

**SCOPE OF WORK**

**Date: 01 June 2026**

**Title: Request for Proposal \_ Enterprise Resource Planning (ERP) Solution  
Male' City Group of Hospitals**

**MCGH**

## Contents

1) Project Overview .....	3
2) SCOPE OF WORK .....	4
2.1 Executive Summary .....	4
2.2 Business Rationale .....	5
2.3 Build Approach.....	5
2.4 Bidder's Role .....	5
2.5 High level specifications .....	6
3) Vendor Proposal - Requirements .....	6
3.1 Stage 1 - Evaluation Requirements (Mandatory Documentational Requirement) .....	7
3.2 Commercial Requirement.....	12
3.3 Training Requirement .....	12
3.4 Service Level Agreement (SLA) .....	13
4) Penalty.....	14
5) Additional mandatory inputs to consider.....	14
6) RFP- Instructions to Bidders .....	16
7) Queries and Questions during RFP.....	16
8) Queries and Questions during RFP.....	16
9) Response to queries.....	17
10) RFP Amendment .....	17
11) Acceptance period .....	17
12) Change of ownership .....	17
13) Other conditions .....	17
14) Proposal.....	18

## MALE' CITY GROUP of HOSPITAL

Indhira Gandhi Memorial Hospital reserves the right to change the timelines at its own discretion.

### 1) Project Overview

As part of a major digital transformation program, the Male' City Group of Hospitals (MCGH) is launching this Request for Proposal (RFP) to identify and select a suitable Enterprise Resource Planning (ERP) software solution. The proposed solution is expected to support and integrate key hospital services and operational business processes across the group.

This project will be implemented on a phased basis. Phase I will cover Indira Gandhi Memorial Hospital (IGMH) and Dharumavantha Hospital (DH), with subsequent phases extending the solution to other hospitals under MCGH.

Along with the implementation of the ERP, MCGH would like to bring in the building blocks on the digital journey for the AI world. MCGH wishes to acquire AI infused ERP as well build solid data warehouse to avail business intelligence, Analysis and Predictions.

## 2) SCOPE OF WORK

### 2.1 Executive Summary

Overview of the Male' City Group of Hospitals (MCGH) Ecosystem:

The **Male' City Group of Hospitals (MCGH)** is the central governing and coordinating body established to provide unified leadership, strategic oversight, and operational integration of major public healthcare institutions within the Greater Malé Region of the Republic of Maldives. MCGH was conceived to strengthen healthcare governance, improve efficiency, and ensure standardized, high quality healthcare delivery across its member institutions Indhira Gandhi Memorial Hospital, Hulhumale Hospital, Villimale Hospital and Maldives Blood Services.

**Indira Gandhi Memorial Hospital (IGMH)** is the national tertiary level referral hospital and the largest government healthcare facility in the Maldives. Located in Malé, IGMH provides comprehensive specialist, diagnostic, emergency, inpatient, and outpatient services and serves as the primary referral center for complex and specialized care from across the country.

IGMH operates multiple facilities, including the main IGM Hospital campus, the Dharumavantha Complex, and Villimalé Hospital, and supports a high daily patient load across clinical disciplines. As a core institution within MCGH, IGMH plays a leading role in clinical excellence, training, service development, and the introduction of national level healthcare initiatives.

**Dharumavantha Hospital** functions as an integral extension of IGMH, supporting the delivery of specialized and tertiary-level clinical services to the population of Malé and surrounding regions. The hospital plays a critical role in accommodating high-demand specialty services, advanced surgical programs, and national-level healthcare initiatives, thereby strengthening IGMH's capacity to deliver comprehensive care.

**Villimale' Hospital** is a secondary-level healthcare facility where the hospital primarily serves the residents of Villimalé, providing accessible essential healthcare services including outpatient care, emergency services, and selected inpatient and diagnostic services.

As part of the integrated MCGH framework, Villimale' Hospital operates under unified clinical and administrative oversight, ensuring standardized quality of care and seamless referral pathways to IGMH for specialized and tertiary services.

**Hulhumalé Hospital (HMH)** serves the rapidly growing population of Hulhumalé and surrounding areas and is an essential secondary level hospital within the MCGH network. HMH provides emergency care, outpatient services, inpatient care, maternal and child health services, and selected specialty clinics.

