

## Questions and answers related to the TOR for the Development of a Biometric Based Information System for the Adolescent Girls and Young Women Programme

Set out below are the questions received related to the above TOR.

Question	Answer
Is there a strict limit to one representative per organisation at the briefing?	Up to two representatives per organisation may attend the briefing. However, the bidder must please send a notification to <a href="mailto:proposals@nacosa.org.za">proposals@nacosa.org.za</a> regarding whether one or two representatives will attend
Are representatives at the briefing entitled to record the briefing?	Yes, representatives may record the briefing
Do Sub-recipients use only the biometrics system to submit their data to the PRs?	For key elements of the programme, SRs will only use the biometrics system
Will commodities be tracked?	Yes, they will be tracked but the number of persons, not number of commodities, will be tracked on biometrics
Will third party users need access to the biometric data?	Third party service providers won't need biometrics points. Linkage officers employed by the programme will go to the various points of referral to confirm that the girl has accessed the service she was referred to
Will there be confidentiality required?	Yes, beneficiaries will sign consent to collection of data and use only for specific purposes at point of data collection.
Will the service provider need to support the hardware eg repair	Cost of this will be covered by PRs / SRs. However, replacement of these will need to be arranged by the successful bidder
Requirement 22 on TOR – if a staff problem in using the system, the service provider has no control over this?	Successful bidder must have the ability to track where this is happening and include in the report Where scope of service provider then they must trouble shoot. Otherwise will be in scope of PR point person
Will PRs tell SRs best practice? Or will SRs direct the system?	The programme elements may not be identical across the sub-districts. Eg in a more rural district there may be a higher demand for access to economic opportunity. But largely all programme components will be the same, except for the behavioural component on group type of interventions
Which deadlines in the Deliverable and Timeframes table in the TOR are strict?	Final go live date of 1 July 2019 is strict, the other deadlines before are flexible. But necessary to have considerable lead time between final product developed and go live date
When will user training happen?	After development. Is point 5 on Deliverables and Timeframes table
How big is the pilot?	A good pilot would be one that happens in different contexts or sub-district. But it would be best for bidders to advise on this.
Troubleshooting at pilot may not leave enough time for go live date of 1 July 2019?	Update devices over cloud would be quicker. If done direct on hardware, there may be a timing issue. Bidders should include concerns re timelines in the submission and make suggestions.
Should solution be mobile?	Yes. The system generates the journey plan which is printed. No printing is required.

How many of the different layers and referrals do you want to be able to interact with each other?	When a AGYW accesses a safe space, there is planned to be a “front of house person”. This person will engage with and direct her. She could be scanned biometrically at that point. When she enters a safe space without having been referred through other tiers, at that point she will be offered the core, profiled and referred.
Can we provide a ball park figure for budget?	No, we are relying on vendors to give us detailed breakdown
Will we do data conversions of old data into new system? What standards were used for biometric coding?	<b>No, but if use same devices we will post on line standard used</b>
When participants are taken on, how many fingers do you see scanned?	A single biometric scan could possibly be good. But in terms of the bidders experience in the field, what is advised. Advise what is best methodology here? However, consider the balance between what’s robust and what’s onerous on people in the field.
When use all 10 fingers? Easier to pick people up	Highlight these considerations in the proposal
What is the extent of biometric use in the programme?	Each and every time unless the bidder can suggest a way to track someone without using biometric identification every time
Would it be possible to get the addresses of all the sites?	<b>This is subject to the services mapping that is due to take place. Where satellite spaces will be located is not yet decided. Furthermore, they are mobile. However, we can get GPS coordinates for schools, but we haven’t selected the schools yet. Next week we will know who SRs are and then we will know where SRs are situated. We can also get GPS coordinates for the clinics. This information, to the extent possible, will be available at the point of contracting. To the extent that geo-mappings are not available, the successful bidder will be given a set of school and clinic names and associated regions. The service provider can then do the geo-tagging.</b>  <b>In the meantime, if the locations affect costing, bidders can factor this into their quote.</b>
What’s the number of users at full scale deployment?	Could be up to about 400 users per PR, but this might still change. See below though.
The MTV Shuga implementation, how will this be made available?	Going to be available to PGTs on devices as one option but also at safe spaces.
The YP 2 Reach indicator – is there a cut off that you don’t want people registering for this in the last month?	PRs need to flesh this out more. PRs are considering not to be enrolling new people in the last 6 months. The numbers are non-cumulative.
BEE and EEE certificates – are they necessary?	They are included in the scoring criteria but their absence will not disqualify you.
Will stock management be on biometrics?	No, that will be under a different system

