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KZN HEALTH

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**AdvertQuote**



### Quotation Advert

Opening Date: 2022-10-14

Closing Date: 2022-10-19

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name: Zululand district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Zululand Health District Office

Date Submitted: 2022-10-13

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
ZUL-85/22/23

Item Category: Goods

Item Description: PRINTING OF MMC CLINICAL CHART,PRE OPERATION PAMPHLETS WRITE ON BOTH SIDES,PRINT AND BIND ADVERSE EVENT CLASSIFICATION AND P RINT PRE AND POST OPERATION INFORMATION.

Quantity (if supplies):

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental website

QUOTES SHOULD BE DELIVERED TO: Zululand Health District Office / [thabisile.madela@kznhealth.gov.za](mailto:thabisile.madela@kznhealth.gov.za)

#### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: S.T.MHLUNGU

Email: [thabisile.madela@kznhealth.gov.za](mailto:thabisile.madela@kznhealth.gov.za)

Contact Number: 0358740681

Finance Manager Name: K.S.GWALA

Finance Manager Signature:

No late quotes will be considered



DESCRIPTION: PRINTING OF MMC CLINICAL FILE,PRE OPERATION PAMPHLETS AND PRINT AND BIND ADVERSE EVENT CLASSIFICATION

SIGNATURE OF BIDDER ..... DATE.....  
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1	1000	PRINTING OF MMC CLINICAL CHART(INTAKE FORMS				
2	1000	PRE OPERATION PAMPHLETS WRITE ON BOTH SIDE				
3	100 PADS	PRINT AND BIND ADVERSE EVENT CLASSIFICATION				
		NAVY/BLACK BACK COVER A4 SIZE AND LAMINA-				
		TING 30 PAGES PER PAD,RING BINDER TO BE USED				
4	1000	PRINT PRE AND POST OPERATION INFORMATION				
		NB:SAMPLE CAN BE VIEWED AT THE NEAREST				
		HEALTH FACILITY				
		SPECIFICATION ATTACHED				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period, e.g., 1day, 1week

<p><b>Enquiries regarding the quote may be directed to:</b></p> <p>Contact Person: <u>S.T.MHLUNGU</u> ..... Tel: <u>0358740681</u></p> <p>E-Mail Address: <u>thabisile.madela@kznhealth.gov.za</u></p>	<p><b>Enquiries regarding technical information may be directed to:</b></p> <p>Contact Person: <u>E.L.MBATHA</u> ..... Tel: <u>0358740731</u></p>
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## BIDDER'S DISCLOSURE

## 1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

## 2. BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of State Institution

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1. If so, furnish particulars: .....

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1. If so, furnish particulars: .....

## 3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Name of Bidder

.....  
Signature

.....  
Position

.....  
Date

<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

**GENERAL CONDITIONS OF CONTRACT****1. AMENDMENT OF CONTRACT**

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

**2. CHANGE OF ADDRESS**

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

**3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION**

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
  - (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

**4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.**

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

**5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS**

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

**6. SAMPLES**

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
  - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
  - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
  - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

**7. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  take place
- (ii) Date  Time  Place

Institution Stamp:	Institution Site Inspection / briefing session Official Full Name: ..... Signature: ..... Date: .....
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**8. STATEMENT OF SUPPLIES AND SERVICES**

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

## 11. TAX INVOICE

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

## 12. PATENT RIGHTS

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

## 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

## 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
  - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
  - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

## 15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

**1. GENERAL CONDITIONS**

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

**2. DEFINITIONS**

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;



**3. POINTS AWARDED FOR PRICE**

**3.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 points is allocated for price on the following basis:

$$P_s = 80 \left( 1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P<sub>s</sub> = Points scored for price of bid under consideration
- P<sub>t</sub> = Price of bid under consideration
- P<sub>min</sub> = price of lowest acceptable bid

**4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR**

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

**5. BID DECLARATION**

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1**

6.1 B-BBEE Status Level of Contributor: = .....(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

**7. SUB-CONTRACTING**  
**applicable box)**

(Tick

YES	NO	
-----	----	--

7.1 Will any portion of the contract be sub-contracted?

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	NO	
-----	----	--

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....  
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1. ....</p> <p>2. ....</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE: .....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>
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Institution name:

Zululand Health District Office

**COMPLAINTS PROCESS FOR QUOTATIONS R2 000.00 TO R500 000.00 INCLUDING V.A.T**

**1. Supplier Submits Written Complaint / Objection**

- Bidders aggrieved by decisions or actions taken by the Department or Institution during the SCM procurement process, must lodge a written complaint **immediately**.
- Complaints lodged two (2) or more days after the award will not be entertained.
- Complaints must be directed to the Responsibility Manager of the institution (Hospital or CHC) and District Finance Manager for District Offices.
- **It must be noted that this is not an appeals process and as such will not halt the procurement process.**

**2. Institution Prepares Written Response to Complaint**

- The Responsibility Manager, or his appointee, must prepare a response letter to the complainant.
- The complaint must be resolved within **60 days**.
- Should the complainant not be satisfied with the response, the matter will be referred to the District Finance Manager (applicable to all Hospitals and CHC) or District Manager (Applicable to all District Offices) for a final verdict.
- Should the complainant still not be satisfied with the response received, they may then seek legal recourse at their own expense.

