Terms of Reference for the procurement of

Developing Digital Health Smoking Cessation Platform

Bid Reference: ToR-02-ICT-CS-4-01

Table of Contents

1. About Egypt Health Foundation

Egypt Health Foundation has been founded on 2016 Since its establishment, the Egyptian Health Foundation has been carrying out many activities aimed at improving the quality of healthcare through training, research, and awareness, following a scientific approach under the slogan "Science for Health" for the benefit of the health sector of the Egyptian community. The institution is registered with the Directorate of Social Solidarity in Giza under number 5826 of 2016.

2. Background

Tobacco use remains one of the leading preventable causes of morbidity and mortality. In support of national public-health objectives, Egypt health foundation intends to establish a unified Digital Health Smoking Cessation Platform (hereinafter “the Platform”) that connects accredited clinics, qualified physicians and patients across selected governorates, and that standardizes the clinical pathway for smoking-cessation care.

The Platform will enable centralized administration of cessation clinics, structured physician onboarding, online appointment booking, standardized diagnostic and follow-up documentation, longitudinal medical-history records, patient feedback, public awareness content, and management analytics. This Terms of Reference (ToR) defines the objectives, scope, functional and non-functional requirements, deliverables, and the basis on which proposals will be evaluated.

Interested and qualified bidders (hereinafter “the Bidder”) are invited to submit technical and financial proposals to design, develop, host, deploy, train users on, document and support the Platform in accordance with the requirements set out herein

2.1 Purpose of this Document

This document sets out the requirements that the awarded contractor (hereinafter "the Contractor") must satisfy. It is intended to be read in full and forms an integral part of the contract. In the event of any conflict between this ToR and the Bidder's proposal, this ToR shall prevail unless a deviation is explicitly accepted in writing by the Contracting Authority.

2.2 Definitions and Abbreviations

Term	Definition
Platform	The Digital Health Smoking Cessation Platform, including web and mobile front-ends, back-end services, databases and administration tools.
Super Admin	The highest-privilege administrative role, responsible for creating clinics, assigning governorates, and managing system-wide configuration.
Clinic	A health facility registered on the Platform and associated with one or more governorates/areas.
Physician	A licensed service provider bound to one or more clinics, offering in-clinic and optional remote sessions.
Patient	An end-user who registers, browses clinics/physicians, books appointments and receives care.
EMR	Electronic Medical Record – the longitudinal record of a patient's visits, diagnoses, prescriptions and investigations.
SLA	Service Level Agreement governing availability, response and resolution times.
L3 Support	Level 3 support – expert/engineering-level support covering defect resolution, root-cause analysis and code fixes.

3. Project Objectives

The overall objective is to deliver a secure, scalable and user-friendly digital platform that standardizes and improves the delivery of smoking-cessation services. Specific objectives are to:

- Provide a single administrative environment in which a Super Admin can create and manage clinics and assign them to defined areas/governorates.
- Enable physicians to be bound to clinics, publish their availability, and optionally offer remote (tele-health) sessions.
- Allow patients to discover clinics and physicians, view ratings and credentials, and book appointments online.
- Standardize the clinical pathway through a unified first-visit diagnostic form and a unified follow-up form.
- Maintain a complete medical-history record for each patient, including prescriptions, laboratory tests and other investigations.
- Capture patient ratings of visits and service providers and surface them within search results.
- Publish public awareness content and guidance for smokers.
- Provide management dashboards and analytics on visit progress and satisfaction levels.
- Ensure strong security, privacy and performance, consistent with applicable data-protection requirements.

4. Scope of Work

The scope of work comprises the end-to-end delivery of the Platform, namely: user-experience (UX) and user-interface (UI) design; full implementation of all functional modules; hosting and deployment; user training across five governorates; complete documentation and source-code delivery; and Level 3 support through the end of the project. Each of these is further detailed in Sections 6 to 8 (requirements) and Section 9 (deliverables).

4.1 In Scope

- Design, build, test, host, deploy and support the Platform and all modules described in this ToR.
- Migration of any reference/configuration data required for go-live (e.g., governorate lists, clinic seed data) where provided by the Contracting Authority.
- Knowledge transfer, training and complete documentation.

4.2 Out of Scope

- Procurement of end-user devices and clinic hardware.
- Provision of clinical content beyond agreed templates (clinical content to be validated by the Contracting Authority).
- Ongoing operational costs beyond the support period defined in this ToR, unless quoted separately as an option.