As part of MCGH, HMH operates under unified strategic direction and benefits from centralized procurement, human resource planning, clinical standards, and digital health initiatives. This integration supports continuity of care between Hulhumalé and Malé based tertiary services, including referrals to IGMH when advanced care is required.

**Maldives Blood Services (MBS)** is the national blood transfusion service responsible for ensuring the safe collection, testing, processing, storage, and distribution of blood and blood components across the Maldives. MBS plays a critical supporting role in all hospitals within the MCGH network and beyond.

## MALE' CITY GROUP of HOSPITAL

Through its alignment with MCGH institutions, Maldives Blood Services ensures timely and reliable blood supply for emergency care, surgeries, oncology, maternal health, and other lifesaving treatments. Integration with MCGH hospitals enables coordinated demand planning, quality assurance, and adherence to national and international standards for transfusion safety

MCG hospitals currently operate with a combination of legacy systems and manual workflows. This ERP initiative aims to modernize operations, strengthen governance, and enable data-driven decision-making.

The ERP system shall act as the **single source of truth** for all financial, procurement, inventory, asset, and maintenance transactions.

### 2.2 Business Rationale

The MCGH goal is to have digital transformation and process revamping at MCG Hospitals to improve patient care, increase efficiency, reduce costs, and remain competitive in the healthcare industry.

In conclusion, a well-implemented system at MCG Hospital can be a game changer for fostering patient loyalty, streamlining operations, and contributing to sustainable growth. It aligns perfectly with the hospital's commitment to delivering world-class healthcare services and staying at the forefront of the healthcare industry.

### 2.3 Build Approach

The term 'Bidder' has been used throughout this document, which refers to the entity submitting a proposal in response to this document. In case multiple entities choose to partner together and do a consolidated bid, one of the bidders must meet the eligibility criteria. A system integrator or technical service provider can partner with best-in-class products to provide relevant capabilities and value-added service offerings for the hospitals.

### 2.4 Bidder's Role

The bidder will be responsible for the execution of activities including but not limited to the following:

- **Understand the strategy of MCG Hospitals** which defines the analytical models, communication channels, platforms, source systems, personalization, and data volumes for patient-oriented use cases.

Please note that the above list of responsibilities is not exhaustive; MCG Hospitals reserves its right to extend/modify the same as the project evolves at its own discretion without impact on commercials.

**MALE' CITY GROUP of HOSPITAL**

**2.5 High level specifications**

2.2.1 ERP products offered must comply with the highest standards of Reliability, Availability, and Serviceability (RAS).

2.2.2 Availability of ERP solution is of prime importance, and the vendor must provide an uptime guarantee of 99.99%. Availability criteria should be modular, and it must be ensured that failure of one component does not affect uptime of other systems in the universe.

2.2.3 The proposed ERP must comply with the easiest norms of serviceability. Early detection of potential problems is critical in this respect. Vendor must specify details of features incorporated in their bundled solution to meet RAS criteria for Information security.

2.2.4 ERP vendor should demonstrate end to end ERP solution with business intelligence, Analysis and Predictions.

<b>Finance</b>	<b>Procurement</b>	<b>Inventory</b>	<b>Project Management</b>	<b>Biomedical (Service Management)</b>	<b>Estate (Service Management)</b>
Budget Control	Sourcing	Inventory & Costing	Resource Management	Preventive & Corrective Maintenance	Building & Infrastructure Maintenance
Financial Accounting	Purchasing	Asset Management	Planning & forecasting	Calibration & Compliance	Utilities Management (Electrical, HVAC, Water, Medical Gases)
Expense Management	Supplier Qualification	Maintenance	Cost Management	Biomedical Spare Parts Management	Planned & Reactive Maintenance
Revenue Management	Procurement contracts	Supply chain planning	Task Management	Equipment Downtime & SLA Monitoring	Work Orders & Service Requests
Business Intelligence Realtime Dashboards					

- a. A separate section mentioning all the requirements that cannot be fulfilled by the application based on its existing functionalities/ customization and proposes a workaround to meet those requirements.
- b. Ensure that the solution includes a comprehensive audit trail across all modules.
- c. Approx user count - The bidder shall quote based on the provided approximate user count and propose an optimized and best fit user count for efficient system management and cost effectiveness.

