| REFERENCE OF TENDER | DESCRIPTION OF TENDER | TIME PERIOD OF TENDER | DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER | FEES | CLOSING DATE NOT LATER THAN 12.00PM | FOCAL PERSON |
|------------------------|---|--------------------------------|--|---------|---|---|
| KK/59/2025/HTD(TC) | DEVELOPMENT OF FOREIGN WORKER HEALTH SCREENING (FWHS) E- PORTAL INCLUSIVE OF HOSTING, MAINTENANCE & SUPPORT FOR THREE(3) YEARS FOR MINISTRY OF HEALTH | 3 YEARS | HEALTHCARE TECHNOLOGY DEPARTMENT | \$30.00 | 25 TH MARCH 2025 | Hjh Noor Zawatil Amal Farishah binti Haji Aji Penganalisa Sistem Bahagaian Informatik Kesihatan Jabatan Teknologi Penjagaan Kesihatan Ministry of Health Negara Brunei Darussalam Contact No: 2381640 Ext 6209/6210 email: amal.aji@egnc.gov.bn Mohammad Eswady bin brahim Penganalisa Sistem Bahagaian Informatik Kesihatan Jabatan Teknologi Penjagaan Kesihatan Ministry of Health Negara Brunei Darussalam Contact No: 2381640 Ext 6209/6210 email: eswady.brahim@moh.gov.bn |

TENDER REFERENCE NO.: KK/59/2025/HTD(TC)

MINISTRY OF HEALTH NEGARA BRUNEI DARUSSALAM

DEVELOPMENT OF FOREIGN WORKER HEALTH SCREENING (FWHS) E-PORTAL INCLUSIVE OF HOSTING, MAINTENANCE & SUPPORT FOR THREE(3) YEARS FOR MINISTRY OF HEALTH

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE: ON TUESDAY, 25TH MARCH 2025

TIME : 12.00 PM

FOA :

THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/59/2025/HTD(TC)

INVITATION TO TENDER

DEVELOPMENT OF FOREIGN WORKER HEALTH SCREENING (FWHS) E-PORTAL INCLUSIVE OF HOSTING, MAINTENANCE & SUPPORT FOR THREE (3) YEARS FOR MINISTRY OF HEALTH

| QUOTATION VALIDITY | 12 MONTHS |
|----------------------------|-----------|
| DELIVERY PERIOD OF PRODUCT | 3 MONTHS |

| ITEM NO. | | DESCRIPTION | | | | | |
|-------------|--|----------------------|--|--|--|--|--|
| 1 | To develop an online portal inclusive of hosting, user training. Part of the features of | 1 LOT | | | | | |
| | Description | Minimum Requirements | Remark | | | | |
| | of foreign worker employees in Brunei Darussalam, private (new) or renewal of foreign | | The online portal must be accessible using different multiple devices like desktop, laptop, tablet, mobile (Website must be optimized for mobile devices and user-friendly). | | | | |
| | The online portal must use BruHealth Cloud as its hosting platform. | | To liaise directly with EVYD as the appointed vendor for BruHealth with regards to using the BruHealth Cloud as the hosting platform. | | | | |

| ITEM NO. | | DESCRIPTION | | QTY |
|-------------|---------------------------------------|--|---|-----|
| | Login and One Time Password (OTP). | The system shall provide user login via a phone number and the system shall generate a One-Time-Password (OTP) to verify the user. The OTP should only be sent to a local number with a country code (+673) or email registered by the user. The OTP should only be sent once. In the case where the user did not receive the OTP, a resend button should be provided to allow the user to request the OTP again. Users will only be allowed to request a resend once within 5 minutes. A block-out period of 1 hour will be given to the phone number to request another OTP. | CAPTCHA security measures should be provided for every resend message to avoid intrusion into the system. | |
| | User Registration. | Registration application for foreign worker as well as registration of employer details and authorized person whereby only the Employer and Authorized Person are allowed to register and access the System. | The Foreign Workers are not allowed to register themselves and should only be assisted by their Employer and/or Authorized person appointed by their Employer. | |
| | Access to the online portal. | Access by Employer and Authorized Person. Access by Foreign Worker Health Screening Center Personnel. Access by MOH- | To create access list and work closely with project's team members (business and technical) from time to time especially when there are updates to the access list. | |