5. User Roles and Stakeholders

The Platform shall support, at minimum, the following roles. The Bidder may propose a more granular role model, provided all capabilities below are met and access is governed by role-based access control (RBAC).

Role	Primary Capabilities
Super Admin	Create/manage clinics; assign clinics to areas/governorates; manage physician onboarding and classification; configure forms and master data; access all dashboards and analytics; manage roles and permissions.
Clinic Administrator	Manage clinic profile, physician rosters and availability within the assigned clinic; view clinic-level reports.
Physician	Manage personal profile, certificates and availability; conduct in-clinic and remote sessions; complete diagnostic/follow-up forms; issue prescriptions, lab and investigation orders; view assigned patients' history.

Role	Primary Capabilities
Patient	Register/login; browse and search clinics and physicians; view ratings and credentials; book/cancel appointments; attend remote sessions; view own medical history; rate visits and providers; access awareness content.
Public / Guest	Browse public awareness pages and general guidance without authentication.
Analyst / Manager	Access read-only dashboards and analytics on visits, outcomes and satisfaction.

6. Functional Requirements

The Platform shall provide the functional capabilities described below. Requirements are grouped by module. Each requirement is mandatory unless explicitly marked optional.

6.1 Administration and Clinic Management

ID	Requirement
ADM-01	The Super Admin shall be able to create, edit, deactivate and delete clinic records.
ADM-02	Each clinic shall be associated with one or more areas/governorates, and the system shall support filtering and searching of clinics by area/governorate.
ADM-03	The Super Admin shall manage master/reference data including governorates, areas, specialties, certificate types and form templates.
ADM-04	The system shall support role-based access control with the ability to create roles and assign granular permissions.
ADM-05	All administrative actions (create/update/delete) shall be recorded in an immutable audit log capturing actor, timestamp and change details.

6.2 Physician Management, Classification and Credentials

ID	Requirement
PHY-01	Physicians shall be bound to one or more clinics; a physician's profile shall display the clinic(s) to which they belong.
PHY-02	Each physician shall maintain a professional profile including specialty, biography, and contact preferences.
PHY-03	Physicians shall be classified (e.g., by specialty, seniority or accreditation tier) and the classification shall be visible to patients and usable as a search filter.
PHY-04	Physician profiles shall display relevant certificates and the training they have completed, with the ability to attach supporting documents.
PHY-05	Physicians shall define and manage their availability per clinic, including working hours, slot duration and break periods.
PHY-06	Physicians shall be able to flag availability for optional remote (tele-health) sessions in addition to in-clinic sessions.
PHY-07	The system shall prevent double-booking by reconciling availability across in-clinic and remote sessions.

6.3 Patient Registration, Search and Appointment Booking

ID	Requirement
PAT-01	Patients shall be able to self-register and securely log in to the Platform.
PAT-02	Patients shall be able to browse and search clinics and physicians, filtering by area/governorate, specialty, classification, availability and rating.
PAT-03	Search results shall display physician and facility ratings and key credentials to support patient choice.
PAT-04	Patients shall be able to view available appointment slots and reserve an appointment with a selected physician at a selected clinic.

ID	Requirement
PAT-05	The system shall support both in-clinic and optional remote appointment types where the physician offers them.
PAT-06	Patients shall be able to reschedule or cancel appointments within configurable business rules, and shall receive booking confirmations and reminders (e.g., email/SMS/in-app).
PAT-07	The system shall handle slot concurrency so that a slot cannot be reserved by more than one patient.

6.4 Clinical Workflow – Unified Diagnostic and Follow-up Forms

ID	Requirement
CLN-01	The system shall provide a unified first-visit diagnostic form that is standardized across all clinics and physicians.
CLN-02	The system shall provide a unified follow-up form for subsequent visits.
CLN-03	Form templates shall be configurable by the Super Admin (fields, validation, mandatory items) without requiring code changes, where feasible.
CLN-04	Completed forms shall be validated, time-stamped and attributed to the recording physician, and stored against the patient and the specific visit.
CLN-05	The system shall support both in-clinic and remote visits using the same standardised forms.