Complaints or objections should be directed to:

Responsibility Manager:

K.S.Gwala

Email Address:

samkelisiwe.gwala@kznhealth.gov.za

**F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS)** Page 4

Client First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

I, the above-mentioned, hereby declare that I was informed and freely offered HIV Testing Services. I understand that HIV test results are kept confidential and that only healthcare providers and the individual tested have access to the test results. I give consent that my information will be shared with authorised healthcare providers in the best interest of my health and with the Department of Health for monitoring and evaluation purposes.

Be contacted telephonically on my mobile number supplied for follow-up.

Please check the relevant box below:

I consent to be tested for HIV, to have my HIV status shared with me and my healthcare providers; and to be contacted for follow up

I choose to decline HIV testing

Signature of Client \_\_\_\_\_ Date of consent DD/MM/YYYY

**F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)**

First Name(s) of Parent/Guardian \_\_\_\_\_ Surname of Parent/Guardian \_\_\_\_\_

Date of consent DD/MM/YYYY Identity Number of Parent/Guardian \_\_\_\_\_

**G1. INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MMC)**

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

I, the above-mentioned, hereby declare that I was informed and voluntarily accepts to undergo medical male circumcision. I understand that VMCC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me.

I was informed that I might be contacted telephonically on my mobile number supplied for follow-up. Please check the relevant box below:

I consent for medical male circumcision

I choose to decline medical male circumcision

Signature of Client \_\_\_\_\_ Date of consent DD/MM/YYYY

**G2. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)**

First Name(s) of Parent/Guardian \_\_\_\_\_ Surname of Parent/Guardian \_\_\_\_\_

Date of consent DD/MM/YYYY Parent/Guardian Identity Number \_\_\_\_\_

**G3. COUNSELOR PROVIDING CLIENT WITH HTS AND VMCC INFORMATION**

First Name(s) of Counselor \_\_\_\_\_ Surname of Counselor \_\_\_\_\_

I am the counselor who has provided the above-mentioned client and/or his parent/legal guardian with information related to HTS and VMCC. I have given the client and/or his parent/ legal guardian an opportunity to ask me questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counseling and testing, and voluntary medical male circumcision procedure.

Signature of Counselor \_\_\_\_\_ Date DD/MM/YYYY

**A. FACILITY AND CLIENT INFORMATION** Page 1

**A1. VMCC SETTING – To be completed by data clerk**

Province \_\_\_\_\_ District \_\_\_\_\_

Sub-district \_\_\_\_\_ Facility Type \_\_\_\_\_

Mobile \_\_\_\_\_ Outreach \_\_\_\_\_

Static \_\_\_\_\_ Other, specify: \_\_\_\_\_

Date of Visit DD/MM/YYYY Name of Data Clerk \_\_\_\_\_ Data Clerk signature: \_\_\_\_\_

**A2. CLIENT INFORMATION – To be completed by data clerk**

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_ Age (Years) \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Birth DD/MM/YYYY

Mobile Telephone Number \_\_\_\_\_ Physical Address \_\_\_\_\_ Employment Status \_\_\_\_\_

Married, Polygamous \_\_\_\_\_ Single, No Regular Partner \_\_\_\_\_

Divorced/Separated \_\_\_\_\_ Widowed, Other, specify: \_\_\_\_\_

Contract \_\_\_\_\_ Student \_\_\_\_\_

Unemployed \_\_\_\_\_

Can next of kin be contacted?  Yes  No Names of next of kin \_\_\_\_\_ Telephone of next of kin \_\_\_\_\_

**A3. HIV TESTING INFORMATION – To be completed by nurse/counselor**

If yes, when was the most recent HIV test?  ≤1 month  ≤3 months  ≤6 months  ≤1 year  >1 year

Have you ever tested for HIV?  Yes  No

If yes, what was the most recent test result?  Negative (NR)  Positive (R)  Never collected result

If HIV positive, have you attended an HIV care facility for care and treatment in the past 3 months?  Yes, name of facility: \_\_\_\_\_  No, referred to facility: \_\_\_\_\_

Name of staff referring to ART: \_\_\_\_\_ On ART?  Yes  No

**A4. HIV TESTING SERVICES (HTS) – To be completed by nurse/counselor**

Declined testing?  Yes  No Consented?  Yes  No

Result 1:  Positive (R)  Negative (NR)  Discordant  ELISA test  Yes  No

Result 2:  Positive (R)  Negative (NR)  Discordant

Final Result  Negative (Neg)  Positive (Pos) Risk Reduction  Condom usage  Partner reduction  Follow-up counseling (negative and high-risk factors)

**A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING – To be completed by nurse/counselor**

Have you ever been tested for STIs?  Yes  No Have you had genital sores or ulcers?  Yes  No Do you have burning when passing urine?  Yes  No

Do you always use condoms when having sex?  Yes  No Have you had discharge from your penis?  Yes  No How many sexual partners have you had in the last 6 months?  Yes  No

**A6. TUBERCULOSIS (TB) SCREENING – To be completed by nurse/counselor**

Have you had a cough for ≥2 weeks OR any duration if HIV positive?  Yes  No Have you had a persistent fever for more than 2 weeks?  Yes  No Have you had unexplained weight loss >1,5kg per month?  Yes  No

Do you have night sweats?  Yes  No Have you ever had contact with a person with TB?  Yes  No Have you ever been previously diagnosed with TB?  Yes  No

A Yes to any of these questions may indicate possible active TB. If client screens positive for possible TB infection, refer them to TB clinic for further evaluation. Patient may continue to receive IMC.