Module	User Count	View only	Approval	Data Entry & Posting
Purchase	10		2	8
Main Store	10		2	8
Sub Stores	80		20	60
Finance	10		2	8
BI Users	10	6		4

**3) Vendor Proposal - Requirements**

Bidders shall meet **all** the following mandatory eligibility requirements. Failure to comply

## MALE' CITY GROUP of HOSPITAL

with any requirement will result in **disqualification at Stage 1 (Mandatory Compliance Evaluation)**:

### 3.1 Stage 1 - Evaluation Requirements (Mandatory Documentational Requirement)

3.1.1 Company Profile, this section of the proposal to include information of vendor:

- a. Provide case studies at Healthcare Industry reference – Provide Minimum 1 ERP Implementation on a similar scale in Healthcare Industry.
- b. Last 3 years certified financial statement
- c. Year of incorporation of the company
- d. Total number of employees

3.1.2 Roadmap: Vendor to also provides a product roadmap indicating all the features which are currently under development and will be available in future with timelines.

3.1.3 Legal Documents: Necessary legal documents, including contracts, service agreements, terms and conditions, warranties, and any other legal considerations related to the Product.

3.1.4 Vendor Experience: Vendor must provide three references for customers in the Large ERP segment, who have opted for Cloud model of ERP.

3.1.5 Bid Security

#### 3.1.6 Technology Requirements

Vendor shall propose an ERP solution with all necessary modules capable of meeting the functional requirements outlined in Annexure 1 as well as the broader business requirements of MCGH.

- a. The proposed ERP system shall comprehensively support all required business processes and functionalities as specified in the RFP documentation.
- b. The solution shall:
  - I. Be fully accessible and functional on mobile devices and tablets
  - II. Support major operating systems, including but not limited to Windows, iOS, and Android.
  - III. Provide a responsive and user-friendly interface across all supported platforms.
- c. ERP system should:
  - I. Be based on a scalable and flexible architecture
  - II. Allow configuration and customization to meet evolving business needs
  - III. Preferably be platform-independent to ensure ease of deployment and
  - IV. Interoperability.
- d. Vendor shall
  - I. Provide a comprehensive Business Continuity Plan (BCP) and Disaster Recover (DR) strategy
  - II. Share detailed documentation for review and evaluation by MCGH.
  - III. Ensure minimal downtime and defined recovery objectives (RTO/RPO)
  - IV. Vendor to provide documentary evidence from the principal on business continuity (Backup, Disaster Recovery)

## MALE' CITY GROUP of HOSPITAL

- e. The solution shall:
  - a. Be free from known technology vulnerabilities at the time of deployment
  - b. Adhere to industry best practices and standards for information security
  - c. Implement robust security controls, including but not limited to;
    - Encryption of data at rest and in transit
    - Secure authentication and access control mechanisms
    - Regular security updates and patch management
- f. ERP system shall;
  - a. Support seamless integration with existing and future systems, including but not limited to CRM and HMIS.
  - b. Enable secure data exchange through standard APIs, HL7/FHIR (where applicable), or other industry-standard protocols.

### 3.1.7 API: Solution must provide open and well-documented Application Programming Interfaces

(APIs) to support integration with existing and future systems of the hospital.

All standard APIs required for system integration must be made available without additional licensing or usage costs.

- a. Vendor shall provide complete API documentation, including but not limited to:
  - API endpoints
  - Authentication methods
  - Request and response formats
  - Data structures and schemas
  - Error handling mechanisms
  - Versioning details
- b. APIs must support secure integration with third-party systems and internal applications through industry-standard protocols (e.g., REST, JSON, where applicable).
- c. Vendor must ensure that API documentation is accessible to the technical team and updated whenever changes or enhancements are introduced.
- d. Any future APIs released as part of the product roadmap should also be provided without any additional cost.

### 3.1.8 Availability:

- a. Uptime and Reliability: Vendor to ensure 99.99% availability to guarantee continuous access to critical hospital financial and inventory relevant data.
- b. The deployment in the proposed method should have a business continuity plan and should have an uptime of 99.99%. The planned down time needs to be communicated 30 days prior to the schedule.
- c. Redundancy and Failover: Vendor to provide information on backup servers and data centers to prevent downtime in case of system crashes.
- d. Disaster Recovery Plan: Vendor to provide data backup strategies, recovery time objectives (RTO), and recovery point objectives (RPO) to ensure minimal data loss and quick system restoration in case of disasters or cyberattacks.

