notification/alerts to the care systems and frequency that the patient shall respond. | ☐ Yes ☐ No | Insert details |
| **F** | **Results and analytics:** | ☐ Yes ☐ No | Insert details |
| 21 | TP shall be able to retrieve and/or consult results, structured or not, in text, image or signal format. | ☐ Yes ☐ No | Insert details |
| 22 | TP shall have a module to define the information reports for analysis, as well as to program and automate these extractions. | ☐ Yes ☐ No | Insert details |
| 22a | The report function, which shall allow us to extract data about the conducted consultations. Reporting shall allow the user to extract the data about consultations conducted. In particular the date of the video consultation, name of the village doctor (person who initiated the consultation), patient’s name and its ID number, name of the doctor to be in charge of the video consultation, recommendations given to the patient and preliminary/approved diagnosis. | ☐ Yes ☐ No | Insert details |
| **G** | **Symptom Checker (upgradable feature)** | ☐ Yes ☐ No | Insert details |
| 23 | A symptom checker app shall be available as future upgradation in the platform that helps patients to define their symptoms and answer questions concerning the current general condition. | ☐ Yes ☐ No | Insert details |
| 24 | A symptom checker shall suggest the list of preliminary possible diagnoses, for patients.  Preliminary diagnoses shall be accessible only by the medical personnel, to ensure that the results are properly interpreted, and a definitive diagnosis can be issued to the patient, which will be presented in a clear and understandable manner.  In case, when specialized consultation, it shall have an option to select hospital facilities having resources to provide a high-quality care model. | ☐ Yes ☐ No | Insert details |
| **H** | **Adherence monitoring:** | ☐ Yes ☐ No | Insert details |
| 25 | The patients and GPs shall have a personalised pathway and learn the use of service from the developers. | ☐ Yes ☐ No | Insert details |
| 26 | TP shall allow a system of assessment of therapeutic adherence, both by the professional and the patient | ☐ Yes ☐ No | Insert details |
| **I** | **Remote Patient Monitoring (RPM) and IoT Integrations** |  |  |
| 27 | TP shall provide real-time integrations with IoT devices such as wearables and other medical devices which help clinicians monitor the digital biomarkers (like blood pressure, heart rate, sleep quality, physical activity, glucose levels) of patients regularly. | ☐ Yes ☐ No | Insert details |
| **J** | **Vital signs monitoring:** | ☐ Yes ☐ No | Insert details |
| 28 | It shall be able to record vital signs of the patient. The variables include data such as BP, Temp, Heart rate, ECG, steps in numerical values and letters. | ☐ Yes ☐ No | Insert details |
| 29 | TP shall be able to recognize the variables out of range and trigger alarms for either single parameter or for the result of parameters measured in different times | ☐ Yes ☐ No | Insert details |
| 30 | The vital parameters shall be collected directly, by asynchronous measurements or in real time with specific devices already available in the centres or as requested as well as using devices like pulse oximeter, BP monitoring device, pedometer, health program of app etc to send data to the system. | ☐ Yes ☐ No | Insert details |
| **H** | **Notifications and Alarm Service:** | ☐ Yes ☐ No | Insert details |
| 31 | The notifications and alarm system for professionals, patients and caregivers shall be independent. | ☐ Yes ☐ No | Insert details |
| 32 | The notifications and alarms shall be categorised into 3 different levels according to severity: Minor, Intermediate, Urgent. | ☐ Yes ☐ No | Insert details |
| 33 | It shall be possible to generate notifications, depending on the results of a questionnaire (for a question or the sum of several of them), for a variable, for lack of data... | ☐ Yes ☐ No | Insert details |
| 34 | All monitoring services (variables, questionnaires, alarms, notifications) shall be adaptable for each patient and easy to modify. | ☐ Yes ☐ No | Insert details |
| **I** | **Customization:** | ☐ Yes ☐ No | Insert details |
| 35 | TP shall be customizable for each patient. | ☐ Yes ☐ No | Insert details |
| 36 | All the variables/ vital parameters, questionnaires, alarms and educational programs shall be compacted individually to create a large, easy-to-find repository with agile tags. | ☐ Yes ☐ No | Insert details |
| 37 | The healthcare professionals shall be able to customize the system per patient and per productive unit, adapting it to the specific patients’ needs and avoiding duplication of information. | ☐ Yes ☐ No | Insert details |
| 38 | TP shall be able to allow the GP/ FD to select the datasets they want to monitor for each patient's health problems. | ☐ Yes ☐ No | Insert details |
| **K** | **Referral to specialist:** |  |  |
| 39 | TP shall be able to refer to the appropriate provider or specialist | ☐ Yes ☐ No | Insert details |
| **L** | **Integrated Chat and Messaging:** |  |  |
| 40 | TP shall include private, encrypted text messaging features between the GP, FD and the patients and Administrative staffs and patients and GPs , FD. | ☐ Yes ☐ No | Insert details |
| 41 | The messaging feature shall allow patients to raise doubts or a question about their condition and prescription and allow GPs to respond to patient inquiries. | ☐ Yes ☐ No | Insert details |
| 42 | The chat environment should allow for both synchronous and asynchronous communication. | ☐ Yes ☐ No | Insert details |
| **M** | **Features for Patients and caregivers** |  |  |
| 43 | The patient profile shall collect all vital health-related information, including age, gender, latest test records, symptoms, known health conditions, medication history, geolocations etc | ☐ Yes ☐ No | Insert details |
| 44 | A verification system shall be in place to ensure genuine patient profiles and avoid scams. | ☐ Yes ☐ No | Insert details |
| 45 | Selective privacy settings shall be available for patient information to control what information is publicly available and what information is available to healthcare practitioners. | ☐ Yes ☐ No | Insert details |
| 46 | The patient shall be able to access a dashboard containing data from their last visit, prescriptions, treatments etc. | ☐ Yes ☐ No | Insert details |
| 47a. | The patients shall have the ability to request an appointment with a GP, add it to their personal calendar via integrations and reschedule or cancel appointments if necessary. | ☐ Yes ☐ No | Insert details |
| **47b.** | **The TP shall have a booking function (so that rural doctors are able to book visits with cardiology, dermatology, ophthalmology and otorhinolaryngology, and only admin will be able to modify this function.** | ☐ Yes ☐ No | Insert details |
| 47c | Requirement for archiving: ability to transfer data into idle mode though retrievable on demand (including patients’ data). | ☐ Yes ☐ No | Insert details |
| **N** | **Video and Voice calls** |  |  |
| 48 | The TP shall include a videoconferencing service between professionals and/or patients. | ☐ Yes ☐ No | Insert details |