**A7. REFERRALS – To be completed by nurse/counselor**

Referred for:  ART/Wellness  STI treatment  TB evaluation  General health facility  Other, specify: \_\_\_\_\_

**B. SOCIO-MEDICAL HISTORY**

**B1. REFERRAL MECHANISMS – To be completed by nurse/counselor**

How did you learn of VMMC?  Friends/Family  Partner/Spouse  Health Worker  Community Mobilizer  Community Event  Church Event  Branded Taxis  TV/Radio  Social Media (e.g. Facebook)  Poster/Newsprint/Leaflet  Phone/SMS  Other, specify: \_\_\_\_\_

**B2. REASONS FOR CIRCUMCISION – To be completed by nurse/counselor**

What are your primary reasons for VMMC?  Partial HIV Protection  STI Protection  Hygiene  Medical  Social/Religious  Appearance  Sexual Pleasure  I was ready today  I just decided to come  Other, specify: \_\_\_\_\_

**B3. PAST MEDICAL HISTORY – To be completed by nurse**

Anaemia  Yes  No  If yes, are you currently receiving treatment?  Yes  No

Haemophilic/bleeding disorders in yourself or family  Yes  No  If yes, are you currently receiving treatment?  Yes  No

Nose bleeds that last long time?  Yes  No  If yes, are you currently receiving treatment?  Yes  No

Diabetes  Yes  No  If yes, are you currently receiving treatment?  Yes  No

**B4. COMPLAINTS – To be completed by nurse**

Urethral discharge  Yes  No  Difficulty retracting foreskin  Yes  No

Genital sore/ulcer/warts  Yes  No  Swelling/redness of foreskin/penis  Yes  No

Swelling of the scrotum  Yes  No  Discharge or thick liquid under foreskin  Yes  No

Frequent urination  Yes  No  Pain on erection  Yes  No

Difficulty passing urine  Yes  No  Concerns about erection/sexual function  Yes  No

Pain on urination  Yes  No  Other, specify: \_\_\_\_\_

**B5. PREVIOUS SURGERY – To be completed by nurse**

Have you ever had a dental or surgical operation?  Yes  No  Name: \_\_\_\_\_

If yes, specify nature, date, and any complications: \_\_\_\_\_ Signature: \_\_\_\_\_

**B6. CURRENT MEDICATIONS AND ALLERGIES – To be completed by nurse**

Taking Any Medications?  Yes  No  Allergies to Medications?  Yes  No

Specify: \_\_\_\_\_ Provide details (e.g. iodine -> rash): \_\_\_\_\_

**C. PHYSICAL EXAMINATION AND TRIAGE**

**C1. PHYSICAL EXAMINATION – To be completed by nurse**

Phymosis  Yes  No  Paraphimosis  Yes  No  Epispadias  Yes  No  Hypospadias  Yes  No  Genital Ulcers/Warts  Yes  No

Balanitis  Yes  No  Torsion  Yes  No  Adhesions  Yes  No  Urethral discharge  Yes  No  Other, specify: \_\_\_\_\_

**C2. WELLNESS ASSESSMENT – To be completed by nurse**

Weight kg  Blood pressure  Pulse  Temperature  °C  Tetanus (TTCV) given?  Yes  No

Pallor  Yes  No  Lymphadenopathy  Yes  No  Wasting  Yes  No  Haemoglobin  DD/MM/YYYY  No  Date of 1<sup>st</sup> dose  DD/MM/YYYY  Date of 2<sup>nd</sup> dose  DD/MM/YYYY

**C4. VMMC ELIGIBILITY – To be completed by nurse**

is client eligible for VMMC?  Yes  No  If no, specify: \_\_\_\_\_

**D. VMMC PROCEDURE**

**D1. VMMC OPERATION – To be completed by surgeon/clinical associate & nurse**

Date of VMMC DD/MM/YYYY Start Time HH:MM End Time HH:MM Consent for VMMC Verified?  Yes  No

Anesthetic (give according to weight of client)  Macaine 0.5% ml  Skin Prep  Povidone Iodine  Lignocaine 1% ml  Other, specify: \_\_\_\_\_  Lignocaine 2% ml  DPNB  Anesthesia  EMLA cream ml  DPNB + Ring Block  Forepals Guided  Suture  Plain Gut  Dorsal Silk (all clients <15 years)  Vicryl Raplyde  Sleeve Resection  Chronic  Device/ Surgical aid, specify (type/size): \_\_\_\_\_

