

Form 2: DOH-Terms of Reference (TOR) Standard Form

	Project Title	Development of Unified Standard Operating Manuals and Protocols
I.	Background or Rationale	<p>The government wide Medium-Term Information and Communication Technology Harmonization Initiative (MITHI), which is spearheaded by the Department of Budget and Management (DBM), Department of Science and Technology (DOST), and the National Economic Development Authority (NEDA), aims to coordinate information and communication technology programs and projects of the bureaucracy to take advantage of various synergies, economies of scale and improve the country’s global competitiveness ranking. To ensure coherence of similar health related programs and projects that cut across different government agencies, the DOH, PhilHealth, and Department of Science and Technology joined hands together in finalizing and agreeing on the activities and milestones of the Philippine eHealth Strategic Plan (PeHSP). The Plan highlights the interplay of multiplicity of eHealth components prerequisite to a sound and successful national eHealth program, in support to the achievement of the vision, mission, and goals of Universal Health Care (UHC).The stakeholder collaboration and partnership was initially embodied in the issuance of the Joint DOH-DOST Department Memorandum No. 2013-0200: Creation of a Joint National Governance on eHealth (JNGeH) or the MITHI Health Cluster (MHC). The MHC has been evolving and growing with the participation of various interested stakeholders and relevant experts from government and the private sector.</p> <p>The JNGeH identified key projects, programs, and/or activities to realize the benefits of eHealth in the country. One major agreement is to pursue these projects and programs and implement Phase 1 of the eHealth for Universal Health Care (eH4UHC-1). A project proposal was then developed and submitted to the Information and Communication Technology Office of DOST and the Department of Budget and Management last November 2014 for funding by the e-Government Funds. The eH4UHC-1 was approved and the budget released on 21 May 2015 by the DBM to DOH through the Knowledge Management and Information Technology Service (KMITS), the lead of the MHC TWG.</p> <p>Essentially, the eH4UHC-1 will address several components of the PeHSP that include development and adoption of eHealth standards, scaling up of various point of care application systems at the hospital and RHU/HCs, capability building for health workers, infrastructure for RHUs, and information exchange to support access to the patient’s data record across providers and facilities, and other health data. The eH4UHC-1 highlights the unified work components for eHealth towards promoting safer and quality healthcare for health consumers; provide health information to health care providers for informed decisions; and effective program, research development, implementation, and monitoring for health care managers, policy makers and researchers.</p> <p>This Terms of Reference is for the procurement of services to help the MHC to implement and advocate the utilization of standard and harmonized eHealth systems, and their eventual integration with the Philippine Health Information Exchange (PHIE). With the PHIE implementation, it is necessary not only to align each of the new and several existing information and registry systems, but also, to produce unified and standard operating manuals and protocols, particularly when these systems have been harmonized and integrated with the PHIE. The envisioned service will require the development of integrated documentation and standard operating manuals and protocols for these various eHealth systems and their integration with the PHIE, such as, but not limited to: Integrated Clinic Information System (iCliniCys), Integrated Hospital Operations and Management Information System (iHOMIS), Unified Disease Registry System (UDRS), other point of service applications that will connect and/or interface with PHIE, the PHIE and its component registries, particularly the Client Registry, Provider Registry, Facility Registry and Shared Health Record, and Unified Health Data Management.</p> <p>Availability of these unified operating manuals and protocols offers unique opportunities among decision makers/implementers and end-users to help streamline and align their existing business processes and IT capabilities for the various eHealth systems being implemented at their facility with the PHIE functional and operational requirements in a more efficient and integrated manner.</p>
II.	Objectives	The objective of this undertaking is to define, develop and manage the implementation of apropos unified standard operating manuals and protocols for the standardized and harmonized eHealth systems and their eventual integration with the Philippine Health Information Exchange.
III.	Scope of Work	The Consulting Firm is required to provide services for the following scope of works:

A. Develop the Project Methodology and Design

This work involves formulation of an Inception Report providing the consultant’s approach and methodology to the project, and the detailed plans to guide the project through execution and control. The inception report should highlight scope of work, resources required, and timeline of activities to meet not only the agreed upon deliverables in general, but also, each specific plan/protocol required.