| 49 | While video conferencing, the platform shall offer the ability to chat in real-time and allow videos and photos. | ☐ Yes ☐ No | Insert details |
| 50 | The system shall allow the integration of regular phone calls. | ☐ Yes ☐ No | Insert details |
| 51 | To control the quality of the service, it shall be able to record video and audio consultations, with the consent of all the involved parties. | ☐ Yes ☐ No | Insert details |
| 52 | The TP shall have a content service where different contents to read are defined. These contents can be in standard formats, daily push capsules, videos, links to other websites, or games. They shall be customizable for smartphones over time. | ☐ Yes ☐ No | Insert details |
| 53 | Shall have the possibility to define professionally curated information spaces for professionals and/or groups of patients. | ☐ Yes ☐ No | Insert details |
| **P** | **Medicine Tracker and Push Notifications:** |  |  |
| 57 | TP shall have a medicine tracker with a customizable calendar that sends push notifications to remind patients to take their medicines at proper time and notify them of upcoming appointments, successful transactions, incoming messages and promote the services. | ☐ Yes ☐ No | Insert details |
| **Q** | **General and Administrative features:** | ☐ Yes ☐ No | Insert details |
| 58 | The TP software shall be completely in Georgian language, customised to /comply with the required medical equipment. | ☐ Yes ☐ No | Insert details |
| **R** | **Data Privacy and storage** | ☐ Yes ☐ No | Insert details |
| 59 | TP shall be compliant with GDPR regulations and protect the privacy of patients. Please document and submit how the quoted platform will achieve this requirement. | ☐ Yes ☐ No | Insert details |
| 60 | It is mandatory that the TP shall be on-premises, meaning that data is stored locally, rather than on a remote server. | ☐ Yes ☐ No | Insert details |
| **S** | **EMR/EHR Integration:** |  |  |
| 61 | TP shall have the ability to integrate EMR/EHR systems  to maintain clinical record of the disease and treatment history. | ☐ Yes ☐ No | Insert details |
| 62 | The EMR/EHR integration shall store all the user's health data to save time for both patients and healthcare providers in monitoring health progress and inspecting it when necessary, not just when sick. | ☐ Yes ☐ No | Insert details |
| 63 | Shall have a feature for Admin panel / dashboard that allows control of all processes inside the system i.e necessary data, access to users' profile, and all tools needed. | ☐ Yes ☐ No | Insert details |
| **T** | **Support Service:** | ☐ Yes ☐ No | Insert details |
| 64 | The proposal shall include documents on the model of support for both groups (i.e professionals and patients), specifying communication channels, availability of service. | ☐ Yes ☐ No | Insert details |
| 65 | Support shall be provided 24/7 for professionals, focusing on technical problems and for patients, on problems with passwords or technical and functional problems. User Management shall be transferred to ITA after completion of the first stage of implementation process. | ☐ Yes ☐ No | Insert details |
| 66 | Same as for GPs and patients, administrative staff shall have a personalized pathway and learn the use of services from the developers. | ☐ Yes ☐ No | Insert details |
| **U** | **Technological Model:** |  |  |
| 67 | TP shall have a technical architecture that allows it to scale progressively to more rural areas, urban areas and more functionalities. Please submit documentation on the proposed architectural model. | ☐ Yes ☐ No | Insert details |
| 68 | TP shall be available in on-premises mode and shall be independent of the equipment and capabilities, according to the interfaces, to work in a web environment (responsive mode\_ or a mobile environment (web browsers, iOS or Android App) allowing organizations to use their existing infrastructure and equipment without specific investment. | ☐ Yes ☐ No | Insert details |
| 69 | TP shall have at least 3 environments:  1. production  2. Pre- production  3.Testing/integration | ☐ Yes ☐ No | Insert details |
| 70 | TP shall be able to use wireless communications over a secure channel (SSL/VPN) until proper infrastructure is improved/available. | ☐ Yes ☐ No | Insert details |
| **V** | **Integrations** | ☐ Yes ☐ No | Insert details |
| 71 | Operational Requirements: The TP shall be capable to provide clinicians with the capability to collect detailed biometric information from remote patients (telemonitoring) and support telehealth consultations through video conferencing (video conferencing) for the purposes of delivering primary care, chronic care management, and remote patient monitoring at any time, at any place, for any patient who requires care. | ☐ Yes ☐ No | Insert details |
| 72 | TP shall have an integration bus architecture, which will access data from the healthcare systems to implement the services and present them to the user. | ☐ Yes ☐ No | Insert details |
| 73 | In case an online integration could not be possible, at least the telemedicine system shall be regularly loaded with patient data from the Georgian EHR defined by the Health Service using ETL techniques. | ☐ Yes ☐ No | Insert details |
| **W** | **Documentation** | ☐ Yes ☐ No | Insert details |
| 74 | User documentation in both English and Georgian language: It explains all the functionality of the service. This documentation shall be adapted to the healthcare personnel and administrative areas, avoiding so many technical terms and being easy to read with a good thread and index | ☐ Yes ☐ No | Insert details |
| 75 | Technical documentation in both English and Georgian language: It explains all tech specifications on configuration, maintainability, and performance. Besides, it needs to include all the ways of communication with other services. | ☐ Yes ☐ No | Insert details |
| **X** | **How to´s & FAQ in both English and Georgian** | ☐ Yes ☐ No | Insert details |
| **Y** | **Remote Support** | ☐ Yes ☐ No | Insert details |
| 76 | Possibility of remote access for on-line technical support/consultation for solving technical and application-related problems without delaying the workflow | ☐ Yes ☐ No | Insert details |
| **Z** | **Product Certification** | ☐ Yes ☐ No | Insert details |
| 77 | The connection with medical devices for patient data collection should be established based on the international standards: ISO/IEEE 11073 family Health informatics. | ☐ Yes ☐ No | Insert details |
| 78 | EN 301 549 v3.2.1 (2021-03) European norm for "Accessibility requirements for ICT products and services" | ☐ Yes ☐ No | Insert details |
| 79 | Legal standards: General Data Protection Regulation (GDPR) | ☐ Yes ☐ No | Insert details |
| **ZA** | **Semantic:** | ☐ Yes ☐ No | Insert details |
| 81 | UNE ISO/13606:2 | ☐ Yes ☐ No | Insert details |
| 82 | Systematised nomenclature of Medicine (SNOMED) | ☐ Yes ☐ No | Insert details |
| 83 | Medical Subject Headings (MeSH) | ☐ Yes ☐ No | Insert details |
| 84 | Logical Observation Identifiers Name and Codes) LOINC) | ☐ Yes ☐ No | Insert details |
| 85 | A valid copy of the certificate shall be submitted. In case certification is not available, a declaration of conformity to the standard or protocol is accepted. | ☐ Yes ☐ No | Insert details |