Method  1<sup>st</sup> Assistant Name: \_\_\_\_\_ Designation: \_\_\_\_\_  2<sup>nd</sup> Assistant Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Diathermy Used?  Yes  No  Diathermy Setting \_\_\_\_\_ Respiration rate \_\_\_\_\_

**D2. POST-SURGERY OBSERVATION (IMMEDIATELY AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse**

BP / Temp. \_\_\_\_\_ °C Pulse \_\_\_\_\_ Respiration rate \_\_\_\_\_

**D3. POST-SURGERY OBSERVATION (15 MINUTES AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse**

BP / Temp. \_\_\_\_\_ °C Pulse \_\_\_\_\_ Respiration rate \_\_\_\_\_

Complications/Intra-Operative AEs?  Yes  No  If "Yes" Mark all AE codes that apply below:

Anesthetic Reaction (AR)  Mild (1)  Moderate (2)  Severe (3)  Insufficient Skin Removal (IS)  Mild (1)  Moderate (2)  Severe (3)

Bleeding (BL)  Mild (1)  Moderate (2)  Severe (3)  Occupational Exposure (OT)  Mild (1)  Moderate (2)  Severe (3)

Damage to Penis (DP)  Mild (1)  Moderate (2)  Severe (3)  Pain (PA)  Mild (1)  Moderate (2)  Severe (3)

Excess Skin Removal (ES)  Mild (1)  Moderate (2)  Severe (3)  Other, Specify: \_\_\_\_\_

**CLINICAL NOTES**

\_\_\_\_\_

**E. POST-OPERATIVE REVIEW VISITS – To be completed by surgeon/clinical associate & nurse**

**E1. 48 Hours Post-Operative/First Visit**

Date of Visit DD/MM/YYYY Reviewed By DD/MM/YYYY Reviewed By DD/MM/YYYY

AE Present?  Yes  No Notes AE Present?  Yes  No Notes

AE Code Severity Code DD/MM/YYYY AE Code Severity Code DD/MM/YYYY

Diagnosis Date at this Severity DD/MM/YYYY

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**E2. 7 Days Post-Operative/Second Visit**

Date of Visit DD/MM/YYYY Reviewed By DD/MM/YYYY Reviewed By DD/MM/YYYY

AE Present?  Yes  No Notes AE Present?  Yes  No Notes

AE Code Severity Code DD/MM/YYYY AE Code Severity Code DD/MM/YYYY

Diagnosis Date at this Severity DD/MM/YYYY

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**Post-Operative AEs? Yes  No  If "Yes" – Mark all AE codes that apply below:**

Bleeding (BL)  Mild (1)  Moderate (2)  Severe (3)  Insufficient Skin Removal (IS)  Mild (1)  Moderate (2)  Severe (3)

Damage to Penis (DP)  Mild (1)  Moderate (2)  Severe (3)  Pain (PA)  Mild (1)  Moderate (2)  Severe (3)

Excess Skin Removal (ES)  Mild (1)  Moderate (2)  Severe (3)  Wound Disruption (WD)  Mild (1)  Moderate (2)  Severe (3)

Infection (IN)  Mild (1)  Moderate (2)  Severe (3)  Other, Specify: \_\_\_\_\_

**E3. LOST TO FOLLOW UP – To be completed by surgeon/clinical associate & nurse**

Lost-to-Follow-Up?  Yes  No  Attempted to Call?  Yes  No  Follow-Up at Another Site  Yes  No  Specify: \_\_\_\_\_

# END-USER SPECIFICATION FORM

Quote Number:

Item Description: Supply and deliver Printing of MMC Clinical Chart (intake forms) x 1000

Department/Section: Programmes

Purpose of Item: Printing

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. , etc.)? Yes  
 Regulatory Body / certification required if Yes:

1.2. Is a compulsory site inspection / briefing session required? NO  
 if Yes, specify: Date..... Place .....

1.3. Is local production and content part of the quote? Yes  
 if Yes, specify:  100%

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No  
 if Yes, specify:

1.5. Liability Cover insurance? Yes / No  
 if Yes, specify:

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Supply and deliver Printing of MMC Clinical Chart (intake forms ) x 1000	
2.	2 Pages forms written both sides	
3.		
4.		
5.		
6.		
7.		
8.		
9.		