B. Conduct Systems Orientation Study such as, but not limited to the following: Integrated Hospital Operations and Management Information System (iHOMIS), Integrated Clinic Information System (iClinicSys), Unified Disease Registry System (UDRS), other point of service applications (i.e. hospital information systems and electronic medical record systems), Philippine Health Information Exchange (PHIE) and its component registries (i.e. client registry, provider, registry, facility registry, and shared health record), and Unified Health Data Management

1. Review/assess the harmonized eHealth systems, and their existing concept of operations; and
2. Define the business process protocols and system functionalities of the aforesaid eHealth systems with the operational (i.e. functional and technical design) requirements for, and integration mechanism through the PHIE.

C. Define and Develop the Unified Standard Operating Manuals and Protocols

This work covers conduct of preliminary workshop/consultation for the development of the initial draft, and subsequent refinement workshop/consultation to finalize the content and other documentation requirements of the unified standard operating manual/protocol (including guidebook) at least for the following harmonized eHealth systems:

1. Integrated Clinic Information System
2. Integrated Hospital Operations and Management Information System
3. Unified Disease Registry System
4. Other point of service applications that will connect and/or interface with PHIE
5. Philippine Health Information Exchange and its component registries
 - a. Client Registry
 - b. Provider Registry
 - c. Facility Registry
 - d. Shared Health Record
6. Unified Health Data Management

The following are the estimated minimum workshops/consultations to be conducted and the number of participants:

Estimated Number of Participants (264)	Estimated duration in days
At least 6 Preliminary Workshops/Consultations; 132	1-2
At least 6 Refinement Workshops/Consultations; 132	1-2

D. Finalize and Reproduce the Unified Standard Operating Manuals and Protocols

This work involves finalizing and consequently reproducing the unified standard operating manuals and protocols on the iClinicSys, iHOMIS, UDRS, other point of service applications, PHIE and its component registries, and Unified Health Data Management, subject to the required approvals.

IV. Expected Outputs or Deliverables

Output, (Pls. Check)	On	KP Thrust, (Pls. Check)	Keyword / Label
<input type="checkbox"/> R	On	<input checked="" type="checkbox"/> FRP	Unified Standard Operating Manuals and Protocols
<input checked="" type="checkbox"/> M/G		<input checked="" type="checkbox"/> Access	Unified Standard Operating Manuals and Protocols
<input type="checkbox"/> Po		<input checked="" type="checkbox"/> MDG	eHealth for Universal Health Care
<input type="checkbox"/> S			
<input type="checkbox"/> Pr			
<input checked="" type="checkbox"/> Pl			
<input type="checkbox"/> O			

R=Research Study | MG=Manual/Guidelines (Complied Procedures, Guidelines, Standards, Training

Syllabus, Modules, Reference Notes) | Po=Policy Notes/Briefs/Drafts | S=System | Pr=Program | Pl=Plan | O=Others | FRP = Financial Risk Protection | Access=Access to Quality Health Care | MDG=Millennium Development Goals

The **MINIMUM** outputs or deliverables shall include the following during the Contract Execution Stage:

<u>ACTIVITY</u> #	<u>SCOPE OF WORKS</u>	<u>DELIVERABLES</u>
1	Develop the Project Methodology and Design	1. Inception Report
2	Conduct Systems Orientation Study such as, but not limited to the following: Integrated Hospital Operations and Management Information System (iHOMIS), Integrated Clinic Information System (iClinicSys), Unified Disease Registry System (UDRS), other point of service applications (i.e. hospital information systems and electronic medical record systems), Philippine Health Information Exchange (PHIE) and its component registries (i.e. client registry, provider, registry, facility registry, and shared health record), and Unified Health Data Management	2. Systems Orientation Study Reports on: a. Integrated Hospital Operations and Management Information System (iHOMIS) b. Integrated Clinic Information System (iClinicSys) c. Unified Disease Registry System (UDRS) d. Other point of service applications (i.e. hospital information systems and electronic medical record systems) e. Philippine Health Information Exchange (PHIE) and its component registries (i.e. client registry, provider, registry, facility registry, and shared health record) f. Unified Health Data Management
3	Define and Develop the Unified Standard Operating Manuals and Protocols at least for the following harmonized eHealth systems: a. iClinicSys b. iHOMIS c. UDRS d. Other point of service applications (i.e. EMRs and HIS at the RHUs/BHs and hospitals, respectively) e. PHIE and its component registries f. Unified Health Data Management g. PHIE Integrated Manual of Operations	3. Workshop/Consultation Plans, Schedules and Reports for the Business and IT Process Owners for the identified harmonized eHealth systems a. 6 Preliminary Workshop reports b. 6 Refinement Workshop reports 4. Initial drafts of the Unified Standard Operating Manuals and Protocols (including guidebook). a. iClinicSys b. iHOMIS c. UDRS d. Other point of service applications (i.e. EMRs and HIS at the RHUs/HCs/BHSs and hospitals, respectively) e. PHIE and its component registries i. Client registry ii. Provider registry iii. Facility registry iv. Shared Health Record f. Unified Health Data Management g. PHIE Integrated Manual of Operations
4	Finalize and Reproduce the Unified Standard Operating Manuals and Protocols ▪ 245 copies of manual/100 copies of guidebooks.	5. Reproduction of Unified Standard Operating Manuals and Protocols (including guidebook). a. Integrated Clinic Information System – 245 copies of manual/100 copies of guidebooks. b. Integrated Clinic Information System – 245 copies of manual/100 copies of

		<p>guidebooks.</p> <p>c. Unified Disease Registry System – 245 copies of manual/100 copies of guidebooks.</p> <p>d. Other Point of Service Applications – 245 copies of manual/100 copies of guidebooks.</p> <p>e. Philippine Health Information Exchange and its component registries – 245 copies of manual/100 copies of guidebooks.</p> <p>f. Unified Health Data Management – 245 copies of manual/100 copies of guidebooks.</p> <p>g. PHIE Integrated Manual of Operations – 245 copies of manual/100 copies of guidebooks.</p> <p>6. Project Terminal Report</p>
		<p>Standard Requirements:</p> <ul style="list-style-type: none"> ▪ Technical outputs and/or system documentations shall conform to the prescribed layout, standards, contents, and/or requirements of the National eHealth Technical Working Group as informed through DOH – Knowledge Management and Information Technology Service (KMITS) and the eHealth Program Management Office. The Consulting Firm shall present for approval the contents of the deliverables prior to formulation. ▪ Progress reports are reportorial requirements for monitoring the project. Progress reports shall be submitted once every month. ▪ Five (5) hard copies and five (5) soft copies of the deliverables shall be provided in a CD/USB/ED.
V.	Project Duration	The maximum project duration is eighteen (18) months from the issuance of Notice to Proceed.
VI.	Project Site	Project site will be at: Knowledge Management and Information Technology Service Department of Health San Lazaro Compound, Sta. Cruz, Manila
VII.	Implementation Arrangement	<p>Contact: Emily Frances Lourdes A. Razal OIC-Division Chief, Systems and Software Engineering Division Knowledge Management and Information Technology Service Tel. No. 6517800 local 1931 Email: earazal@doh.gov.ph</p> <p>Crispinita A. Valdez Director IV Knowledge Management and Information Technology Service Tel. No. 6517800 local 1927 Email: cavaldez2005@yahoo.com</p> <p>A. Project Management or Contract Administration Arrangement: The Consultant shall be under the direct supervision of the KMITS-DOH through the eHealth Program Management Office.</p> <p>B. Reporting obligations, notices, and approval process including minimum or essential reports' contents:</p> <p>a. The Consultant shall report to the Director of KMITS and the Chief of the Systems and Software Engineering through the eHealth Program Management Office – Project Manager who shall be tasked to coordinate with the National eHealth Technical Working Group and PHIE Experts Group. Responsible persons to review and issue approval of the deliverables shall be identified by the National eHealth Technical Working Group.</p> <p>b. The Consultant shall have all its outputs presented to National eHealth Technical Working Group for approval.</p>