6.5 Visit Results and Medical History (EMR)

ID	Requirement
EMR-01	Each visit shall capture its results, including prescriptions, laboratory test orders and any other required investigations.
EMR-02	All visit results shall be stored in the patient's longitudinal medical-history record and be retrievable in chronological order.

ID	Requirement
EMR-03	Physicians shall be able to issue and view prescriptions and investigation orders associated with a visit.
EMR-04	Patients shall be able to view their own medical history, including past visits, diagnoses, prescriptions and investigations, subject to access rules.
EMR-05	The medical-history record shall maintain referential integrity between a patient, their visits, the recording physician and the issuing clinic.
EMR-06	The system should support export of a patient's record (e.g., PDF) for the patient or authorized parties, subject to consent and access controls.

6.6 Ratings and Feedback

ID	Requirement
RAT-01	Patients shall be able to rate a visit and the service provider after an appointment is completed.
RAT-02	Aggregated ratings shall be displayed within search results for both health facilities and physicians.
RAT-03	The system shall guard against abuse (e.g., one rating per completed visit) and provide moderation controls for inappropriate content.
RAT-04	Ratings shall feed into the analytics and satisfaction dashboards described in Section 5.8.

6.7 Public Awareness Pages

ID	Requirement
PUB-01	The Platform shall include publicly accessible pages providing awareness of the program and advice for smokers.
PUB-02	Authorized editors shall be able to create and manage awareness content (articles, FAQs, resources) through a content-management capability.

ID	Requirement
PUB-03	Public pages shall be accessible without authentication and shall be optimized for search engines and mobile devices.
PUB-04	Public content shall be available in the language(s) agreed with the Contracting Authority (Arabic and/or English).

6.8 Analytics, Dashboards and Reporting

ID	Requirement
ANL-01	The back-end shall provide dashboards showing the progress of visits (e.g., booked, completed, follow-up, no-show) over time and by area/governorate, clinic and physician.
ANL-02	The back-end shall provide dashboards reflecting the level of patient satisfaction derived from ratings and feedback.
ANL-03	Dashboards shall support filtering by date range, governorate, clinic, physician and classification.
ANL-04	The system shall allow export of reports (e.g., CSV/PDF) and should support scheduled or on-demand report generation.
ANL-05	Analytics shall present aggregated/de-identified data by default to protect patient privacy.

6.9 Notifications and Communications

ID	Requirement
NOT-01	The system shall send appointment confirmations, reminders and status changes to patients and physicians via configurable channels (in-app, email and/or SMS).
NOT-02	Remote sessions shall provide a secure mechanism to launch/join the session at the scheduled time.
NOT-03	Notification templates and channels shall be configurable by authorized administrators.

7. Non-Functional Requirements

The Platform shall meet the following non-functional requirements (NFRs). These requirements are mandatory and will be assessed during technical evaluation, acceptance testing and throughout the support period. Where a measurable target is stated, the Contractor shall demonstrate compliance through testing evidence and monitoring.

7.1 Security

The Platform handles sensitive health information and must be engineered to a high security standard, applying defense-in-depth and secure-by-design principles across the application, data and infrastructure layers.

ID	Requirement
SEC-01	All data in transit shall be encrypted using current, industry-standard protocols (e.g., TLS 1.2+); plaintext transport shall be disabled.
SEC-02	All sensitive data at rest, including the medical-history records, shall be encrypted using strong, industry-standard algorithms (e.g., AES-256).
SEC-03	Authentication shall enforce strong password policies and support multi-factor authentication (MFA) at least for administrative and physician accounts.
SEC-04	Authorization shall be enforced through role-based access control (RBAC) following the principle of least privilege; users shall access only the data and functions required for their role.
SEC-05	All access to medical records and administrative actions shall be logged in a tamper-evident audit trail (who, what, when), retained for an agreed retention period.
SEC-06	The application shall be protected against the prevailing common web vulnerabilities (e.g., the OWASP Top 10), including injection, broken access control, and cross-site scripting.