1. **Services Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| **A** | **Assembly and Calibration** |  |  |
| 1 | Installation of a TP in 50 rural primary care facilities in Georgia (see Section II, Par F, for detailed list). | ☐ Yes ☐ No | Insert details |
| 2 | Integration of the TP with the existing healthcare systems in these facilities. | ☐ Yes ☐ No | Insert details |
| 3 | Training and support for healthcare professionals on the use of the telemedicine platform. | ☐ Yes ☐ No | Insert details |
| 4 | Provision of technical support and maintenance for the telemedicine platform. | ☐ Yes ☐ No | Insert details |
| 5 | Development of guidelines and protocols for the use of the TP. | ☐ Yes ☐ No | Insert details |
| **B** | **Trainings** |  |  |
| 6 | **On-site User Training -** Functionalities for GPs, Patients, Administrative staff details the need for a training pathway. It shall be considered the approach in this work by orienting it in 3 differential areas (50 rural primary care facilities in Georgia, see Section II, Par F, for detailed list. | ☐ Yes ☐ No | Insert details |
| 7 | **Training for healthcare professionals.** Include the knowledge and the potentiality of the useful functionalities of the telemedicine system to the champions. Then, these can extend to other colleagues. | ☐ Yes ☐ No | Insert details |
| 8 | **Training for technical professionals as future upgradation**. Teach them how to use the API, and the language to promote a better approach to their libraries | ☐ Yes ☐ No | Insert details |
| 9 | **Training for administrative staff.** Giving administrative solutions to the administrative staff. | ☐ Yes ☐ No | Insert details |
| 10 | A proof of training (certificate) should be provided to the staff that is trained. | ☐ Yes ☐ No | Insert details |
| 11 | The training shall be performed within 3 (three) weeks after the roll out of the platform | ☐ Yes ☐ No | Insert details |
| 12 | The training shall be performed by qualified and authorized personnel. | ☐ Yes ☐ No | Insert details |
| 13 | Training materials shall be provided in Georgian language. | ☐ Yes ☐ No | Insert details |
| **C** | **After Sales Support** |  |  |
| 31 | A service-level agreement (SLA) shall be a contract between a service provider and the customer that documents what services the provider will furnish and defines the service standards the provider is obligated to meet. | ☐ Yes ☐ No | Insert details |
| 32 | The service level to be provided by the TP shall be greater than 95% of the time in 10x5 functioning mode - 10**hours, 5 days a week, 36 months**. | ☐ Yes ☐ No | Insert details |
| 33 | Response time for the incident shall be as following:   * Response time: < 4 working hours from Monday to Friday. * Resolution time for minor incidents: < 36 working hours from Monday to Friday. * Resolution time for medium incidents: < 24 working hours from Monday to Friday. * Resolution time for critical incidents: < 8 working hours from Monday to Friday. | ☐ Yes ☐ No | Insert details |
| 34 | Local representation and service centre(s), to provide after sales services in Georgia. | ☐ Yes ☐ No | Insert details |
| **D** | **Implementation, Test and Validation** |  |  |
| 35 | This project includes all tasks necessary for the implementation and commissioning of the system, as well as the configuration of the system to work across the entire infrastructure provided by the Georgian Health Service. | ☐ Yes ☐ No | Insert details |
| 36 | The TP source code shall be deposited under certain conditions for inspection and safeguarding. It could be proprietary but should be available for inspection if required. | ☐ Yes ☐ No | Insert details |