| ITEM NO. | | DESCRIPTION | | QTY |
|-------------|---|--|--|-----|
| | | approved local Private Healthcare Facilities Personnel. Access by the Immigration and National Registration Department and the Labour Department Personnel. | | |
| | Generating medical fitness certificate. | A 'Fit' Medical Fitness Certificate should be automatically generated after 24 hours of receiving satisfactory results from the MOH-approved local Private Healthcare Facilities. | | |
| | To include in the online portal, a page for Brunei MOH approved overseas health facilities to upload the prospective employees or foreign workers' medical report forms plus laboratory and radiological reports. | This is to minimize the risk of forgery done in the country of origin. | This is also so that Brunei can verify the reliability of those documents. | |
| | API and data access by BruHealth infrastructure. | The system should provide API access to BruHealth – for Security Token Exchange and various data touchpoints. The data touchpoint should include the following: Employer and Authorized Person Registrations. Foreign Worker Registrations. Lab Results. Retrieval of foreign | | |

| ITEM NO. | | DESCRIPTION | | QTY |
|-------------|---|---|---|-----|
| | | workers data to/from Immigration department. | | |
| | Online portal dashboard report. | The system shall provide the required statistics for viewing and also provide a report of the total OTP sent to users for each month. | The online portal must be able to retain all data, statistics and reports for at least seven (7) years before doing data archiving. | |
| | Integration with Government Online Payment Gateway | The system must use Government Online Payment Gateway as a means to collect registration payments from the users. The System should be able to provide receipt of payment to the system and the users. The System should provide a downloadable payment receipt in the system. The system should be able to send payment receipts to the user's email. The system should use the government email exchange to send to the user. Details of the email exchange will be shared once the project commences. In the case of difficulty in using the government email exchange, the vendor should provide an | The System must be integrated with the MOFE Payment Gateway (ETX/EPG). | |

| ITEM NO. | | DESCRIPTION | | QTY |
|-------------|------------------------------------|--|---|-----|
| | | alternative email exchange to send the email and should not use the free email services available. 6. The system should provide the billing report for each transaction made to ETX/EPG. All transactions should be reported in this billing report whether it is successful or not. | | |
| | Online Portal UI/UX mock up. | To show how the online portal will look like including how each of the online processes work. | Must study and understand first on how the current manual process of foreign worker health screening works. | |
| | Trainings. | Administrator and user trainings. | Hands-on technical trainings together with supporting user manuals/documentations. | |
| | Maintenance & support services. | Maintenance & support services for a period of three (3) years. | To include all types of maintenance (preventive & corrective) together with support services. | |
| | Security vulnerability assessment. | The system will be undergoing quarterly Vulnerability Assessment (VA) required by CSB/ITPSS. Remediation should be made once the report is given by CSB/ITPSS. | The cost for vulnerability assessments and remediation of vulnerabilities is part of the project's costing. | |

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/59/2025/HTD(TC)

INVITATION TO TENDER

DEVELOPMENT OF FOREIGN WORKER HEALTH SCREENING (FWHS) E-PORTAL INCLUSIVE OF HOSTING, MAINTENANCE & SUPPORT FOR THREE
(3) YEARS FOR MINISTRY OF HEALTH

| ITEM NO. | DESCRIPTION | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|--|----------|------------------|--|---------------|---------------|---------|
| 1 | To develop an online portal for foreign worker health screening (FWHS) for Ministry of Health (MOH) inclusive of hosting, user trainings, upgrades, maintenance & support services for a period of three (3) Years. Part of the features of the proposed online portal (but not limited to) are: | 1 LOT | | | | | |