ID	Requirement
SEC-07	Secrets, keys and credentials shall be stored securely (e.g., in a secret manager/key vault) and never hard-coded in source code or configuration.
SEC-08	Session management shall include secure cookies, idle/absolute session timeouts, and protection against session fixation and CSRF.
SEC-09	The Contractor shall apply secure software-development lifecycle practices, including code review, dependency/vulnerability scanning and remediation of identified vulnerabilities.
SEC-10	The Contractor shall conduct (or facilitate) security testing, including vulnerability assessment and penetration testing, prior to go-live and remediate critical/high findings before acceptance.
SEC-11	The system shall support security patching and timely application of updates to the operating system, runtime and third-party libraries.
SEC-12	Administrative interfaces shall be protected by additional controls (e.g., network restrictions, MFA) and shall not be exposed unnecessarily to the public internet.
SEC-13	The system shall provide secure backup and a documented disaster-recovery capability, with backups encrypted and periodically tested for restoration.
SEC-14	Rate limiting, input validation and anti-automation controls shall be applied to public and authentication endpoints to mitigate abuse and brute-force attacks.

7.2 Privacy and Data Protection

Patient privacy is paramount. The Platform shall be designed and operated in line with privacy-by-design principles and applicable data-protection laws and regulations. The Bidder shall describe how its solution achieves the following.

ID	Requirement
PRV-01	The Platform shall comply with applicable national data-protection laws and regulations governing personal and health data; the Contractor shall document the controls implemented.

ID	Requirement
PRV-02	Personal and health data shall be collected and processed on the basis of a lawful purpose, applying data-minimisation — only data necessary for the service shall be collected.
PRV-03	Patients shall be presented with clear consent and privacy notices, and the system shall record consent where required.
PRV-04	Access to patient records shall be restricted to the patient and to authorised physicians/staff with a legitimate care relationship, enforced by access controls and logged.
PRV-05	Analytics and dashboards shall use aggregated and/or de-identified data by default; re-identification shall be prevented unless explicitly authorised and lawful.
PRV-06	Data residency/hosting location shall comply with the Contracting Authority's requirements; the Bidder shall state where data will be stored and processed.
PRV-07	Defined data-retention and secure data-disposal policies shall be implemented for personal and health data.
PRV-08	The system shall support data-subject rights where applicable (e.g., access to, correction of, and export of one's own data) through appropriate workflows.
PRV-09	Any data shared with third parties or sub-processors shall be governed by appropriate agreements; the Bidder shall disclose all sub-processors and hosting providers.
PRV-10	A documented data-breach detection and notification process shall be in place, including timelines for notifying the Contracting Authority.

7.3 Performance, Scalability and Availability

The Platform shall be responsive and reliable under expected load across the five governorates, with the ability to scale as adoption grows. The following targets are indicative minimums; the Bidder shall confirm or improve upon them and substantiate them with a sizing and load-testing approach.

ID	Requirement
PRF-01	Typical interactive pages and API responses shall load within 3 seconds under normal load (e.g., 95th percentile), and search results shall return within an agreed responsive threshold.
PRF-02	The Platform shall support an agreed number of concurrent users (to be confirmed during inception, e.g., several hundred to a few thousand concurrent users) without material degradation.
PRF-03	The architecture shall be horizontally scalable to accommodate growth in clinics, physicians, patients and visit volumes across additional governorates.
PRF-04	The Platform shall achieve a minimum availability/uptime of 99.5% per month (excluding agreed maintenance windows), measured and reported monthly.
PRF-05	Planned maintenance shall be scheduled during low-usage windows and communicated in advance; the system should support zero- or minimal-downtime deployments where feasible.
PRF-06	The Contractor shall implement application and infrastructure monitoring, alerting and logging, with dashboards available to the Contracting Authority on request.
PRF-07	The Contractor shall conduct load/performance testing representative of expected peak usage and provide the results as part of acceptance.
PRF-08	Defined Recovery Time Objective (RTO) and Recovery Point Objective (RPO) shall be agreed and met by the backup/disaster-recovery design.
PRF-09	The system shall degrade gracefully under high load and handle errors without exposing sensitive information.

7.4 Usability, Accessibility and Compatibility

ID	Requirement
USX-01	The user interface shall be intuitive, consistent and responsive across common desktop and mobile devices and modern browsers.

ID	Requirement
USX-02	The Platform should conform to recognized accessibility guidelines (e.g., WCAG 2.1 AA) to the extent practical.
USX-03	The Platform shall support Arabic and/or English as agreed, including correct right-to-left rendering where Arabic is used.
USX-04	The solution shall use maintainable, well-structured and documented code, with a clear architecture enabling future enhancement and handover.

