



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**NDoH 04/2025-2026: APPOINTMENT OF PUBLIC HEALTH NONGOVERNMENT ORGANISATION SERVICE PROVIDERS TO IMPLEMENT THE ELECTRONIC MEDICAL RECORD (EMR) DIGITAL SOLUTION IN EIGHT (8) PROVINCES FOR THE NATIONAL DEPARTMENT OF HEALTH WITHIN A PERIOD OF 18 MONTHS.**

**Bid number: NDoH: 04/2025-2026**

**Index**

- 1. The following changes are effective (Addendum 01)
  - 1.1 Clarification on the technical requirements
  - 1.2 Amendment of the active board members requirement, the bidder must provide a governance structure/ management committee.
  - 1.3 Responses to questions.

The completed addendum must be submitted together with the bid document on or before the closing date and time. The department will not be held responsible for bidders not following the amendments made to the bid.

**ACCEPTANCE AND INCORPORATION OF ADDENDUM**

I/We accept that Addendum No 1 forms part of the Request for Quotation Document.

I/We confirm that I/we -

- (a) have noted the contents of this Addendum
- (b) have fully considered this Addendum
- (c) have incorporated the amendments and additions contained in this Addendum in my/our Tender for Tender No. **Bid number: NDOH- 04/2025-2026**

Initials .....

Bidder's Signature.....  
Date:.....

SIGNED ON BEHALF OF THE BIDDER : .....

NAME OF SIGNATORY (BLOCK LETTERS) : .....

NAME OF TENDERER (BLOCK LETTERS) : .....

BIDDER 'S ADDRESS : .....

.....

BIDDER 'S TEL NO : .....

BIDDER 'S FAX NO : .....

SIGNATURES OF WITNESSES : 1. ....

2. ....

NAMES OF WITNESSES

(BLOCK LETTERS) : 1. ....

2. ....

DATE :

Initials .....

Bidder's Signature.....

Date:.....



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## QUESTIONS AND ANSWERS

Item	Question and Date received	NDoH Response and Clarifications
1.		<p>As per our discussion today. The question during the EMR bid briefing meeting related to the SETA accreditation is valid for review and amendment to the TOR.</p> <p>5.2.2 Technical requirements contradict the functional evaluation on page 45 of 60 of the published document.</p> <p><i>b) The bidder must be registered with at least one of the following professional bodies.</i></p> <ul style="list-style-type: none"><li>▪ <i>Adult Education and Training (AET).</i></li><li>▪ <i>Sector Education and Training Authority (SETA).</i></li></ul> <p><i>The bidder must provide a copy of a valid certificate or membership card indicating clearly:</i></p> <ul style="list-style-type: none"><li>• <i>the regulator or professional body's name,</i></li></ul>

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		<ul style="list-style-type: none"> <li>• <i>the bidder's name and the date of issue of the certificate or membership card, and if applicable, the expiry date.</i></li> </ul> <p><b>b) should read:</b>  <b>The training facilitators recruited/appointed by the bidder must be registered with the following professional bodies</b></p> <ul style="list-style-type: none"> <li>▪ <b>Adult Education and Training (AET).</b></li> </ul> <p><b>The bidder must provide a copy of a valid certificate or membership card for the team member, indicating clearly:</b></p> <ul style="list-style-type: none"> <li>• <b>the team member's name and the date of issue of the certificate or membership card, and if applicable, the expiry date</b></li> </ul>
2.	Are any interfaces to other systems required in the roll out and implementation	No
3.	Are we able to see a demonstration of the solution, as this can impact implementation resources significantly	The EMR will be demonstrated during the practical presentation
4.	please share your email address and URL for the tender website:	<a href="https://www.health.gov.za/tenders/">https://www.health.gov.za/tenders/</a>
5.	If the bid is only available to NGOs / NPOs, why does section 5.2.2 c) of "NDOH04-2025/2026: APPOINTMENT OF PUBLIC HEALTH NONGOVERNMENT ORGANISATION SERVICE PROVIDERS TO IMPLEMENT THE ELECTRONIC MEDICAL RECORD (EMR) DIGITAL SOLUTION IN EIGHT (8) PROVINCES FOR THE NATIONAL DEPARTMENT OF	Correction NGOs/NPOs needs to provide a governance structure/ management committee and not active board members as stated in the original TORs.