1. **Delivery requirements and Comparative Data Table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| **Delivery time** | Bidder shall deliver, install goods, and provide corresponding training(s) within **130 (one hundred and thirty) days** after the contract execution.  **UNOPS shall deduct** 0.1% of the total Contract price shall be deducted for each day of delay until actual delivery or performance, up to a maximum deduction of **10%.** Once the maximum is reached, UNOPS may terminate the Contract pursuant to the General Conditions of Contract Ref.: to the:   1. Par 36. CONTRACT MANAGEMENT of the Section I – Instructions for Bidders; 2. General Conditions of Contract: <https://www.unops.org/business-opportunities/how-we-procure> | ☐ Yes ☐ No | Insert details |
| **Customs clearance and VAT** | Bidders shall include in the price all costs related to exportation/ importation procedures, if required, including the costs of custom clearance, offloading of the goods, and transportation of the goods to UNOPS specified locations.  **Bidders to specify DPU delivery time for the quantity as per the price form.**  The international Bidders shall include in the price all costs related to exportation/ importation procedures, if required, including the costs of freight forwarder and the custom clearance company. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | **DPU (delivery at place uploaded) Incoterm**.  50 ambulatories of Georgia, see Section II, Par F for detailed list. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | UNOPS Georgia  #87 Z. Paliashvili str., Tbilisi, Georgia. | ☐ Yes ☐ No | Insert details |
| **Right to Vary ordered Quantity** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed **+/- 20%,** without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |
| **Performance Security** | * Performance security shall be required from the awarded Bidder in the amount of **5(five)%** of the total Contract amount, in the form of a Bank Guarantee as set out in the document titled Section IV: Contract Forms which is available in the Documents section. To minimise Credit Risk, UNOPS will only accept Bank Guarantees from Banks or other Financial Institutions with a minimum Long Term Credit Rating of BBB- with Standard and Poor’s, a minimum Long Term Credit Rating of Baa3 with Moody Investor Services, or a minimum Long Term Credit Rating of BBB- with Fitch Ratings. Any Bank Guarantee issued by a financial institution with a credit rating below the outlined credit ratings will require prior validation from UNOPS. * Performance security shall be furnished within **21 (twenty-one)** days after receipt of the Contract from UNOPS. * The Performance Security shall be discharged by the Purchaser and returned to the Supplier not later than thirty **30 (thirty)** days following the date of Completion of the Contractor’s performance obligations under the Contract. | ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No | Insert details  Insert details  Insert details |