3. Does a sample need to be submitted? / No(select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date  /  /  Time :  Place

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1.	Pre-qualification criteria As per attached on quotation
2.	Preference points

Name of End-user (in full)	BISC Mbatya	Name of SCM Rep (in full)	KHUMBANI Mkhize
Designation / Rank (in full)	HCBC/MMC/THP	Designation/ Rank (in full)	Supply Chain Clerk
Signature	<i>BISC Mbatya</i>	Signature	<i>[Signature]</i>
Date	10/08/2022	Date	10/08/2022

## Live a healthy lifestyle

- 1 Be Active**  
Walk, run or dance for at least 30 minutes per day – 5 days per week.
- 2 Eat Healthy**  
Eat 3 meals of various healthy foods per day. Drink at least 8 glasses of clean water per day.
- 3 Promote a Smoke Free Environment**  
Quit smoking. Smoking is one of the major causes of heart and lung disease, and cancer.
- 4 Practice Safe Sex**  
Delay your first sexual experience until you are responsible. Abstain from sexual activities before marriage. Be faithful to your one partner at a time. Go for counseling and testing. Use a condom every time you have sex.
- 5 Sidestep Alcohol and Drugs**  
Children under the age of 18 years are not allowed to drink alcohol. Alcohol and drugs are highly addictive, and abuse of these substances can lead to unsafe sexual practices and an increased risk of getting a sexually transmitted infection (STI).



health  
Department  
of Health  
PROVINCE OF KWAZULU-NATAL

You are responsible for your own health



QUALITY HEALTH CARE FOR ALL

Impilo eseqophelweni  
eliphrezulu

kwazulu-natal.gov.za

## HIV Counseling and Testing (HCT)

Knowledge is power... Know your HIV status. HIV testing is free and confidential.

I am responsible

- for my own health and HIV status
- when HIV negative... stay negative
- when HIV positive... seek support and not spread the virus to others

We are responsible

- together to influence others to make healthy choices

KZN Department of Health is responsible

- to ensure quality services are available to all who present for testing

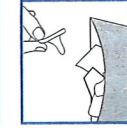
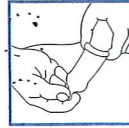
Call your nearest clinic for assistance

## Sexually transmitted Infections/Diseases (STI's)

STI's are infections that can be transferred from one person to another through any type of sexual contact, including kissing and the use of sexual toys. STI's open the gate for the HIV to enter your body and infect your body.

## How to use a male condom

1. Use a new condom every time you have sex.
2. Check the expiration date on the package.
3. Do not use anything sharp to open the wrapper such as scissors or your teeth.
4. Do not unroll the condom before putting it on your penis.
5. Gently press out air at the tip of the condom before putting it on.
6. Hold the tip of the condom between your thumbs and forefinger against the head of your penis. If your penis is uncircumcised, pull back the foreskin before putting on the condom.
7. Put the condom on your erect penis. Unroll the condom over the entire length of your penis.
8. After sex, hold the condom at the base and out of your partner. Slide the condom off and tie a knot in the condom. Wrap the used condom in a tissue and throw it away in the bin. Do NOT flush it down the toilet, it can cause a blockage.



## Most STIs can be cured

Do you or your partner have:-

- Urethral discharge, burning or pain when urinating
- Abnormal, smelly, discolored vaginal discharge
- Public rashes, blisters, sores with or without pain
- Swelling in the groin
- Sores around your mouth or anus
- Go to your nearest Clinic for help and support. Take your partner with you.
- Take heed of the information offered to you and be free to ask questions about your body
- Complete your STI treatment
- Use a condom while on treatment. Condoms prevent STIs, HIV and unwanted pregnancies



## Medical Male Circumcision (MMC)

Medical Male Circumcision (MMC) is the oldest and commonest operation to remove the skin in the front of the penis.

MMC -

- Reduces the chances of men getting infected by the HIV by 60%
- Reduces the transference of the Herpes type 2 virus
- Reduces the chances of cancer of the cervix in women
- Your penis is odour free and feels cleaner

MMC is FREE and can be confidential  
MMC is safe and a little uncomfortable in EXPERIENCED hands

What do you have to do?

- Go to your nearest Clinic for help and support.
- The Clinic staff will prepare you for MMC with screening for diabetes, hypertension, TB, HIV.

Knowledge is power... Know your status

Any male may have a MMC

Females encourage your family, partner or colleagues to have MMC.

Mothers check your sons at birth, be motivated to circumcise your son, teach them hygiene of their foreskin.

Fighting Disease, Fighting Poverty, Giving Hope.  
Silwa Nezifo, Silwa Nobuhle  
Sinika Ithemba

Toll free number: 080005133  
Department of Health: 03339521

Health District offices:

- Amatuba 034 328 700
- eThekweni 031 240 530
- hlabeni 082 437 350
- Sisonke 039 834 830
- Ugu 039 688 300
- Umgungundlovu 033 897 100
- uThukela 036 631 220
- Umyintyathi 034 299 910
- URxungulu 035 787 063
- Umkhayaakade 035 572 132
- Zululand 035 874 230

www.kznhealth.gov.za

## After Medical Male Circumcision

What do I do to recover quickly after MMC?

- Avoid heavy work or exercise after MMC to allow the wound to heal.
- Take good care of your wound
- Clean the penis twice a day with water
- Keep the penis clean and dry
- Do not pull or scratch the penis while it is healing.
- It is important to go back to the Clinic on the given date - usually within 1-5 days.
- Avoid sexual activity - even with a condom - as well as masturbation for at least 6 weeks after your surgery.