		<p>C. Ownership of outputs. All outputs of the project such as specifications, designs, reports, and other documents, materials, data and/or software developed by the Consultant for the DOH shall become and remain the property of the MHC agencies primarily of DOH, and the Consultant shall not later than upon termination or expiration of the Contract, deliver all outputs to the DOH, together with a detailed inventory thereof. The Consultant may retain a copy of outputs but use of are subject to the restrictions about future use of these outputs, documents and /or, is subject to the approval of DOH.</p> <p>D. Copyright. The Intellectual Property Rights in all System Software and General-Purpose Software and proprietary Materials or methodologies shall remain vested in the owner of such rights.</p> <p>E. Non-Disclosure Agreement. The Consultant shall sign a Non-Disclosure Agreement to protect <i>information</i> that are confidential and/or sensitive information in which the loss of, misuse of, or unauthorized access to or modification can adversely affect the <i>national interest of the country, conduct of the DOH/DOST/PhilHealth's programs and as an organization</i>, or the <i>privacy</i> to which an individual is entitled.</p>
VIII.	Roles and Responsibilities	<p>1. <u>Knowledge Management and Information Technology Service – DOH and the eHealth Program Management Office shall:</u></p> <ol style="list-style-type: none"> a. Oversee the overall conduct of activities, as well as the crafting of required deliverables as defined and agreed upon in the Contract. b. Be responsible for the timely provision of all resources, access, information, and decision-making under its control which are necessary for the project and as identified in the Agreed Inception Report and/or Updated Project Plan, except where provision of such items is explicitly identified in the Contract as being the responsibility of the Consultant. Delay by the concerned partner stakeholders may result in an appropriate extension of the time for operational acceptance or accomplishment/conclusion of the project as agreed by both parties. c. Ensure the accuracy of all information and/or data to be supplied to the Consultant, except when otherwise expressly stated in the Contract. d. Assist in coordinating with and issuing instructions as may be necessary and appropriate to other government agencies for the prompt and effective implementation of the services. e. Ensure the accuracy of all information and/or data to be supplied to the Consultant, except when otherwise expressly stated in the Contract. f. Provide sufficient, properly qualified operating and technical personnel, as required by the Consultant to properly carry out the project at or before the time specified in the Terms of Reference, and/or Updated Project Plan. g. Designate appropriate staff to make all appropriate logistical arrangements, if necessary. h. Validate with the National eHealth Technical Working Group the content and quality of the submitted deliverables of the Consultant. This constitutes the first level of recommending approval. i. Assume primary responsibility for the final approval and acceptance of deliverables or outputs. j. Make prompt reviews and revision of the work produced and presented by the Consultant in the different phases of the works or services. k. Endorse payment of the Consultant upon presentation of the Certificate of Acceptance of the required deliverables. l. Prepare and process relevant issuances (i.e. department personnel order, memorandum, etc.) and other related documents. m. Provide venues as may be required and available for the conduct of meetings or workshop if not included in the contract. n. Photocopy and reproduce documentation, if necessary and not included in the contract. o. Provide office space as may be agreed upon for the operations or implementation of the exchange. <p>2. <u>The MITHI Health Cluster through the National eHealth Technical Working Group shall:</u></p> <ol style="list-style-type: none"> a. Oversee the development and reproduction of the Unified Standard Operating Manuals and Protocols. b. Review, and approve recommendations and deliverables of the project, and provide support to its development and reproduction. c. Review and resolve issues, concerns and/or problems on development and reproduction. d. Make prompt reviews and revision of the work produced and presented by the Consultant.