## MALE' CITY GROUP of HOSPITAL

- e. Support and Service Level Agreements (SLAs): Vendor to provide information related to support services, response times, and SLAs. This includes availability of technical support, escalation procedures, and resolution timelines for reported issues.
- f. Components should be able to operate independently from each other in a high-availability setup.

### 3.1.9 Scalability:

All components of the solution must support scalability to provide continuous growth to meet the hospital's requirements and demands. The solution should scale in a linear fashion and behave consistently with growth in analytics data, number of use cases, campaigns etc. MCGH has high expectations in terms of volume due to the constant increase in analytics data and evolving digital transformation strategy. However, during rare scenarios like epidemics, pandemics etc. intense/aggressive outreach to the customers (new and existing) the solution should withstand exponential load on data ingestion, campaign development, campaign execution, result analysis and insights, management reporting, etc. consistently within various performance evaluation parameters during such period.

### 3.1.10 Technical Architecture

- a. The proposed ERP solution architecture should adhere to all ISO-27001 and Health industry standards including HIPAA (Health Insurance Portability and Accountability Act). In this bid, it will be accepted ERP solutions based on Microsoft / SAP / Oracle enterprise platforms products only.
- b. The ERP application shall comply with all applicable laws, financial rules, regulations, policies, and guidelines of the Republic of Maldives to ensure data privacy, information security, financial integrity, and full legal and regulatory compliance throughout the duration of the Project. This includes, but is not limited to, compliance with the Maldives Data Protection Act, the Electronic Transactions Act, the Public Finance Act and Financial Regulations of the Maldives, the Public Procurement Act and related regulations, the Health Services Act, and all relevant rules, circulars, and guidelines issued by the Ministry of Health, the Health Protection Agency (HPA), and other competent authorities. Where applicable, the ERP solution shall also comply with requirements issued by the Maldives Monetary Authority (MMA), the Right to Information Act, and any applicable Antimony Laundering and Counter Terrorism Financing (AML/CFT) regulations. The ERP application shall further comply with -any statutory, regulatory, or policy changes, including industrywide or government mandated requirements, introduced during the subsistence of the Project. In addition, the ERP solution shall support and comply with -pandemic related- protocols, emergency regulations, and public health directives issued by the Government of Maldives, the Ministry of Health, or the Health Protection Agency from time to time, including requirements related to public health emergencies and pandemic or disaster management.

## MALE' CITY GROUP of HOSPITAL

- c. Application monitoring and Logging requirements Install monitoring tools to keep tabs on user activity, security, and application performance and configure logging mechanisms to capture and examine system errors and events.
- d. If there are any deviations from the above stated parameters, a detailed explanation and mitigation plan needs to be provided.
- e. The data back-up should be scheduled (as per the industry practices) at regular frequency and needs to be maintained by Vendor till the contract period.
- f. The bidder shall be required to conduct a Proof of Concept (PoC) demonstration of the proposed ERP solution based on the workflow documents provided by the Client, using realistic, end-to-end business scenarios. The PoC demonstration shall, at a minimum, cover key workflows of Procurement processes, and must demonstrate how the proposed solution supports these workflows using standard system functionality and configurations. The demonstration shall be aligned strictly with the defined workflows and functional requirements, and shall include transaction processing, approvals, controls, reporting, and audit trails relevant to each process. Any gaps, deviations, or requirements that require customization or workarounds must be clearly identified and explained during the PoC. The PoC demonstration will form an integral part of the technical evaluation, and failure to satisfactorily demonstrate the required workflows may result in disqualification or impact the overall evaluation score.

### 3.1.11 Data and Application Ownership Rights

- a. All data generated, stored, processed, or managed under this engagement shall always remain the exclusive property of MCGH.
- b. Vendor shall not, without prior written approval from MCGH
  - i. Transfer, copy, disclose, or otherwise use the data for any purpose other than fulfilling its contractual obligations
  - ii. Delete, alter, or modify any data, except as explicitly authorized.
- c. Vendor shall have no lien, ownership rights, or proprietary interest in the data under any circumstances.
- d. All applications, configurations, customizations, and related deliverables developed specifically for MCGH under this contract shall be deemed the property of MCGH, unless otherwise explicitly agreed in writing.