<p>Page 10 - 2.4.2 Community Based Service Delivery: Following a situational analysis, health (SRH interventions), psychosocial (life skills and psychosocial support) and structural interventions will be packaged in line with district specific needs and services available. Question: Who will do the situational analysis? In all sub districts? Covering all points of care services and linkages, e.g. schools, health facilities, NGOs, churches, Police, DSD, TVETs and public spaces? Will the situational analysis include the geo-mapping of services and points of interest? Will the situational analyses reports be ready at the start of the project?</p>	<p>A service provider will conduct a situational analysis in all sub-districts. This will be concluded by early May. The focus is a service mapping covering all points of care and linkage. Yes, this will include geo-mapping of services and location of SRs, schools and clinics.</p>
<p>Page 19: According to the Data flow diagram (Figure 9) there are 3 layers of organisations responsible for data, the 3 PRs, 25 NGO sub-recipients and 300+ NGO staff. According to the ToR there are 3 programmes for each of the 12 districts: In-school, Out-of-school and HTS. Calculation for number of staff In-school = 720; Out-of-school = 624; and HTS = 288 (1632 in total) (copy attached – District staff). Question: Are these staff members in addition to the 25 NGO sub-recipients and 300+ NGO staff or will the NGOs appoint the staff for the 12 districts? Please clarify. According to our calculations there will be 1,632 staff</p>	<p>The number of SRs is in the process of being finalised. It is not necessarily 25 SRs. The estimated users amount to about 1504. However, we are awaiting approval regarding the Economic Strengthening programme (page 12). If this goes ahead there will be an additional approximately 15 users.</p> <p>Note that the users (120) for the HEAIDS programme are included in the above figure of 1504.</p> <p>We would also require the SRs to have back up devices for when devices in for repair.</p>

<p>members needing devices. Please confirm.</p>	
<p>Page 16: Public/Private Mix Approaches. This activity will be implemented by SABCOHA and AFSA. According to Figure 8 the entry points are: GPs, Workplaces, NGOs, Taxi Ranks and Public Spaces. Question: Will there be data collection for this activity, who will do it? How many additional staff members to the District staff? We need to estimate the number of hardware units, training numbers.</p>	<p>Yes, there will be data collection for this activity. There are an estimated 32 users for this component. They are included in the above total estimate of 1504.</p>
<p>Internet connections. Question: We could not find any reference to internet connectivity setup nor budget provision thereof. Please clarify.</p>	<p>Safe spaces and SR offices will have internet access. It is a possibility to have mobile wifi devices in the field so that tablets can connect to these. However, the functionality to be able to capture offline is essential.</p> <p>The sim cards and data would most likely be paid for by NACOSA, or potentially from the SR budgets. If the bidder is able to advise on recommended approaches of their experience with how to best set up these data arrangements / if they have a process whereby they can procure and manage the data and then charge NACOSA these details should be included in the proposal. Estimates from bidders on data costs and mitigation strategies for areas with poor connectivity will be appreciated.</p>
<p>We have a question regarding the budget component of the bid:</p> <ul style="list-style-type: none"> <li>• On the budget template, can we attach our own more detailed description, specifically around daily fees for staff, as an appendix?</li> <li>• Could you specify which system we will have to integrate with - i.e. the one Zenysis is using? Will the APIs be open for us?</li> </ul>	<p>Yes, you are welcome to provide detail over and above what is required in the budget template</p> <p>Regarding the integrations, Zenysis Technologies will integrate into your system. This means that you would not need to access Zenysis using an API, but rather, you would need to open your API to Zenysis so they may pull raw data elements from the database. For other specific systems that will need to be integrated, we don't have clarity at this stage and will advise during the grant period.</p>

<p>For the budget, should it be broken down showing indirect costs such as Overhead, G&amp;A and Fringe, or can it simply be a compounded daily rate?</p>	<p>Please include the daily rates at this point. Follow the guideline on point 2.1 of the budget template.</p>
<p>Regarding requirement 7, can you please specify if: you would want the vendor to build, host, or manage your database for you? Are you comfortable with your data being hosted internationally?</p>	<p>The vendor must build and manage the database over the grant period. Hosting costs must be provided and may or may not be procured. Hosting is expected to be national and adhering to the envisaged POPI Act and other legal principles.</p>
<p><b>BBBEE VERIFICATION CERTIFICATES</b>  On the TOR you have mentioned that you will need a SANAS certificate for BBBEE. According to the Department of Trade and Industry the BBBEE codes enacted into law stipulate that an organisation that is 100% black which has a turnover of between R0 to R 50 Million will not require a Sanas certificate it uses an Affidavit confirming the ownership structure, since you do not mention the affidavit in your TOR does this mean affidavits don't count. Please clarify.</p>	<p>Enterprises with an income between R10 and R50 million may submit the sworn Qualifying Small Enterprise (QSE) General affidavits provided for on the DTI website <a href="https://www.thedti.gov.za/economic_empowerment/bee_codes.jsp">https://www.thedti.gov.za/economic_empowerment/bee_codes.jsp</a>. Please ensure that all the information on the form is completed fully and correctly and that it is stamped by a Commissioner of Oath or Police Station.</p>