3. The Consultant shall:

- a. Perform the services and carry out the obligations with all assiduousness, efficiency, and economy, in accordance with generally accepted professional techniques and practices, and shall observe sound management practices, and employ appropriate advanced technology and safe methods.
- b. Conduct all activities with due care and diligence, in accordance with the Contract and Terms of Reference, and with the skill and care expected of a competent provider of the services required.
- c. Acknowledge that any failure to acquaint itself with all such data and information shall not relieve its responsibility for properly estimating the difficulty or cost of successfully performing the Contract.
- d. Be responsible for the timely provision of all resources, information, and decision making under its control that are necessary to reach a mutually agreed Updated Project Plan within the time schedule specified in the Terms of Reference. Failure to provide such resources, information, and decision making may constitute grounds for termination.
- e. Comply with all laws in force in the Philippines. The laws will include all national, provincial, municipal, or other laws that affect the performance of the Contract and are binding upon the Consultant. The Consultant shall indemnify and hold harmless the DOH from and against any and all liabilities, damages, claims, fines, penalties, and expenses of whatever nature arising or resulting from the violation of such laws by the Consultant or its personnel, including the sub-contractors and their personnel. The Consultant shall not indemnify the DOH to the extent that such liability, damage, claims, fines, penalties, and expenses were caused or contributed to by a fault of the DOH.
- f. Abide by all the terms and conditions stipulated in the project contract.
- g. Submit to the KMITS through the eHealth PMO the final materials, reports and documents specified in the contract, terms of reference, and agreed upon during negotiation.
- h. Do progress reporting as shall be agreed upon.
- i. Closely coordinate with National eHealth Technical Working Group particularly through the Systems and Software Engineering Division of DOH-KMITS technically, and with the eHealth PMO administratively for issues and concerns to ensure success of the activities.
- j. All outputs of the project such as specifications, designs, reports, and other documents, materials, developed by the Consultant for the DOH shall become and remain the property of the DOH, and the Consultant shall not later than upon termination or expiration of the Contract, deliver all outputs to the DOH, together with a detailed inventory thereof. The Consultants may retain a copy of outputs but use of are subject to the restrictions about future use of these outputs, and documents is subject to the approval of DOH.
- k. Copyright. The Intellectual Property Rights in all deliverables shall remain vested in the owner of such rights.
- l. The Consultant shall sign a Non-Disclosure Agreement to protect information that are confidential and/or sensitive information in which the loss of, misuse of, or unauthorized access to or modification can adversely affect the national interest of the country, conduct of the DOH/DOST/PhilHealth's programs and as an organization, conduct of DOH's programs, or the privacy to which an individual is entitled.
- m. For the purpose of security and confidentiality, the following are the arrangements:
 - i. The DOH and the Consultant shall each keep confidential and shall not, without the written consent of the other party to the Project divulge to any third party any documents, data, or other information of a confidential nature, furnished directly or indirectly by any of the Parties in connection with the Project; or where the Consultant is the Receiving Party, generated by the Consultant in the course of the performance of its obligations under the Project and relating to the businesses, finances, Consultants, employees, or other contacts of the DOH or the DOH's use of the System, whether such information has been furnished or generated prior to, during, or following termination of the Project.
 - ii. The DOH shall not, without the Consultant's prior written consent, use any Confidential Information received from the Consultant for any purpose other than the operation, maintenance and further development and/or completion of the Project. Similarly, the Consultant shall not, without the DOH's prior written consent, use any Confidential Information received from the DOH for any purpose other than those that are required for the performance of the Project.

- n. For the purpose of review and approval of documents and other outputs by the DOH, the following are the arrangements:
- i. The Consultant shall prepare and submit the materials or documents for the DOH's approval or review to the Director of KMITS through the eHealth PMO Project Manager.
 - ii. The TWG shall review the outputs submitted by the Consultant within three (3) working days from receipt of the documents.
 - iii. Any part of the Project covered by or related to the documents to be approved by the DOH shall be executed only after the approval of the documents. Likewise, all documents supporting progress payment shall have to go through the same process.
 - iv. Within three (3) working days after receipt by the TWG of any documents requiring DOH's approval, the TWG shall either return one copy of the document to the Consultant with its approval endorsed on the output/document or shall notify the Consultant in writing of its disapproval of the document and the reasons for disapproval and the modifications required.
 - v. Any document shall not be disapproved except on the grounds that the document does not comply with some specified provision of the Contract or that it is contrary to good industry practice.
 - vi. If the DOH disapproves the document/output, the Consultant shall modify the document/output and resubmit it for the end-users approval. If the end-users approve the output for modification(s), the Consultant shall make the required modification(s), and the document shall then be deemed to have been approved unless such modification as agreed upon has not been done.
 - vii. If any dispute or difference occurs between the DOH and the Consultant in connection with or arising out of the disapproval by the end-users of any outputs and/or any modification(s) to an output that cannot be settled between the parties within a reasonable period, then, such dispute or difference may be referred to the heads of the end-users offices and the responsible Consultant's Adjudicator for determination.
 - viii. The end-users approval, with or without modification of the document/output/material furnished by the Consultant, shall not relieve the Consultant of any responsibility or liability imposed upon it by any provisions of the Contract except to the extent that any subsequent failure results from modifications required by the National eHealth Technical Working Group or inaccurate information furnished in writing to the Consultant by or on behalf of the DOH.
- o. Shoulder costs for the consultative workshops including venue, accommodation, and food, if applicable.