### 3.1.12 Security Requirements

The target solution/ application must adhere to the below security requirements (but not limited to):

- a. Solution to have the ability to set access control policies at different levels (e.g., department, user role, individual) based on the principle of least privilege.
- b. Role-based access control (RBAC) to manage user permissions based on job roles within the hospital
- c. The proposal should elaborate on the application of access control comprising authorized user access (role based), administrator access, remote access, and upkeep of access audit logs.

## MALE' CITY GROUP of HOSPITAL

- d. The ERP should comply with all standard data security requirements, such as confidentiality, integrity, and availability of data. Details of security features must be provided along with the proposal.
- e. The vendor should ensure the confidentiality and integrity of information. It must be sustained and ensured at all levels (including hardware and backups)
- f. The application should have a Data encryption policy in place.
- g. Cloud Information Security policies against Virus, Spyware and Phishing
- h. Data stored on the cloud should be encrypted in rest and transit.
- i. Level of security available for Network, Access Control List (ACL), V-Lan and Firewall
- j. The solution should follow the industry's best practices for IT security for similar systems. These best practices should be in-line with the IT practices followed by the company.
  - i. Information security is of prime concern for us.
  - ii. The vendor should assume a single point of ownership for ERP licenses as well as a cloud environment. The cloud service provider must consider perimeter security, data security, and application security.
  - iii. To protect the confidentiality and integrity of information.

### 3.1.13 Post Implementation Support Requirements

- a. Incident Management and Response Management  
The Vendor should provide a mechanism for incident management and responding to and resolution of the incidents as per the requirement.
- b. Patch Management
  - i. The Vendor should follow the industry standard policy on patch management.
  - ii. Critical patches pertaining to security and OS should be tested and applied immediately.
  - iii. Before application of any patch / bug fix, the Vendor is expected to inform us of its details and take necessary approvals. Also, rollback plans should be included as part of all patch management processes.
  - iv. All applicable patches should be tested in the test environment before deploying in the production environment.
  - v. The vendor should roll out a patch against any vulnerability observed.
  - vi. The application should be made compliant with all security patches. If the application is not able to run a security patch due to a conflict, it will be a duty of the vendor to provide the resolution.

### 3.1.14 Phase wise deliverables / Engagement timelines:

The bidder shall be required to propose a detailed, phase-wise engagement timeline as part of their Technical Proposal, clearly outlining:

- a. Key implementation phases and milestones
- b. Duration for each phase
- c. Dependencies and critical path activities
- d. Resource deployment plan
- e. Delivery timelines for each module / component

The proposed timeline shall be:

## MALE' CITY GROUP of HOSPITAL

- a. Aligned with the Hospital's overall implementation objectives and priorities
- b. Realistic, achievable, and supported by the bidder's implementation methodology
- c. Subject to review, discussion, and final approval by the Hospital during contract finalization

The finalized engagement timeline, once agreed upon, shall form an integral part of the contract and shall be binding on the selected vendor.

Any deviation from the agreed timelines shall be subject to applicable penalties as defined under the contract. added

### 3.2 Commercial Requirement.

- 3.2.1 A detailed breakdown of costs associated with the product License / Subscription Cost
  - a. License cost for Dev and UAT environment if any
  - b. Any Cost related to Data Storage
  - c. Support models & cost
  - d. Any other costs in the "Commercial response template".
  - e. User License Model and Implementation Fees – Separate Quote Requirement.

### 3.3 Training Requirement

- 3.3.1 Vendors shall provide comprehensive training to ensure effective utilization, administration, and maintenance of the ERP system. Training shall cover both technical and functional aspects of the system.
- 3.3.2 Technical Training
  - a. Vendors shall provide technical training to the hospital's ICT Department.
  - b. Training must cover system architecture, installation, configuration, administration, security management, backup and recovery, troubleshooting, and basic system maintenance.
  - c. The minimum of three (3) ICT staff members shall be trained.
  - d. Training should enable ICT staff to independently manage system operations, perform routine maintenance, and coordinate with the vendor for advanced support.
  - e. Relevant technical documentation, administration manuals, and configuration guides must be provided.
- 3.3.3 Functional Training
  - a. Vendors shall conduct functional/end-user training for relevant operational departments.
  - b. Training must include system usage, workflows, transaction processing, reporting, and role-based access for Finance, Procurement, Store, Biomedical Engineering and Maintenance.
  - c. The minimum of 2 super users for each module from each department shall be trained.
  - d. Four staff members shall receive specialized training in ERP reporting and data

## MALE' CITY GROUP of HOSPITAL

analysis, including report configuration, data extraction, and analytical use of system data.

e. Training should include hands-on practical sessions using the ERP system.

f. User manuals, quick reference guides, and training materials must be provided.