| ITEM NO. | | DESCRIPTION | | | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|--|--|---|--|------------------|--|---------------|---------------|---------|
| | Description | Minimum Requirements | Remark | | | | | | |
| | The online portal must be accessible to local employers of foreign worker employees in Brunei Darussalam, private healthcare facilities and relevant Ministry authorities. | To ease the applications for the purpose of on-arrival (new) or renewal of foreign worker employee contracts in Brunei Darussalam. | desktop, laptop, tablet, mobile (Website must be | | | | | | |
| | The online portal must use BruHealth Cloud as its hosting platform. | Hosting of the application and database server for both production and development environment must be hosted under BruHealth Cloud. | To liaise directly with EVYD as the appointed vendor for BruHealth with regards to using the BruHealth Cloud as the hosting platform. | | | | | | |
| | Login and One Time Password (OTP). | The system shall provide user login via a phone number and the system shall generate a One-Time-Password (OTP) to verify the user. The OTP should only be sent to a local number with a country code (+673) or email registered by the user. The OTP should only | CAPTCHA security measures should be provided for every resend message to avoid intrusion into the system. | | | | | | |

| ITEM NO. | | DESCRIPTION | | | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|------------------------------|--|--|--|------------------|--|---------------|---------------|---------|
| | | be sent once. In the case where the user did not receive the OTP, a resend button should be provided to allow the user to request the OTP again. Users will only be allowed to request a resend once within 5 minutes. A blockout period of 1 hour will be given to the phone number to request another OTP. | | | | | | | |
| | User Registration. | Registration application for foreign worker as well as registration of employer details and authorized person whereby only the Employer and Authorized Person are allowed to register and access the System. | The Foreign Workers are not allowed to register themselves and should only be assisted by their Employer and/or Authorized person appointed by their Employer. | | | | | | |
| | Access to the online portal. | Access by Employer and Authorized Person. Access by | work closely with project's team members (business and technical) from time to | | | | | | |

| ITEM NO. | | DESCRIPTION | | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|---|---|-------|-----|------------------|--|---------------|---------------|---------|
| | | Health Screening Center Personnel. Access by MOH- approved local Private Healthcare Facilities Personnel. Access by the Immigration and National Registration Department and the Labour Department Personnel. | list. | | | | | | |
| | Generating medical fitness certificate. | A 'Fit' Medical Fitness Certificate should be automatically generated after 24 hours of receiving satisfactory results from the MOH- approved local Private Healthcare Facilities. | | | | | | | |
| | To include in the online portal, a page for Brunei MOH approved overseas health facilities to upload the prospective employees or foreign workers' medical report | This is to minimize the risk of forgery done in the country of origin. | | | | | | | |

| ITEM NO. | DESCRIPTION | | | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|--|--|---|-----|------------------|--|---------------|---------------|---------|
| | forms plus laboratory and radiological reports. | | | | | | | | |
| | API and data access by BruHealth infrastructure. | The system should provide API access to BruHealth — for Security Token Exchange and various data touchpoints. The data touchpoint should include the following: I Employer and Authorized Person Registrations. I Foreign Worker Registrations. I Retrieval of foreign workers data to/from Immigration department. | | | | | | | |
| | Online portal dashboard report. | The system shall provide the required statistics for viewing and also provide a report of the total OTP sent to users for each month. | able to retain all data, statistics and reports for at least seven (7) years before | | | | | | |

| ITEM NO. | | DESCRIPTION | | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|--|--|--|-----|------------------|--|---------------|---------------|---------|
| | Integration with Government Online Payment Gateway | The system must use Government Online Payment Gateway as a means to collect registration payments from the users. The System should be able to provide receipt of payment to the system and the users. The System should provide a downloadable payment receipt in the system. The system should be able to send payment receipts in the system. The system should be able to send payment receipts to the user's email. The system should use the government email exchange to send to the user. Details of the email exchange will be shared once the project | The System must be integrated with the MOFE Payment Gateway (ETX/EPG). | | | | | | |

| ITEM NO. | DESCR | | | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS |
|-------------|---|--|---|-----|------------------|--|---------------|---------------|---------|
| | the billing for transaction to ETX/EF transaction should reported billing whether successfu | se of n using ernment change, r should an email to send il and ot use email system provide report each made PG. All ns be in this report it is or not. | | | | | | | |
| | Online Portal UI/UX mock up. To show he online portal like including each of the processes wor | will look fi g how n online v | Must study and understand first on how the current manual process of foreign worker health screening works. | | | | | | |