8. Technical and Architectural Expectations

The Bidder shall propose a modern, secure and maintainable architecture and shall describe its proposed technology stack, hosting model, and integration approach. The following expectations apply:

- A clearly layered architecture (presentation, application/services, data) with documented APIs.
- Use of well-supported, current technologies and frameworks; the Bidder shall justify all key technology choices.
- Configuration-driven form templates and master data where feasible, to reduce reliance on code changes.
- Source-code version control, automated build, and a clear environment strategy (development, testing/staging, production).
- Documented entity/data model and visual/architecture diagrams (delivered under Section 8).
- The intellectual property and full, documented source code of the bespoke Platform shall be delivered to the Contracting Authority as set out in this ToR.

9. Deliverables

The Bidder shall provide a detailed time plan and itemized cost for each of the deliverables listed below. Costs shall be broken down per deliverable to enable transparent evaluation. The summary table that follows sets out the deliverables.

#	Deliverable	Key Acceptance Outputs	Expected Date
1	UI/UX design for the Platform	Wireframes, interactive prototype, design system/style guide, approved final designs for all roles and screens.	5 business days after awarding
2	Implementation of the Platform	Fully developed, tested Platform covering all functional and non-functional requirements; test reports; UAT sign-off.	30-40 business days after accepting #1
3	Hosting and deployment	Provisioned environments; deployed production system; monitoring, backups and DR configured; go-live.	5 business days after #2
4	Training (one day) in five governorates	Delivered one-day training sessions in Cairo, Beni Suef, Ismailia, Fayoum and Alexandria; attendance records.	20 business days after #2
5	Documentation and source code	User guides, admin guide, training material, deployment guide, documented source code, visual and entity diagrams.	On going task till end of project
6	Level 3 support until end of project	L3 support per SLA from go-live until 31 August 2027; periodic support reports.	End of project

10. Time Plan and Cost Requirements

The Bidder shall submit a detailed time plan (project schedule) and an itemized cost breakdown covering all six deliverables. The project shall be completed, and support shall run, until 31 August 2027.

10.1 Time Plan

- A Gantt-style schedule showing phases, milestones, dependencies and the critical path for Deliverables 1–5, plus the support window (Deliverable 6) through 31 August 2027.
- Key milestones with planned dates, including design approval, implementation completion, go-live, training completion and documentation handover.
- Resourcing plan and the team that will be assigned to each phase.

10.2 Cost Breakdown

Costs shall be presented per deliverable using the attached budget template excel sheet. Bidder should be free to submit it using pdf format.

11. Bidder Qualifications and Proposal Contents

11.1 Minimum Qualifications

- Demonstrated experience delivering comparable web/mobile platforms, ideally in the health or e-government domain.
- A qualified multidisciplinary team (UI/UX, software engineering, QA, DevOps/security, project management).
- Evidence of secure development and data-protection practices.
- References for at least two similar projects delivered within the last three years.

11.2 Required Proposal Contents

- Technical proposal: understanding of requirements, proposed solution and architecture, technology stack, security/privacy/performance approach, and methodology.
- Time plan and resourcing as per Section 10.1.
- Financial proposal: itemized cost per deliverable using the attached budget template.
- Team CVs, company profile, and relevant past experience/references.
- Assumptions, dependencies and any proposed deviations from this ToR (clearly flagged).

12. Evaluation Criteria

Proposals will be evaluated on a combined technical and financial basis. Indicative weightings are shown below and may be adjusted by the Contracting Authority in the final RFP.

Criterion	Indicative Weight
Technical solution and architecture (functional coverage)	30%
Security, privacy and performance approach	10%
UI/UX approach and quality	10%
Methodology, time plan and team	20%
Relevant experience and references	10%
Financial proposal (cost)	20%
Total	**100%**

13. General Terms and Conditions

- Ownership and intellectual-property rights of the bespoke Platform and its documented source code shall vest in Egypt Health Foundation on acceptance/payment, as detailed in the contract.
- The Contractor shall maintain confidentiality of all data and shall comply with applicable data-protection requirements at all times.
- Acceptance of each deliverable shall be subject to Egypt Health Foundation written approval against the agreed acceptance criteria.
- Payment milestones shall be linked to accepted deliverables, as set out in the contract.
- Warranty and the agreed SLA shall apply through the support period ending 31 August 2027.
- Egypt Health Foundation reserves the right to accept or reject any or all proposals and to request clarifications.