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 advertisement of the TOR dated 26 April 2019. Questions were received via email on or before 3 May 2019 and questions raised at the non-compulsory briefing held 2 May 2019.

Question	Answer
Budget template: What is the difference between 1.1 (Database) and 2.1 (Design/development of database platform based on programme description)?	Regarding 1.1 on the budget template, please ignore this line and do not complete it. Please add any software costs under Section 4. Regarding 2.1 on the budget template, 2.1 is for the development of the required database, either from scratch or on an existing platform.
Budget template: 2.2 focuses the web interface. What is the line item focusing on the mobile application?	Include the mobile application in line 2.2 and clearly unpack the total cost of this line in the budget notes.
Budget template: What does 2.3 correspond to? There is no mention of ISSD in the ToR.	After further consideration we have decided that this line is not necessary so do not use it.
Budget template: There is no specific line item for integrations with DHIS2, Tier.net, HPRS (requirement 15). In which line should it be included?	Add this to line 2.6 but unpack the costs for the various integrations in the budget notes so that they can be clearly distinguished.
Budget template: Does 2.4 (Installation and Setup, incl Testing) also include testing for integrations?	Yes
Budget template: Where should the manual capturing interface be included in the budget	Please include budgeting for the manual capturing interface under section 2 (Development) of the budget template. Please be clear in the "Explanatory Budget Notes/Comments" column.
Is it possible to confirm which other systems the programme will need to integrate with?	Regarding the integrations, Zenysis Technologies will integrate into your system as the data analytics platform. 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 the successful applicant during the grant period. This may include but not be limited to TIER.Net, Health Patient Registration System (HPRS) and DHIS as a reporting platform.
What is the role of supervisors?	Supervisors are primarily in an oversight role to ensure programme quality.
Will peer group trainers be using paper-based tools?	All implementers will use the biometric system for enrollment and attendance data with a dual manual capturing interface.

What do you expect from the data? Do you expect to capture quality indicators?	A number of indicators are proposed in the tender TOR but the system should be adaptive so that additional indicators could be added.
What level of security will you have?	The applicant must ensure the system is compliant with POPI and other relevant legislation. Access and editing rights will be discussed with the successful applicant.
Will the data be collected at all service points?	Yes, dependent on what that service point is offering. Service points will be further clarified through the mapping.
Is there a requirement to assess the opinion of the AGYW and how she reacts to the intervention?	This is not currently included as an indicator but the system should be adaptive so that additional indicators could be added.
How many sessions or touch points are there for each AGYW?	It is not possible to confirm how many sessions each AGYW will receive at this stage.
Figure 7: What is the 33% under M&E managers?	This refers to level of effort towards the programme.
Who will work at the satellite spaces?	It could be any of the staff working at the safe spaces.
Will you want to track the distribution of the self-testing kits?	Yes
Are linkage officers mobile?	Yes, and they will have devices.
If someone confirms they attended a session by self-report, how do you know they actually attended?	The data should be captured at point of service delivery using the biometric system.
Is there a target for linkage to care?	The targets are set based on the assumption that 5% of those tested will be positive and a target of 90% of those to be linked to care.
Do applicants have to provide all the training or is it possible to work on a TOT basis? Can the training be outsourced?	Direct training is preferable but applicants can propose alternate training models such as TOT. The reasons behind the proposed model of training should be provided.
What are the hosting requirements? Can international hosting be considered?	South African civil society organisations (CSO) or business enterprises with relevant experience were invited to apply. We therefore prefer that the database is hosted nationally – any suggested international hosting should be motivated and provide assurance that the server is in line with the healthcare data protection requirements specified in South Africa. The applicant should build, host and manage the database.
There are sometimes budget options to consider. Can two budget options be provided by the applicant?	Yes, the service provider can provide two budget options but the two options must be clearly presented and the differences between the options clear.
What devices were used under the previous grant? Can devices from the previous grant be reused?	The applicant must recommend the type of devices that should be used in the new grant. Tablets and finger print readers (Futronics FS80 finger print readers) were the devices mostly used under the previous grant. Information on the exact number of devices that are still