Return to the Clinic if

- There is bleeding that does not want to stop
- Severe pain - especially in your lower abdomen
- Difficulty in urinating
- Lots of swelling around your penis
- Discharge from the wound

## Phila impilo enhle

### 1 Nyakazi sa umzimba

Hamba, gijima noma dansa okungenani imizuzu engama - 30 ngosuku izinsuku ezi - 5 ngesonto.

### 2 Yidla ukudla okunempilo

Yidla izidlo ezintathu zokudla okunempilo okuhlobonhlobo ngosuku. Phuza okungenani izingilazi ezi - 8 zamanzi ngosuku.

### 3 Cgugquzela isimo senhlalo

Yeka ukubhema. Ukubhema kungenye yezisusa - ezinkulu zesimo - senhlaliziyo, esamaphaphu, kanye nomdlavuzi.

### 4 Zibandakanye

Zibandakanye ekuzibandakanyeni nocansi kuze kube umqondo wakho usukhule ngokwanele. Zithibe ekwenzeni ucansi ungakashadi. Thembeka kumlingani wakho oye dwa. Hamba uye kwezoluleko nokuvohloa. Sebenzisa izazi lomkhwanyana ngaso sonke isikhathi uma uya ocansini.

### 5 Gwerna utshwala nezidakamizwa

Izingane ezingaphansi kweminyaka eyi - 18 azivuyele ukuphuzwa utshwala. Utshwala nezidakamizwa kuyaluthana kakhulu; nokusetshenziswa budedengu kwalezi zidakamizwa kungaholela ekwenzeni ucansi olungaphephile nasekwandeni kwamathuba okuthola isifo esithathelana ngokocansi (STI).

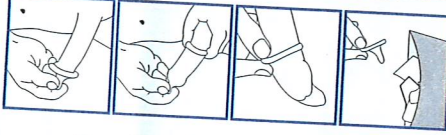


## Izifo ezithathelana ngokocansi (ama-STI)

Ama - STI angukufa okungadluliselwa kusuka kumuntu kuya komunye nganoma iyiphi indlela yokuhlangana. ngokocansi kufakwa ukugabulana nokusetshenziswa kwamazithoyisi okwenziwa ngawo ucansi. Ama-STI avula intuba yokungena kwe- HIV emzimbeni wakho bese isulela ngokutha emzimbeni wakho.

## Isetshenziswa kanjani ikhondomu yabesilisa

1. Sebenzisa ikhondomu entsha njalo uma uya ocansini.
2. Bhela usuku lokuphelwa kwayo yisikhathi ephaketheni eliyisongile.
3. Ungasebenzisi lutho olubukhali njengesikelo kumbi amazinye ukuvula okuyisongile.
4. Ungayiluli ikhondomu ngaphambi kokuyifaka esithweni sakho sangasese.
5. Cindezela ngesineke ekugcineni kwekhondomu ukuze luphume umoya ngaphambi kokuyifaka.
6. Bamba isithoko sekhondomu ngesithupa zakho nomunwe wokuhamba uqokise isitho sakho sangasese. Uma ungasokile, qala ngokudlula emuva jwaba ngaphambi kokufaka ikhondomu.
7. Faka ikhondomu esithweni sakho sangasese esiqinile. Qoqa ikhondomu yemboze sonke isitho sakho sangasese ngokobude baso.
8. Emva locansi, bamba ikhondomu bese uphuma kumlingani wakho. Khipha ikhondomu bese uyibopa ifindo. Yisonge ngephepha bese uyilaha engonyeni. Ungayishayi nethoyilethi, ingadala ukuvimbeka kwamanzi.



## Ama - STI AMANINGI ANGELAPHEKA

### Ngabe wena nomlingani wakho -

- Ninokusaluketshezi okuphuma embotsheni yokuchama, ukushisa noma ubuhlungu ngesikhathi uchama
- Ninokusaluketshezi okuphuma esithweni sangasese okunokayo okunombala ogqunqile
- Ninomqubuka, imshabusuku, izilonda ezibuhlungu noma ezingebuhlungu esburjini
- Ninezilonda ezizunguze umlomo noma isitho sangasese sangemuva
- Hamba uye eMtholampilo wakho osezuzane ukuze uthole usizo nokwesekwa. -Hamba nomlingani wakho.
- Lunake ulwazi olunikezwayo futhi ukhuleleke ukubiza imibuzo ngomzimba wakho
- Yiqede yonke imishanguzo yokwelapha i-STI oyinikeziwe
- Sebenzisa izazi lomkhwanyana ngesikhathi uselelanwa - Amanjazi omkhwanyana avikela ama -STI, i-HIV kanye nokukhulelwa okungadingeki- wasebenzise njalo amakhondomu



## Ukusokwa Kwabesilisa Ngokwezempilo (i-MMC)

Ukusokwa wabesilisa gokwezempilo (i- MMC) kuyinqubo yokuhlaziya eyayenziwa kwakudala neywayelele kakhulu yokusiza jwabu esithweni sangasese sowesilisa.