### 3.3.4 Training Delivery

Vendors shall provide training schedules, materials, and trainers with relevant ERP expertise.

Refresher training sessions may be required after system deployment if requested by MCGH.

## 3.4 Service Level Agreement (SLA)

The Vendor shall be bound by the Service Level Agreement (SLA) described in this document for proposed ERP applications, software performance and production servers, and DR sites. In case of unavailability of the ERP application, MCG Hospital user or Vendor's representative resources will raise the ticket. The downtime will be ascertained from the ticket logging time to its resolution.

Vendor shall provide the basis of Reactive and Proactive SLA arrangements and should be in line with the IT Security and Compliance Policy of MCG Hospital.

### 3.4.1 Purpose and Objectives of SLA

- a. MCG Hospital intends to enter into a Service Levels Agreement (SLA) with the successful Vendor in order to provide complete utility of the service that could be provided to the company once the "ERP Application" is in place.
- b. The SLA shall be included in the contract agreement as mentioned in the document and identifies the expectations of the company and defines the Scope and Boundaries for the successful Vendor to provide maximum "Business Utility".
- c. Any issue could be classified under the following four categories:

- **Level 1 Critical (Show Stopper)**

- Issues that have a severe material impact on business operations
- Typically includes disruptions affecting most or all critical services across MCGH.
- Requires immediate attention.
- Response Time: Within 2 hours.
- Vendor must provide an immediate workaround (if resolution is not instant) to restore operations, followed by permanent resolution and Root Casual Analysis (RCA).

- **Level 2 – High Priority**

- Issues that have a significant business impact
- Typically includes disruptions affecting one or more critical services
- Requires urgent attention and prioritized resolution

- **Level 3 – Medium/Low Priority**

- Issues with minimal or no immediate business impact.
- Requires attention but can be scheduled and resolved with low priority.

- d. It is expected that the Vendor provides an immediate solution/ work around for "Show Stopper" issues so that the company can continue to function normally and then resolve the issue on priority by conducting a "Root Cause Analysis".

## MALE' CITY GROUP of HOSPITAL

- e. Vendor should provide and implement structured support models, including:
  - Support tiers (L1, L2, L3 support)
  - Escalation matrix
  - Communication protocols
  - Support availability (e.g. 24/7 for critical systems)
  
- f. Vendors should ensure that all support services are delivered in alignment with agreed service levels to maintain system availability, performance, and user satisfaction.
  
  
- g. **Software Maintenance and Support Services**  
As a part of Software Maintenance Services during the contract period, the Vendor should provide the following change managements without additional costs to the company:
  - **Product Upgrades -**  
Vendor should provide all product upgrades, including but not limited to the consolidation of deployment of:
    - Bug fixes
    - Security patches and vulnerability remediation
    - API upgrades
    - Enhancement requests
    - Technological updates and improvements
  
- h. This shall include both major and minor version upgrades of the proposed ERP application, covering all ERP modules as well as any integrated third-party software. Such upgrades shall be provided throughout the contract period, commencing from go-live date of the final ERP module.
  - a. The Vendor would ensure that all bugs are fixed as per the Service Levels. In case of any discrepancies, the Vendor will undertake to compensate the company appropriately for any financial loss suffered as determined by the company. The overall penalties will be decided according to the agreement between a successful vendor and the company.

## 4) Penalty

In accordance with the Public Finance Regulations, if the vendor fails to adhere to the specified timelines for deliverables as outlined in the Contract, a penalty corresponding to the value of the relevant milestone shall be deducted, provided that the delay is attributable to the vendor.

## 5) Additional mandatory inputs to consider.

- 5.1 Vendor to provide the benchmarking tool to estimate the number of users for each functionality covered by the ERP
- 5.2 Vendor to run a quick sizer and estimate the number of licenses required for the base

## MALE' CITY GROUP of HOSPITAL

implementation. The quick sizer should also consider hardware sizing considering 3-year business growth.