	available is not accessible at present but if these devices are in working condition and compatible with the system proposed by the applicant then they could be reused. This will be discussed with the successful applicant.
Is there a specified/prescribed Application Form for the RFP-NAC-AGYW-2019-4 Tender?	There is not a prescribed application form however there are a number of prescribed annexes provided that the applicant must complete and attach as annexes to their proposal.
Who will the successful service provider contract with?	As stated in the tender TOR, the contract will be held between NACOSA (on behalf of all PRs) and the successful service provider.
Can a beneficiary be reached through a clinic as a first point of contact?	A beneficiary could be referred or recruited to the programme via clinics.
What will the referral loop look like?	As stated in the tender TOR, the system must enable referrals and linkages of AGYW to external service providers and tracking success of such linkages and referrals. The applicant should recommend such a system. See point 10 in Annex 4.
Will there be separate staffing structures for the various components?	Yes, proposed staffing structures are outlined in the tender TOR.
Is there a set of indicators that will be tracked?	Yes, a number of indicators are outlined in the tender TOR. This is not an exhaustive or final list, the indicators are being updated and finalized and will be shared with the successful applicant.
Is there a theory of change?	Yes, a draft TOC exists for the programme.
What is expected to be ready by 1 July 2019?	Please refer to point 25 in Annex 4/Table 9 as well as section 5 in the tender TOR. The go live date of Monday, 1 July 2019 is a hard deadline as this is the date that implementation of programme activities with beneficiaries begins and data will need to be collected. The expectation for this go live is that the core biometric system is ready to capture enrollment, has been tested, and users have been trained to collect data. The other functionality requirements of the system (associated with the layers and linkages) may be developed in a staggered approach. Acknowledging that the entire required system will not be ready for the start of the program on the 1st of July, suggestions for a manual data capture system are included as a system requirement in Annex 4/Table 9.
Table 8 outline the target numbers of beneficiaries per PR per 6-month period. What is the corresponding number of sub-districts where the intervention is expected to be deployed for each 6-month period?	There are 12 sub-districts and these remain constant across the grant period.
How many users are we expecting to train for the initial pilot	The applicant should propose the number of users they would recommend be included in the pilot (deliverable 3 listed in table

(deliverable #5)?	10 on page 28 of the tender TOR). This would depend on the number of pilot sites/sub-districts proposed by the applicant but should include users at all levels. For the completion of user training (deliverable 5 listed in table 10 on page 28 of the tender TOR), all users would need to have received training.
Where (sub-district) will we be able to perform the User Acceptance Testing for the pilot (deliverable #3)?	The applicant can propose the pilot sites which will then be agreed upon with NACOSA. The applicant should consider that a good pilot would be one that happens in different contexts or settings. The subdistricts are listed in Table 1.

Set out below are the questions received related to the first advertisement of the TOR dated 24 April 2019 and may be relevant to the current applicants. Applicants **MUST** ensure they are responding to the re-advertised TOR only.

Question	Answer
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?	**No, but if use same devices we will post on line standard used**
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? Easer 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?	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.

In the meantime, if the locations affect costing, bidders can factor this into their quote. |
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	They are included in the scoring criteria but their absence will

necessary?	not disqualify you.
Will stock management be on biometrics?	No, that will be under a different system
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?	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.
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 members needing devices. Please confirm.	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. Note that the users (120) for the HEAIDS programme are included in the above figure of 1504. We would also require the SRs to have back up devices for when devices in for repair.
Page 16: Public/Private Mix Approaches. This activity will be implemented by SABCOHA and	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.

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.	
Internet connections. Question: We could not find any reference to internet connectivity setup nor budget provision thereof. Please clarify.	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.

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. |
| We have a question regarding the budget component of the bid:
• On the budget template, can we attach our own more detailed description, specifically around daily fees for staff, as an appendix?
• 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? | Yes, you are welcome to provide detail over and above what is required in the budget template

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. |
| For the budget, should it be broken down showing indirect costs such as Overhead, G&A and Fringe, or can it simply be a compounded daily rate? | Please include the daily rates at this point. Follow the guideline on point 2.1 of the budget template. |
| BBBEE VERIFICATION CERTFICATES On the TOR you have mentioned that you will need a SANAS certificate for BBBEEE. According to | 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 https://www.thedti.gov.za/economic_empowerment/bee_cod |

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.	es.jsp. 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.