IX. Qualification of Consultant

Qualifications of Consultant: Consulting Firm

Minimum Qualifications:

1. Expertise required	Professional experiences in technical documentation, development of operating manuals and protocols, and quality assurance assessment and/or management services of similar nature, complexity, and magnitude, particularly in the context of health information design and systems, eHealth policies and administration.
2. Minimum number of years of experience	Preferably at least 2 years
3. Minimum number of projects undertaken /managed of similar nature	2 successful projects of similar nature managed. Similar project refers to system and technical documentation, and policy formulation.

Minimum Qualifications for the Key Personnel:

- The team should be multidisciplinary but may not necessarily be hired for the whole duration of the project.

Key Staff	Educational Qualification	Experience	Function(s)
Project Manager	College graduate preferably in the field of communication or marketing or journalism	At least 2 years relevant experience.	Gives directions, supervises and manages the timely implementation of the project; responsible for the coordination of

			all deliverables within the Agency and presenting for approval of the client.
Systems Analyst	College graduate, preferably in IT, Health Informatics, Engineering or related field.	At least 1 year relevant experience.	Provides content.
Policy Writer	College graduate.	At least 6 months relevant experience	Develop the manuals and protocols.
Copywriter	At least 2 years in college	At least 6 months	Writes and edits all articles, documentation, and all other content.

Note:

- Reduction in the number is feasible subject to review and evaluation of the Consultant's proposal, as long as the objectives of the Terms of Reference are realized.
- Number can increase depending on the Consultant's strategy or approach to the project, within the approved budget contract.

X.	Short Listing Criteria	<p>Criteria and Rating System for Short-Listing are as follows:</p> <p style="text-align: right;">40%</p> <p>a. Applicable Experience</p> <p>1. Work similar to the Project 25%</p> <p style="padding-left: 20px;">≥ 4 projects (25%) 2-3 projects (23%) 1 project (20%)</p> <p>2. Work experience related to the Project 15%</p> <p style="padding-left: 20px;">≥ 4 projects (15%) 2-3 projects (13%) 1 project (10%)</p> <p>b. Qualification of Personnel 40%</p> <p>1. Education 15%</p> <p style="padding-left: 20px;">Graduate degree (15%) Bachelor's degree (12%)</p> <p>2. Experience 15%</p> <p style="padding-left: 20px;">≥ 4 years (15%) 2-3 years (13%) 1 year (10%)</p> <p>3. Relevant Training 10%</p> <p style="padding-left: 20px;">≥ No. of hours of required training (10%) < No. of hours of required experience(0)</p> <p>c. Current Workload 20%</p> <p style="padding-left: 20px;">(No. of workload with equivalent rate)</p> <p style="padding-left: 20px;">≥ 3 projects (5%) 2 projects (10%) ≤ 1 project (20%)</p> <p style="text-align: right;">----- 100%</p>									
XI.	Technical Evaluation Criteria	<p>1. Qualification of Key Personnel to be Assigned to the Job – 25% 50%</p> <table border="1" style="margin-left: 40px;"> <tr> <td style="width: 20px;">a</td> <td>Education</td> <td style="width: 50px;">10</td> </tr> <tr> <td></td> <td>Graduate degree (10%)</td> <td></td> </tr> <tr> <td></td> <td>Bachelor's degree (8%)</td> <td></td> </tr> </table>	a	Education	10		Graduate degree (10%)			Bachelor's degree (8%)	
a	Education	10									
	Graduate degree (10%)										
	Bachelor's degree (8%)										

b	Experience ≥ 4 years (15%) 2-3 years (13%) 1 year (10%)	10
c	Training ≥ No. of hours of required training (5%) < No. of hours of required experience(0)	5
	Total Grade	25%