- MMC -
- Yehisa amathuba emadodeni okuthelakele nge- HIV ngama -60%
- Yehisa ukudluliselwa komilume (Herpes type 2)
- Yehisa amathuba omdlavuzi wesibetho kubantu besifazane
- Isitho sangasese sowesilisa asibi naphunga elibi futhi sizwakala sihlanzekile

I- MMC IMAHHALA futhi ingaba yimfihlo I- MMC ayinabuhlungu obutheni uma yenziwa ngungoti kumele wenzenjani?

- Hamba uye eMtholampilo osezuzane nawe uyothola usizo nokwesekwa
- Abasebenzi baseMtholampilo bazokulungiselela i- MMC ngokukhululela isifo sikashukela, ukukhushulelwa izinga lokushisa egazini, i- TB, i- HIV.

### Ulwazi lungamandla... Yazi isimo sakho

Noma ngumuphi umuntu wesilisa angayenza i- MMC Bantu besifazane gquguzelani imindeni yenu, abalingani noma ozakweni emsebenzini ukuba benze i- MMC.

Bomama bhekani amadodana enu uma ezalwa khutshazekani ukuba misoke amadodana enu, nibafundise inhlanzeko yejwabu labo.

## Emveni Kokusokwa Kwabesilisa Ngokwezempilo

- Ngenzenjani ukuze ngisheshe ngilulame emveni kwe- MMC
- Gwema ukwenza umsebenzi onzima noma ukunyakazisa umzimba emveni kwe- MMC ukuze isilonda siphole.
  - Sinakekele kahle isilonda sakho
  - Hlanza isitho sakho sangasese ngamanzano awotiki kabili ngosuku
  - Gcina isitho sakho sangaphambili sihlanzekile futhi somile ngesikhathi sisaphola.
  - Kubaluleke ukubuyela eMtholampilo ngosuku omikezwe lona - imvamisa phakathi kosuku loku - 1 kuya kwiwe - 5.
  - Gwema ukwenza ucansi - noma ngebe usebenzisa izazi amasonjato ayi - 6 emveni kokuhlaziya.

### Buyela eMtholampilo uma

- Kunokophya okungangamuki
- Kunobuhlungu obukhulu ikakhulu ngezansi kwesinye
- Kuchameka kamzima
- Kunokuvuvuka okukhulu okuzunguze isitho sakho sangasese
- Kuphuma okusuluketshezi esilondeni





# END-USER SPECIFICATION FORM

Quote Number:

Item Description: Pre-operation pamphlets x 1000

Department/Section: Programmes

Purpose of Item: MMC

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. , etc.)? Yes

Regulatory Body / certification required if Yes:

1.2. Is a compulsory site inspection / briefing session required? NO

if Yes, specify: Date..... Place .....

1.3. Is local production and content part of the quote? Yes

if Yes, specify:  100%

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No

if Yes, specify:

1.5. Liability Cover insurance? Yes / No

if Yes, specify:

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Printing of Pre-operation pamphlets x 1000	
2.	Size 10cm width x21cm length	
3.	Written on both side	
4.		
5.		
6.		
7.		
8.		
9.		

3. Does a sample need to be submitted? / No(select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date / /  Time :  Place

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1.	Pre-qualification criteria As per attached on quotation
2.	Preference points

Name of End-user (in full)	BANC Mbatia	Name of SCM Rep (in full)	ALUMBUHWA MOKHE
Designation / Rank (in full)	HEBC/MMC/THP	Designation/ Rank (in full)	SUPPLY CHAIN CLERK
Signature	CBMbatia	Signature	(Signature)
Date	10/08/2022	Date	10/08/2022

# NATIONAL DEPARTMENT OF HEALTH



**KWAZULU-NATAL PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

## MEDICAL MALE CIRCUMCISION (MMC) FACILITY ADVERSE EVENTS (AE) REGISTER

PROVINCE: .....

FACILITY NAME: .....

FACILITY UNIQUE IDENTIFIER: .....

START DATE: .....

END DATE: .....







# UKUSOKA MAHHALA EMTHOLAMPILO

## ZIYINI IZINZUZO ZOKUSOKA KWABANTU BESILISA?

- Mancane amathuba okuthelaleka ngeGciwane leSandulela Ngculazi
- Mancane amathuba okuthola nezinye izifo ezithelalana ngocansi
- Mancane amathuba okuthola umdlavuzi wewepi
- Mancane amathuba kuphathina wakho wesifazane okuthola umdlavuzi wesibeletso
- Ziningi nezinye izinzuzo zezempilo ezitholakalayo

UKUZE UBHUKHELE UKUSOKA MAHHALA NOMA  
UKUTHOLA ULWAZI OLWENGEZIWE, THUMELA  
UWHATSAPP KU- **064 877 9051**

**KUMAHHALA!**

# soka

CIRCUMCISE AND CONDOMISE



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA



    
**@Siyayinqoba**

# UKUSOKA MAHHALA EMTHOLAMPILO

## KWENZIWA KANJANI?

- Ijwabu lisikwa ngokuphelele ngodokotela kanye nonesi abaqeqeshiwe
- Uzophinde unikwe amaphilisi ezinhlungu azokusiza ngesikhathi sokulama
- Yonke lenqubo yokusoka ithatha imizuzu eyi-15 kuya kwengu-20
- Lenqubo yokusoka iphephile. Izigidi zamadoda asesokile anelisekile ngokusokwa kwawo. Uzokwazi ukuthola olunye usizo lwezempilo ngaphandle kokusoka.