| ITEM NO. | DESCRIPTION | | QTY | COMPLY? (Y/N) | PLEASE SPECIFY THE PROPOSED SOLUTION & SPECIFICATION | UNIT PRICE | TOTAL COST | REMARKS | |
|-------------|------------------------------------|--|---|------------------|--|---------------|---------------|---------|--|
| | Trainings. | Administrator and user trainings. | Hands-on technical trainings together with supporting user manuals/documentations. | | | | | | |
| | Maintenance & support services. | Maintenance & support services for a period of three (3) years. | , | | | | | | |
| | Security vulnerability assessment. | The system will be undergoing quarterly Vulnerability Assessment (VA) required by CSB/ITPSS. Remediation should be made once the report is given by CSB/ITPSS. | The cost for vulnerability assessments and remediation of vulnerabilities is part of the project's costing. | | | | | | |

- 1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.
- 2. Our Tender is fully consistent with and does no contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
- 3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
- 4. When requested by you, we shall extend the validity of this offer.
- 5. We further undertake to give you any further information which you may require.

| Dated this | day of | |
|--------------------------------------|---------------|---------------------------|
| Signature of authorised office Name: | r of Tenderer | Tenderer's official stamp |

Designation:

SCHEDULE 2 - INFORMATION SUMMARY

- 2.1 Tenderers shall provide in this Schedule the following information:
 - a. Management summary
 - b. Company profile (including Contractor and sub-contractor(s), if any)
 - c. Years of experience (as of the Tender Closing Date) of the Contractor and subcontractor(s) in the:
 - Supply & Delivery of Computer Software/Hardware
 - d. Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each subcontractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

| | | Alliance Relationship between Contractor and Sub-contractor(s) | | | | |
|-------------------|-------------------------------|--|---------------------|-------------------------|--|--|
| Company Name | Responsibility Description | Alliance Exists? (Y/N) | Date Established | Alliance Description | | |
| Contractor | | | | | | |
| | | Not Applicable | Not Applicable | Not Applicable | | |
| Sub-contractor(s) | | | | | | |
| | | | | | | |

SCHEDULE 4 - COMPANY'S BACKGROUND

| 4.1 | Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if |
|-----|--|
| | any), shall provide information on the company's background, scope of operations, financial |
| | standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as |
| | the case may be). |

SCHEDULE 5 - REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

| Customer Name and Address | Customer Type (Govt or Quasi Govt)* | Contact Person | Title | Contact Number,Fax Number and E-Mail Address |
|------------------------------|---|-------------------|-------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
 - a) identical in packing and manufacture to the items to be offered by the Tenderer; and
 - b) marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO.: KK/59/2025/HTD(TC)

INVITATION TO TENDER

DEVELOPMENT OF FOREIGN WORKER HEALTH SCREENING (FWHS) E-PORTAL INCLUSIVE OF HOSTING, MAINTENANCE & SUPPORT FOR THREE (3) YEARS FOR MINISTRY OF HEALTH

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

| NO. | ITEM | SAMPLE SUBMITTED (indicate with) | SAMPLE NOT SUBMITTED (indicate with ×) | OFFERED/NOT OFFERED (indicate as appropriate) |
|-----|--|---|--|---|
| 1 | TO DEVELOP AN ONLINE PORTAL FOR FOREIGN WORKER HEALTH SCREENING (FWHS) FOR MINISTRY OF HEALTH (MOH) INCLUSIVE OF HOSTING, USER TRAININGS, UPGRADES, MAINTENANCE & SUPPORT SERVICES FOR A PERIOD OF THREE (3) YEARS | | | |

We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered.

Tenderer's official stamp:

(Signature of authorized officer of Tenderer)
Name:
Designation:
Date:

FOR OFFICE USE

Date of receipt : _______
Receiving Officer : _______