- 5.3 The licenses proposed for full scale implementation would be procured in a phased manner as we schedule the implementation. MCGH will share product/module wise SaaS subscription along with the timelines and the user quantity
- 5.4 The cost of licenses and AMC should be proportionately considered in the proposal.
- 5.5 Vendor must elaborate on the kind of services to be provided to the MCGH Hospital support team, e.g. guidance on licensing, Cloud services support, security and backup.
- 5.6 Based on the deployment model selected (SaaS), we would like to kick start implementation within 30 days of firm order and duly complete all the requisite contracts accepted by the vendor. The provisioning of necessary instances to kick start will have to be done by vendor adhering to the timelines
- 5.7 In case there are limitations or constraints, the same must be provided by the Vendor, so that these get discussed and finalized before awarding the contract.
- 5.8 We would prefer to onboard an implementation partner and SLA partner of our choice. This should be acceptable as part of a service agreement.
- 5.9 Vendors must clearly specify the number and type of licenses which will be required.
- 5.10 In case the ERP solution proposes licenses based on number of users, the same should be proposed with details of the modules that can be accessed with these licenses.
- 5.11 In case the ERP solution proposes licenses based on the functional modules, per unit cost of licenses under each functional module must be provided.
- 5.12 The types of licenses and their privileges must be clearly explained
- 5.13 Vendor specifies the licensing impact when other satellite applications get integrated with the core ERP.
- 5.14 Vendor must provide detailed cost of type of licenses, whether perpetual /subscription, including cost of software AMC. In case licenses are procured in a phased manner, the AMC should be prorated accordingly.
- 5.15 Even though the proposed ERP caters to all business functions as listed above, we shall have the right to select the components that are required. Apportioned pricing for partial deployment of functionalities should be provided.
- 5.16 In case the performance of ERP is not satisfactory over cloud, we may need to move to an alternate deployment model. The cost of migration must be specified, and the vendor must ensure complete support during this process.
- 5.17 In case the ERP contract is terminated, vendor must return all the data hosted on cloud and delete the same from their storage under supervision of our team.
- 5.18 We shall have the right to audit the facilities where ERP is hosted. This will be required for compliance and audit requirements.
- 5.19 Since the deployment is planned in phases, underlying software also will need to be provisioned on a scalable basis. Vendor must propose a sizing and provisioning roadmap for Five-year period with cost projection. If there are any additional licenses or tools that are required to be purchased, the same must be explicitly mentioned in the proposal.
- 5.20 Vendor Obligation: Vendor is obliged to disclose short-comings, constraints, and valid assumptions for the product, with the proposal, which must include integration constraints with other products, known impossible customizations, any other task or activity which may be required to complete the implementation, along with its separate costing, which is not being included in the proposal. Any such activity that leads to budget slippage, intentional or unintentional, would not be considered as a change request, since it is expected that a mature product would not have many unknowns for our line of business.
- 5.21 Vendor / Cloud Service Provider provides capacity utilization and performance monitoring reports.
- 5.22 While Annexure 1 gives an exhaustive list of business processes and functions to be covered under

## MALE' CITY GROUP of HOSPITAL

ERP, we encourage suggestions and amendments to the list. Vendors can add functions and processes which they deem necessary to have in ERP.

### 6) RFP- Instructions to Bidders

- 6.1 Interested bidders must notify MCG Hospital about their intent to respond to this RFP to receive notice about information, updates, and amendments released by MCG Hospital with respect to this RFP. Only bidders that have submitted the acknowledgment as per the timeline over e-mail to the contact persons defined in "Contact details" can respond to the RFP.
- 6.2 Bidders, including international firms, may participate individually:
  - a. The bidder shall be the sole point of contact and fully responsible for all communications and contract execution.
  - b. The bidder shall bear full responsibility and liability for contract performance.
  - c. The proposal shall clearly define the bidder's organizational structure and resource allocation.
- 6.3 The contents of this RFP, along with the bidder's proposal (Technical and Commercial), shall form an integral part of the final contract. The selected bidder shall be required to enter into a formal agreement with MCG Hospital and comply fully with all terms, conditions, and deliverables stipulated therein. Once the contract is awarded, vendor to create requirement document for each module which should include at least:
  1. The scope of module
  2. Details of all available features of module
  3. Details of all the fields on each form
  4. Details of all integrations between multiple modules
  5. Implementation and support services.
  6. Vendor to propose migration approach
  7. Hospital to approve final scope

### 7) Queries and Questions during RFP

MCGH Hospitals will respond to written questions received from all bidders by the due date specified<sup>1</sup> in Calendar of events. MCGH Hospitals responses together with a copy of all written questions will be shared with the nominated person of all the bidders over email.

