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PROJECT BRIEF

ST ANDREWS HOSPITAL: CONSTRUCTION OF NEW STAFF ACCOMMODATION

Drafted by: XOLISILE MTOLO
 Project Leader

Signed:
 Date:

15/06/2021

Recommended by: GUGU MASONDO
 Director: Programme Delivery

Signed:
 Date:

10/06/2021

Approved by: MR B G GCABA

 Chief Director: Infrastructure Development

Signed:
 Date:

18/06/2021

Document Control

Revision Number	Date	Initials
Draft 01	25/03/2021	XM
First Review submission	1/04/2021	XM
Review No. 2 submission	15/4/2021	XM

2. Project Details

2.1. The Facility

- Facility Name: St Andrews Hospital
- Facility Number: 6956
- Facility Type: District Hospital
- Facility Owner: Provincial Government of the Province Of Kwazulu-Natal
- Portion:
 - Deeds Description: Erf 342 Harding
 - Title Deed Number: T10894/1987

2.2. Location

- Province: KwaZulu-Natal
- District Municipality: Ugu (DC21)
- Local Municipality: Umziwabantu Local municipality
- Suburb / Ward: Harding
- Cadastral description: 30.577543 - -29.890198
- Street address (or directions): 19 Ballard Street, Harding
- Postal address: Private Bag X1010, Harding 4680
- Telephone number: (0)39 433 1959

2.3. The Project details

- Project Name: St Andrews Hospital: Construction of New Staff Accommodation
- KZN-DOH Project Number: SAH2020
- Project Code: 31010473
- Project Details / Scope: Construction of 30 staff accommodation units to accommodate mainly Community Service Medical Professionals
- Project Type: Infrastructure Development - Projects
- Budget Programme Number: Programme 8
- Budget Programme Name: Health Facilities Management
- Sub-programme: District Hospital Services
- Infrastructure Programme Name: Not part of a Programme
- Nature of Investment: New or Replaced Infrastructure
- Nature of Investment Sub- status: New

2.4. Oversight Team

- Provincial Champion: Mr B G Gcaba (Chief Director Infrastructure Development)
- Provincial Power User: Ms M De Goede (Director: Infrastructure Planning)
- Project Sponsor: Dr T T Moji
- Project Control Group:
 - Corporate Services: Mr B Shezi: DDG: Corporate Management Services :
 - Ugu Health District: Mrs N.Mkhize: District Director
 - St Andrews Hospital: Ms N Vane
- Project Approver: Mr B G Gcaba
- Project Verifier: Mrs Masondo

St Andrews hospital serves a predominantly rural population. About 21% of the head count are cross-border patients, mainly from the Eastern Cape. The majority of the patients are from the Harding suburbs (Ghost town, Zelia, Mazakhele, and Greenfields), and rural areas KwaMbotho, KwaJali, KwaMachi, KwaNyuswa, Umzimkhulu, Bhizana and Weza.

The hospital vision is to achieve a better health status for Umuziwabantu community by reducing morbidity and mortality rate through an accessible, comprehensive health system. The vision is supported by the hospital's mission and core values. St Andrews achieved Baby Friendly Status in 2003

St Andrews offers a 24 hour service.

2.5.3. Current Services/ Programmes offered at St Andrews Hospital

- Ante Natal Clinic
- PMTCT Programme
- Medical and surgical services
- Paediatrics
- Operating theatre
- Dental Clinic
- Ophthalmic Services
- Laboratory
- X-Ray
- Pharmacy
- Physiotherapy
- Speech and Audiology
- Mental Health Clinic
- Occupational therapy
- Dietetics
- HIV/AIDS Programmes (VCT and Home Based Care)
- TB Programme
- Crisis/Trauma Care
- Occupational Health & Safety
- Employee Assistance Programme
- Best Birth Initiative Programme
- Baby Friendly & Kangaroo Mother Care

2.6. The Site

This project is the provisioning of additional accommodation for Community Service Medical Professionals at St Andrews Hospital.