2. Experience and Capability of Consulting Firm – 25%

a	Experience Similar to the Project ≥ 4 projects (20%) 2-3 projects (18%) 1 project (15%)	20
b	Experience Related to the Project ≥ 4 projects (5%) 2-3 projects (4%) 1 project (3%)	5
	Total Grade	25%

3. Plan of Approach and Methodology – 50%

a	Clarity and Simplicity	5
b	Feasibility	5
c	Innovativeness	5
d	Comprehensiveness and completeness, thoroughness or adequacy	10
e	Quality and interpretation of project requirements, problems and risks	10
f	Sustainability	5
g	Work plan adequacy, completeness, viability, workability	10
	Total Grade	50%

*** The minimum score required to pass the technical evaluation is 70 points.

XII.	Proposed Terms of Payment	PAYMENT #	DELIVERABLES	PERCENTAGE
		1	Upon submission and acceptance of the following: 1. Inception Report	15%
		2	Upon submission and acceptance of the following: 2. Systems Orientation Study Reports on: a. Integrated Hospital Operations and Management Information System (iHOMIS) b. Integrated Clinic Information System (iClinicSys) c. Unified Disease Registry System (UDRS) d. Other point of service applications (i.e. hospital information systems and electronic medical record systems) e. Philippine Health Information Exchange (PHIE) and its component registries (i.e. client registry, provider, registry, facility registry, and shared health record) f. Unified Health Data Management	15%
		3	Upon submission and acceptance of the following: 3. Workshop/Consultation Plans, Schedules and Reports for the Business and IT Process Owners for the	20%

		<p>identified harmonized eHealth systems</p> <p>a. 6 Preliminary Workshop reports</p> <p>b. 6 Refinement Workshop reports</p>	
		<p>4</p> <p>Upon submission and acceptance of the following:</p> <p>4. Initial drafts of the Unified Standard Operating Manuals and Protocols (including guidebook).</p>	20%
		<p>5</p> <p>Upon submission and acceptance of the following:</p> <p>5. Reproduction of Unified Standard Operating Manuals and Protocols (including guidebook).</p> <p>a. Integrated Clinic Information System – 245 copies of manual/100 copies of guidebooks.</p> <p>b. Integrated Hospital Operations and Management Information System – 245 copies of manual/100 copies of guidebooks</p> <p>c. Unified Disease Registry System – 245 copies of manual/100 copies of guidebooks</p> <p>d. Other Point of Service Applications– 245 copies of manual/100 copies of guidebooks.</p> <p>e. Philippine Health Information Exchange and its component registries – 245 copies of manual/100 copies of guidebooks.</p> <p>f. Unified Health Data Management – 245 copies of manual/100 copies of guidebooks.</p> <p>g. PHIE Integrated Manual of Operations – 245 copies of manual/100 copies of guidebooks.</p>	20%
		<p>6</p> <p>Upon submission and acceptance of the following:</p> <p>6. Monthly Progress Reports</p> <p>7. Project Terminal Report</p>	10
			100%
XIII.	Approved Budget	The financial proposal shall not exceed the Approved Budget for the Contract of Three Million Two Hundred Twenty Thousand Pesos (Php 3,220,000.00) inclusive of taxes and management fee for PS-DBM. Those exceeding the ABC shall be automatically rejected. The Consultant will shoulder the venue, food, and materials (if applicable), including incidental and miscellaneous expenses of all special meetings arranged with key stakeholders.	
XIV.	Evaluation Procedure	Quality Cost Based Evaluation, Technical : 70%; Financial: 30% Minimum Technical score is 70%	
XV.	Justification (if recommending negotiated contract)		
<p>This is to certify that the technical assistance specified in this TOR is included in the TA Agenda submitted by this Office.</p> <p>Approved by: _____</p> <p>CRISPINITA A. VALDEZ, CESO III Director IV Knowledge Management and Information Technology Service</p>			