## ULWAZI OLUBALULEKILE OKUFANELE ULWAZI

- Kufanele ulandele imithetho oyitshelwayo emuva kokusikwa, ngezindlela zokunakekela isilonda
- Kufanele ubuyele emtholampilo uyohlolwa emva kokusikwa emuva:
  - ▶ Kwamahora angu-48
  - ▶ Kwezinsuku eziyi-7
  - ▶ Kwezinsuku eziyi-21
- **Ungazibandakanyi** ocansini kuze kuphele isikhathi esingamasonto ayisithupha emuva kokusoka
- Ukusoka akukuvikeli ekutholeni iGciwane leSandulela Ngculazi kunciphisa amathuba, kodwa akukuvikeli ngokuphelele
- **Ukuze uzivikele ngokuphelele, kufanele usebenzise ijazi lomkhwenyana uma wenza ucansi**



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA



@Siyayinqoba

# END-USER SPECIFICATION FORM

Quote Number:

Item Description: Print and Bind Adverse Event Classification x 100

Print and Bind Pre and Post Operation Information x 1000

Department/Section: Programmes

Purpose of Item: Stationery

**1. Pre-qualification criteria if any:**

1.1. Is the item required to have a regulatory body certification (e.g. , etc.)? Yes  
 Regulatory Body / certification required if Yes:

1.2. Is a compulsory site inspection / briefing session required? NO  
 if Yes, specify: Date..... Place .....

1.3. Is local production and content part of the quote? Yes  
 if Yes, specify:  100%

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No  
 if Yes, specify:

1.5. Liability Cover insurance? Yes / No  
 if Yes, specify:

**2. What is the specification of the required item?**

List specifications to be advertised		Comment
1.	Print and Bind Adverse Event Classification as per spec. attached x 100	
2.	Print Pre and Post Operation Information as per spec. attached x 1000	
3.		
4.		
5.		
6.		
7.		
8.		
9.		

**3. Does a sample need to be submitted? / No (select option 3.1 or 3.2)**

3.1. Deadline for submission if Yes: Date  /  /  Time  :  Place

or

3.2. Specify that samples must be made available when requested in writing. Yes  or No

**4. Penalties to be noted by the suppliers:**

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

**5. What is the evaluation criteria / special terms and conditions to be advertised?**

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	As per attached on quotation
2. Preference points	

Name of End-user (in full)	BNC Mbatia	Name of SCM Rep (in full)	Mphahlele Mkhize
Designation / Rank (in full)	HDC/MNC/THP	Designation/ Rank (in full)	Supply Chain Clerk
Signature	<i>BNC Mbatia</i>	Signature	<i>Mphahlele Mkhize</i>
Date	10/08/2022	Date	10/08/2022



## **KWAZULU-NATAL PROVINCE**

**HEALTH**  
REPUBLIC OF SOUTH AFRICA

### **GENERAL QUOTATIONS**

### **EVALUATION CRITERIA FOR QUOTATIONS ABOVE R30 000**

**ZNQ: ZUL -85/22/23**

**DESCRIPTION: Supply and deliver printing of MMC clinical charts and print pre and post operation information.**

All offers received shall be evaluated on the following:

**1. Specifications:**

Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document shall be considered.

Offers better than specification are considered to be compliant with the specification.

**2. Correctness of information and other imperative areas to be considered:**

- a) All information required in the bid document must be accurate and duly completed including all the appropriate signatures.
- b) None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.
- c) The institution is under no obligation to accept the lowest or any quotation.
- d) The price quoted must include VAT and remain firm for the contract period.
- e) The bidder must ensure the correctness and validity of quote.
- f) Registration on Central Suppliers Database.
- g) Previous service rendered (Quality, Duration and record of offers declined)
- h) Database of tender defaulters
- i) Late quotations will not be considered.
- j) All pages of the tender document must be initialed or signed.



**3. Compulsory administrative compliance requirements that must be submitted with the bid**

- a) The bidder must submit certified copy of a registration certificate with CIPC.
- b) Valid Original Tax Clearance.
- c) Certified Copy of the B-BBEE Certificate.
- d) Central Suppliers Database number.

***Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months. Failure to comply with this requirement shall invalidate the bid submitted.***

**4. Preferential Point System:**

The 80/20 Preference Point System will be applicable to this bid and the points will be allocated as follows:

PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTION	20
Total points for Price and B-BBEE	100

**6. Contract duration or Delivery period**

The required goods and services are anticipated to be delivered within a period of 30 days unless unforeseen circumstances may arise and reported timeously.  
It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

Note: For purposes of comparison and in order to ensure a meaningful evaluation, bidders must submit detailed information in substantiation of compliance to the evaluation criteria mentioned. Should the space provided not be adequate, bidders are kindly requested to add extra page