Strategic location of site:



Photo 3: Site location of proposed new accommodation
SOURCE: Google Maps

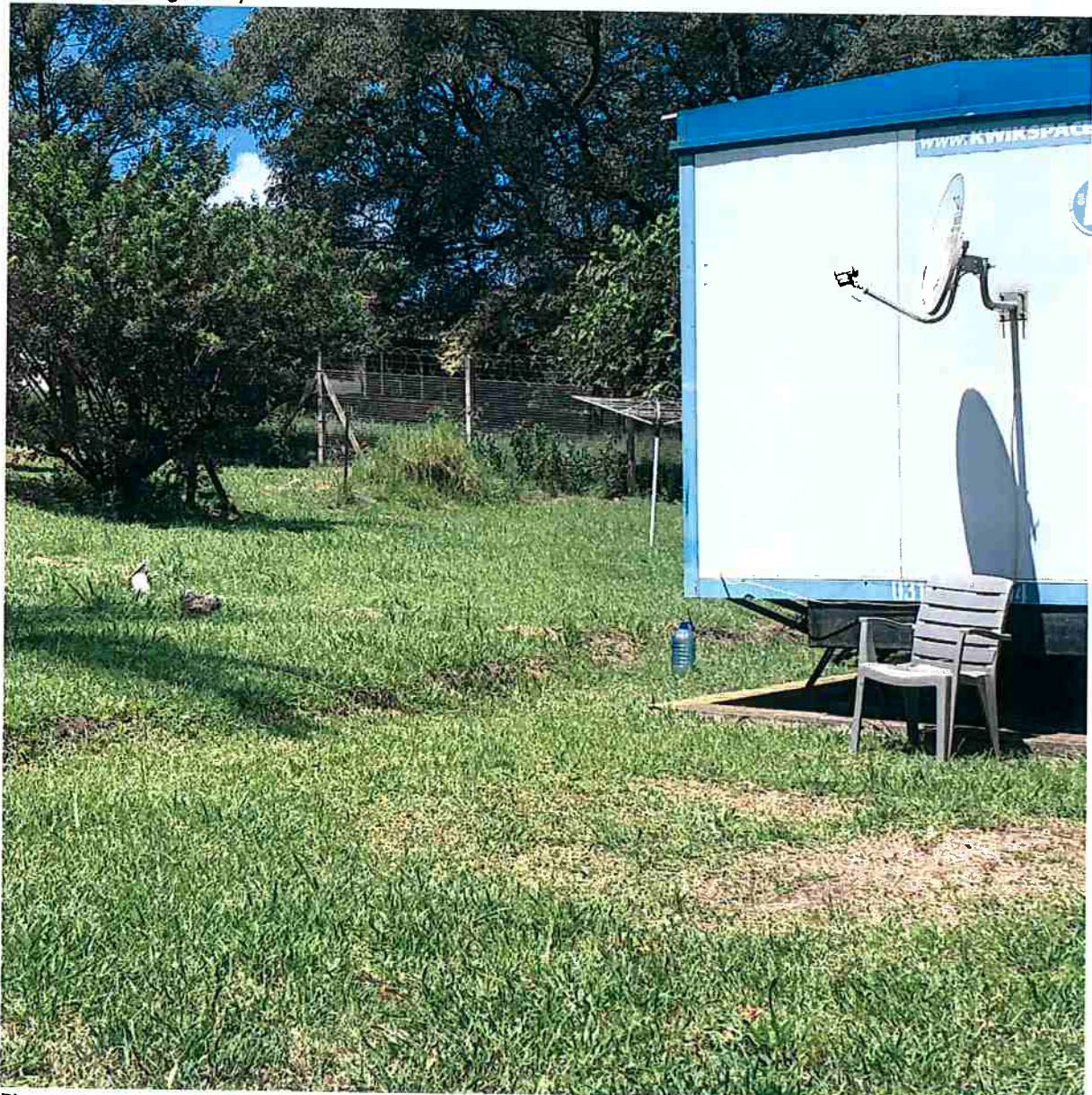


Photo 4: View of the site
SOURCE: Musa Ngcobo-Doh

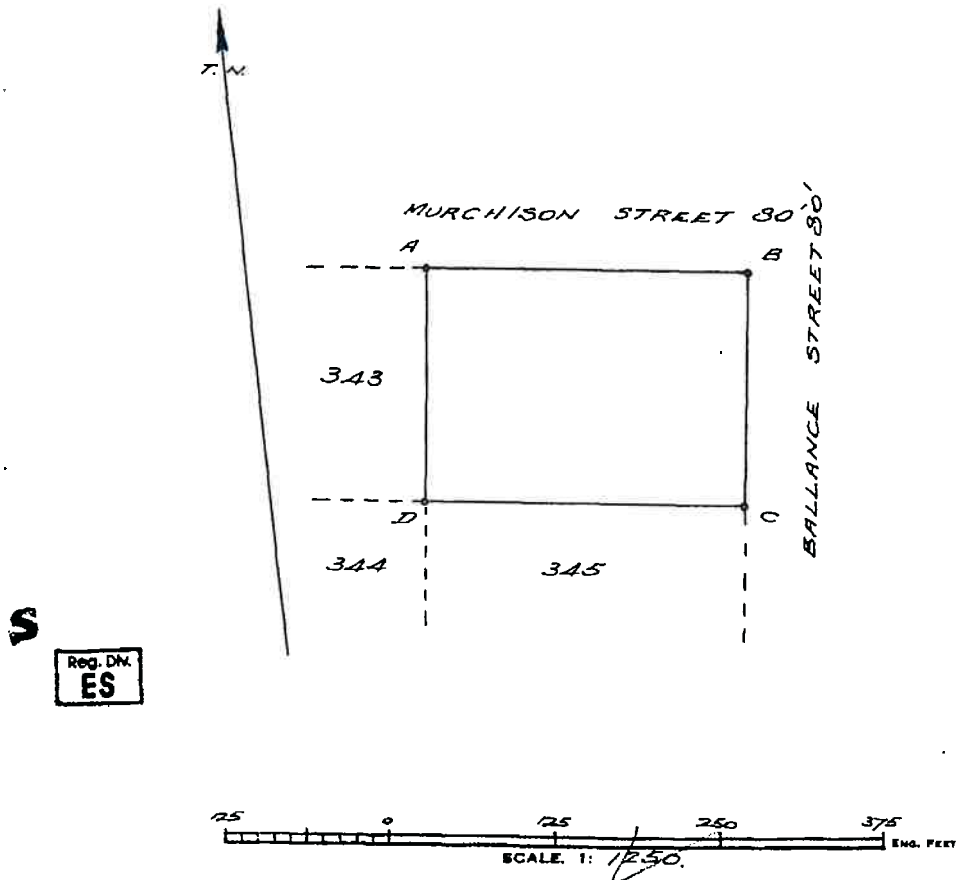
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S.G. No. 1.623/1940

SIDES. ENGLISH FEET	ANGLES OF DIRECTION.	BEACONS. CO-ORDINATES.	
		Y	X
AB 242.00	A 90.0.0	A	} 2' Iron Standards } 1/2" Round Iron Peg
BC 180.00	B 90.0.0	C	
CD 242.00	C 90.0.0	D	
DA 180.00	D 90.0.0	B	

Approved

 Surveyor General



The figure ABCD

represents 1 Acre of land being

LOT 342 HARDING TOWNSHIP.

situate in the COUNTY of ALFRED, Province of Natal.

Surveyed in April 1940, by me


 Land Surveyor.

This diagram relates to	The original diagram is Gr. 161.	File No. 236/1.
No.	No. 230 Fd 3	Survey Records
Registrar of Deeds.	relating to Deed of Grant	Compilation ES-68-188
	No. 0057	Degree Sheet
	Plan A10	Tracing
		General Plan

TARDOTON & MITCHELL, MARITZBURG.

Figure 2: SG Diagramme

- Wind direction: This section discusses the wide-area hourly average wind vector (speed and direction) at *10 meters* above the ground. The wind experienced at any given location is highly dependent on local topography and other factors, and instantaneous wind speed and direction vary more widely than hourly averages.
The average hourly wind speed in Harding experiences *mild* seasonal variation over the course of the year.
The *windier* part of the year lasts for *7.3 months*, from *June 9* to *January 18*, with average wind speeds of more than *3.2 meters per second*. The *windiest* day of the year is *October 25*, with an average hourly wind speed of *3.6 meters per second*.
The *calmer* time of year lasts for *4.7 months*, from *January 18* to *June 9*. The *calmest* day of the year is *April 4*, with an average hourly wind speed of *2.8 meters per second*.