1. **Sustainability Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| **“Climate change mitigation and Adaptation (e.g. energy efficiency, greenhouse gas reporting and offsetting)”** | Suppliers shall provide proof that the manufacturers are in possession of a valid ISO 14001 EMS certificate, or equivalent. | ☐ Yes ☐ No | Insert details |

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section IV: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form F: Manufacturer's Authorization Form

[A letter issued by the manufacturer authorizing the applicant to participate in this ITB must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one].

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

**WHEREAS**

We *[insert complete name of manufacturer*], who are official manufacturers of [*insert type of goods manufactured],* having factories at *[insert full address of manufacturer’s factories*], do hereby authorise *[insert complete name of bidder]* to submit a bid the purpose of which is to provide the following goods, manufactured by us *[insert name and or brief description of the goods]*, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the provision of Goods, with respect to the goods offered by the above firm.

Signed: [*insert signature(s) of authorized representative(s) of the manufacturer]*

Name*: [insert complete name(s) of authorized representative(s) of the manufacturer]*

Title: *[insert title]*

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ *[insert date of signing]*

# Form G: Performance Statement Form

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Order placed by [Full address of purchaser]** | **Order no. & date** | **Description & quantity of ordered items** | **Value of order** | **Date of completion of delivery** | | **Remarks indicating reasons of late delivery, if any** | **Was the supply of goods satisfactory?** |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form H: Performance Security Form

(BANK GUARANTEE)

Note to bidders: This form, when required, shall only be completed by the successful Bidder after contract award. The bank, as requested by the successful Bidder, shall fill in this form in accordance with the instructions indicated.

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

**ITB No. and title***:* [xx-xxx and title of the ITB]

[Bank’s letterhead]

**Beneficiary:**[Insert legal name and address of UNOPS]

**Advance payment guarantee no.:** [Insert Performance Guarantee number]

We, [insert legal name and address of bank], have been informed that [insert complete name and address of supplier] (hereinafter called “the supplier”) has entered into Contract No. [Insert number] dated [insert date of agreement] with you, for the supply of [Insert types of goods to be delivered] (hereinafter called “the contract”).

Furthermore, we understand that, according to the conditions of the contract, an advance is to be made against an advance payment guarantee.

At the request of the supplier, we hereby irrevocably and unconditionally agree to pay you on demand any sum or sums not exceeding in total an amount of [insert amount(s)[[1]](#footnote-1) in figures and words], upon receipt by us of your first demand in writing declaring that the supplier is in breach of its obligation under the contract.

It is a condition for any claim and payment under this guarantee to be made, that the advance payment referred to above must have been received by the supplier in its account [insert number and domicile of the account]

This guarantee shall remain valid and in full effect from the date of the advance payment received by the supplier under the contract until [Insert date][[2]](#footnote-2).

This guarantee is subject to the Uniform Rules for Demand Guarantees (2010 Revision), International Chamber of Commerce Publication No. 758, except that the supporting statement under article 15(a) is excluded.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
[Signatures of authorized representative(s) of the bank]

# DRIVE Supplier Sustainability Questionnaire

1. *The bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the contract or a freely convertible currency acceptable to UNOPS.* [↑](#footnote-ref-1)
2. *Insert the delivery date stipulated in the Contract Delivery Schedule. UNOPS should note that in the event of an extension of the time to perform the contract, UNOPS would need to request an extension of this guarantee from the bank. Such request must be in writing and must be made prior to the expiration date established in the guarantee. In preparing this guarantee, UNOPS might consider adding the following text to the form, at the end of the penultimate paragraph: “We agree to a one-time extension of this guarantee.”*  [↑](#footnote-ref-2)