Fact-Finding Questions for RFA #2020-026 Tanzania Health Information Mediator

1. Is there a required length to the proposal response?
   ANS: There is no set page limit.

2. Given what could be a long duration between systems requirement gathering to ultimate sign-off of acceptance by the MOHCDGEC, and due to the numerous systems and activities that are to be complete in Phase I with a modest $600k that is available, is it acceptable for an applicant to indicate what systems/processes can be started in Phase I but might not be able to be completed in the six month time period with the resources available?
   ANS: Yes, this is acceptable. The applicant should focus on the indicated priority areas and be clear as to what technical outputs are expected to be delivered in the timeframe, what would be delivered in a future phase in the high-level future phase description, and clearly indicate risks/assumptions that may impact this.

3. Can Digital Square provide additional specifics about the client registry which is to be connected to what particular patient-level systems?
   ANS: At this stage the technical details of the client registry are not open for publication and the investigation is expected to be part of the requirements and analysis phase; applicants are encouraged to leverage standards-based designs to support interfacing with a client registry. The systems that are expected to be connected are GOTHOMIS, Afyacare, Jeeva, and Care2x.

4. Do patient-level systems refer to hospital-based EMR systems a/o other systems such as GoTHOMIS? Afya Care? **ANS: Yes, we are referring to systems like GOTHOMIS, Afyacare, Jeeva, Care2x, TIMR etc.**

5. The call for proposal illustrated that the Tanzania HIE blueprint was built on top of eHealth link, a proprietary HIE platform that is supported by BOWlink technologies. The current situation shows that it supports few use cases which were mentioned in the RFA, for additional use cases is there an opportunity to propose another HIE platform that could work with the current HIE to complement the need for additional use cases and implementation as were suggested in the call for application? **ANS: Yes, should the proposal fit within the available funding and time. Please provide an explanation for any suggested changes to the platform or architecture.**

6. Among the activities for phase one was to connect patient-level systems and client registry, we would like to inquire whether the patient level systems are already operational in terms of product maturity? Could you share with us among the platforms, technologies that were used to build the patient-level systems? The same inquiry goes to the client registry as it

seems it is already developed but is not operational? **ANS: All these systems are in the initial stages, e.g. GOTHOMIS, Afyacare, and NHCR have not matured yet.**

7. The RFA cites two existing HIMs: Health-e-Link and a USAID-funded HIM. Are these one and the same? If not, is there a technical relationship between these two HIMs and where they are deployed? **ANS: They are the same.**

8. Is the Health-e-Link software licensed to the Tanzania government? **ANS: Yes, Tanzania holds the license for Health-e-Link.**

9. Does BOWlink Technologies provide ongoing support for the HIM and HDR components used in the Tanzania HIE? **ANS: Local capacity was built to be able to support the HIM used in Tanzania.**

10. Is the Tanzania HIE infrastructure administered by BOWlink Technologies or local staff? **ANS: It is administered by local staff.**

11. Is the underlying source code for the Health-e-Link HIM and HDR components available? **ANS: Source code was made available to the government of Tanzania.**

12. When is the project expected to start? **ANS: The project will start as soon as the necessary approvals are secured. Estimated start date is early to mid-July.**

13. Are the phase 1 data integrations fixed, or negotiable based on the outcomes of the Phase 1 analysis? **ANS: Phase 1 integrations were suggested based on priorities and respondents may suggest more or different integrations including an explanation for suggested change in integrations. Should there be a proposed reduction in scope, the applicant must provide a clear explanation for the reduction and justify the expected outputs.**

14. Is there an opportunity to propose new technologies or replace those already in use, in either Phase 1 or 2 of the project? **ANS: Yes, please refer to the response to question 5 above.**

15. A software demo is listed in the deadlines after applications are due. What is expected to be demonstrated here since most of the technical work is integration between systems that are already deployed? **ANS: Information on the demo will be provided to shortlisted respondents.**

16. The RFA suggests connecting EMRs, Lab systems, and Community apps to the SHR. Is there a priority domain of care or use case to do this for? As supporting all data will be a challenge. **ANS: The priority areas are Malaria and HIV.**

17. Connecting a Client Registry to patient-level systems likely requires changes to be made in the point of care systems. Is there already capacity to support that development outside of this scope of work? **ANS: The initial phase of the project is to clearly layout the proposed integration needs and interoperability patterns for these systems and to work with the technical teams that are supporting the systems to align to the design. The applicant may state assumptions for this phase as well as the future phase.**