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	HEALTH WITHIN A PERIOD OF 18 MONTHS" say "If an NGO or NPO apply they need to provide a list of active Board members"?	
6.	Mr Botha can I propose an extension for submission. I think we need to submit this tender with a proposal. We need time to compile proposals for this type of a tender.	Due to the urgency of the requirement no extension will be provided and also no questions that led the material changes to the ToRs which necessitates a closing date extension.
7.	Mr Botha I think there is misunderstanding. Experience on previous project does not necessary qualifies someone for EMR implementation. The DHIS is not actually an EMR.The DOH needs a turnkey solutions for this project	Refer to the ToRs addendum document. DHIS not relevant to this bid.
8.	Infrastructure readiness may require site visits, will the bidders be allowed this opportunity before the closing date?	Infrastructure readiness information will be provided. The bidders are not expected to visit the sites anywhere before the closing date of the bid.
9.	If I may ask what is SITA got to do with the EMR.SITA as an organisation has no skills in building a laboratory LIMS or Research systems. The EMR is useless without a research software or Vital Signs AI gadgets.	The acronym used is SETA and refers to Sector Education and Training Authorities. The amendment to the bid will remove the reference to SETA and only include AET which refers to Adult Education & Training.
10.	I wanted find out if there is a reason why the bid is only for NGOs and NPOs and why can't private companies apply?	PFMA Regulation 16A 6.4
11.	Is the requirement of certification of organisation and trainers with SETA or AET valid? It assumes that the training developed by DoH is accredited by a SETA. For that DoH would also be required to be accredited by SETA as training provider. Currently for training provided on	Certification is applicable to the training officers in the team that will conduct the training part of the EMR implementations.

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	content that is not in line with Unit Standards, i.e. inservice training to meet a need such as EMR and not leading to a formal qualification, trainers do not have to be accredited by SETA. Only for assessors and moderators of unit standards.	
12.	As far as I know there is no perfect LIMS. The EMR as far as I know is not intergrated with NHLS LIMS.	Comment not for answer
13.	A gentle reminder to respond to the question: "Are we required to provide one proposal per province or can we propose multiple provinces in one proposal ?	Multiple provinces per proposal – Clearly indicate which provinces are included in the proposal, noting that there will be differences in project plans per province due to number of facilities and geolocations of facilities.
14.	Mr Botha the cancelled tender NDOH -07(2024/2025) for PMIS that was referred to SETA has lost content in regard to this current tender. Our communities will not benefit from this current tender. It wont help our poor black people in rural areas. The EMR should have AI gudgets that loads patient information off-line. Why are you not considering vital signs off-line gudgets that feeds the EMR with patient information on daily basis	Comment not for answering
15.	Is the EMR solution to be implemented <b>strictly the bespoke NDoH-developed EMR</b> , or are bidders permitted to propose an enhanced/externally supported EMR platform provided it meets interoperability and compliance requirements?	The invitation to bid is for NDoH developed EMR strictly.

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	Where is the EMR currently hosted (national data centre, provincial servers, cloud)? Are service providers responsible for infrastructure scaling, or only deployment at facility level?	This is confidential information and cannot be shared.
16.	1). Clarity on who is responsible for the local facility hardware / infrastructure and data connectivity? 2). Any possibility of extending CSIR / NDoH network on these facilities, or access is purely only via internet?	Bidders are not responsible
17.	Is payment per facility, per province, or milestone-based? What percentage is tied to completion vs performance monitoring?	Payment will be per province and 80% completion and 20% performance to captured in the service level agreement (SLA).
18.	Who is providing your GLN for the solution?	NDoH resource as per bid document
19.	<ul style="list-style-type: none"> <li>• Are external EMR platforms permitted or only NDoH EMR rollout?</li> <li>• What are payment milestones and facility-level acceptance criteria?</li> <li>• Who bears liability for data/security breaches at facility level?</li> <li>• Is staffing requirement full-time or phased deployment?</li> <li>• What is the formal change control process if facility readiness is lacking?</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul> <p>NDoH will have an incident management response plan in place</p> <p>The time frame per province indicated in the bid specifications</p> <p>Refer to the bi document</p>

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20.	If you require help on how to structure this bid i am available to help beased on my deep knowledge and experience in this place, I am available on 0834414161.	Noted
21.	The document talks about LIMS being interfaced with the current EMR, but as far as I know the NHLS is still operating solo as a practice. The NHLS don't have access to DOH patient files.	Comment noted
22.	Is this solution part of DHIS or is it a seperate solution.?	Separate
23.	Hi everyone I'm Sonia from Vosloorus Home Care Services are NPO's eligible to apply since we work closely with the health Care facilities?	Yes, NPOs are eligible to apply as long as they meet all the requirements outlined in the TORs.
24.	Is this an opensource or microsoft platform.?	EMR is NDoH Bespoke application.
25.	There is no NGO that qualifies to intergrate EMR with a LIMS. How did you arrive to this conclusion that the NGO can be able to intergrate NHLS LIMS with the EMR or DHIS?	No bidder is expected to integrate any system, the bid invitation speaks clearly to the implementation roll-out of the developed EMR.
26.	are you able to tell us, how many users per facility? Can give clarity for pricing for training	Users vary depending on the size of the fixed PHC facility