### 8) Queries and Questions during RFP

Questions concerning this RFP must be submitted to MCG Hospitals in writing over e-mail at **tenders@igmh.gov.mv**

## 9) Response to queries

- 9.1 MCG Hospitals will respond to written questions received from all bidders by the due date specified in this tender. MCGH responses together with a copy of all written questions will be shared with the nominated person of all the bidders over email.
- 9.2 MCGH will not reveal the source of any questions. This process will allow MCGH to adequately prepare responses and ensure that all bidders have access to the same information.

## 10) RFP Amendment

- 10.1 During the RFP process, Male' City Group of Hospitals reserves the right to amend this RFP at any time for reasons including, but not limited to, the following:
  - a. To modify or update the requirements and scope of the RFP
  - b. To correct any omissions, errors, or ambiguities in the in the RFP
  - c. To revise the date(s), or timing of any key milestones specified in the RFP
- 10.2 All amendments to this RFP shall be formally issued and communicated via email by the designated RFP contact person of the Male' City Group of Hospitals to the nominated representative(s) of each bidder.

## 11) Acceptance period

- 11.1 The proposal must be binding for the vendor for a minimum period of six months from the date of which the proposal was submitted. The contents of this RFP and the proposal will become contractual obligations in the event of the Contract award. MCG Hospital will cancel a Contract award if the Successful Bidder fails to accept these obligations.
- 11.2 For this purpose, the RFP's, Successful Bidder is defined as the bidder to whom MCG Hospitals awards a contract pursuant to this RFP, subject to any further negotiation and contract signing; the Contract is defined as the written agreement resulting from the successful proposal and subsequent negotiations with MCG Hospital, which incorporates, among other things, this RFP, MCG Hospital's Terms and Conditions, the bidder's proposal, and all amendments.

## 12) Change of ownership

- 12.1 If the bidder (including the parent or holding company of the bidder) experiences a material change in its ownership or financial condition after the proposal is submitted, the bidder must notify MCG Hospitals in writing at the time such change occurs or is identified.

## 13) Other conditions

- 13.1 All information provided in response to the RFP is true and accurate in all aspects as on the date of submission of the bid and if post the procurement of the bid, any circumstances occur which would render any such information inaccurate, the bidder shall immediately inform MCG Hospital about the same.
- 13.2 Each bidder shall submit only one bid for the RFP. A bidder who submits more than one bid will cause all the proposals with the bidder's participation to be disqualified.
- 13.3 The bidder shall bear all costs associated (direct and indirect) with the preparation and submission

## MALE' CITY GROUP of HOSPITAL

of this bid. MCH Hospital will in no case be responsible and liable for these costs.

- 13.4 Unless otherwise specified, bidders must use the commercial response template shared by the MCG Hospital in Annexure 2. Failure to do so shall be grounds for rejection of the proposal.
- 13.5 Late bids, if any, received after the deadline will not be considered.
- 13.6 Information relating to the examination, clarification, evaluation and comparison of bids and recommendations for the award of a contract shall not be disclosed to bidders or any other person officially concerned with such process until the award to the successful bidder has been announced. Any effort by a bidder to influence MCG Hospital's processing of bids or award decision may result in the rejection of its bid.

13.7 Proposals shall be evaluated through the following sequential stages:

<b>Evaluation Stage</b>	<b>Description</b>	<b>Outcome</b>
<b>Stage 1</b>	Mandatory Compliance Evaluation as per section (3) Evaluation Requirements & Technical Evaluation (Based on Technical Requirement & POC - Demonstration	Pass / Fail Scored
<b>Stage 2</b>	Commercial Evaluation	Scored

Only bidders achieving the minimum qualifying technical score shall proceed to commercial evaluation. Contract award shall be recommended to the bidder achieving the highest combined technical and commercial score, subject to approval by the competent authority

## 14) Proposal

All financial proposals must be quoted **in Maldivian Rufiyaa (MVR)** only.