SOURCE: <https://weatherspark.com/y/95819/Average-Weather-in-Harding-South-Africa-Year-Round>

- Aviation
There is no helipad pad on site.
- Seismic activity
There has been recent seismic activities in the Harding area of 4.3 magnitude.
- Radio towers
No towers affecting the site.
- Site orientation
The site is facing North East.
- Security and access control
The main security access is at the main entrance to the St Andrews Hospital. It is recommended that the accommodation area be fenced (extend to be determined on site) and proper access gates be installed. Access control to be added to this project as well.
- Flood plain risks
No risk as there is no water course close by.
- Existing infrastructure
The main buildings on site is face brick or plastered brick under asbestos or metal roofs. The buildings are in various stated of repair with the main concern being a lack of sufficient maintenance.
- Bulk services (Services required is discussed in detail later in the document):
 - Sewerage: Available
 - Water: Available
 - Electricity: Available
 - Storm water: There is limited formal storm water control. Most buildings are surrounded by sidewalks, walkways or roads. Storm water is mostly on the surface, discharging onto surrounded grounds

The rural position of St Andrews Hospital make it very difficult to attract staff and it is necessary to provide a safe and pleasing environment in which staff and especially Community Service Staff can reside, rest and socialise. This in turn should result in better service delivery.

3.3. Project Output

The project aim to provide 12 single, 6No. Family flats- 2 bedroom flats and 12No. – 2 bedroom sharing self-contained units. The units will accommodate Community Service Medical Professionals and it must address:

- A design that is appropriate for the function intended to be carried out within the spaces designed.
- An ergonomically safe and risk-free living environment
- Compliance with quality assurance principles
- Design close relationships with nature
- Design with environmental efficiency as a primary goal
- Design that is flexible and adaptable to change

The project must also address access control, security, fencing and lighting for the existing accommodation including parking.

Due to the recent drought, focus must be placed on water saving, harvesting and recovering systems. Green initiatives to be considered.

The project must include recreational and external areas.

3.4. Project Actions

The various tasks that must be carried out in order to deliver planned results can include;

- Stakeholder engagement with facility, the district and provincial programmes
- Stakeholder engagement with community at initiation stage and construction stage
- Project Planning
- Designs, specifications, etc
- Documentation
- Tender process
- Construction
- Commissioning
- Training

3.5. Project Input

The resources that are needed in order to carry out the tasks, including staff, skills and materials can include the following:

3.5.1. Project Team

KZN Department of Health - Infrastructure Development

Table 1: KZN-DOH Infrastructure Team

Team Member	Skill level required
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3.5.2. External Resources required

External Resources may only be procured if there is insufficient in-house skills available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.

Should external resource be required, it is recommended that the following be considered (as is required to augment any In-house capacity):

Table 4: External Team

Team Member	Skill level required
Principal Agent	University degree, Professional registration and 3 years post registration experience Project Management skill required
Architect	University degree, Professional registration and 3 years post registration
Electrical Engineer	University degree, Professional registration and 3 years post registration experience
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience
Civil/Structural Engineer	University degree, Professional registration and 3 years post registration experience
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Land Surveyor	5 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
Sustainable Specialist	5 Years' Experience in the Infrastructure environment
General building contractor	CIBD 8GB
Community Liaison Officer	Experience and knowledge of applicable legislations and policies Management capabilities is recommended

3.5.3. Additional resources required

Over and above the preceding, it is expected that the following resources will be required:

- Contracting Management staff
- Contracting Admin staff
- Contracting Supervisory staff
- Construction Artisans
- Construction workers
- Casual Labour
- Specialist sub-contractors
- Applicable construction materials
- Required construction equipment and machinery

3.6.4. Statutory Permissions Required

- Land:
 - Acquisition: Land Ownership to be confirmed and if necessary to be transfer
 - Consolidations/Subdivisions: Required

- Applications
 - Planning and Development Act: Requirement to be confirmed as this is an existing site
 - Environmental Impact Assessment: Requirement to be confirmed as this is an existing site
 - AMAFA approval: Requirement to be confirmed as this does not directly impact historical buildings
 - Municipal Approval: Required
 - Access to Provincial /National Roads: Requirement to be confirmed as the site neighbours a Provincial Road, R56

- Other: any other approvals to be confirmed by the Project Team

3.8. Overview of the District,

The Ugu District Municipality is a Category C municipality situated in the far south of KwaZuluNatal. It lies south of Durban, bordered by a coastline that measures 112km. The district is made up of four local municipalities: Umdoni, Umzumbe, Ray Nkonyeni and Umuziwabantu. All of these municipalities play a critical role in the cultivation of the district's economy. The Ray Nkonyeni Municipality is the ultimate economy booster due to its location. Commercial agriculture in the district produces one-fifth of all bananas consumed in South Africa, with numerous companies successfully exporting these and other products to some of the most exclusive packers in the United Kingdom. Ugu District is the proud owner of Blue Flag Status beaches, which have marked tourism as a major economic cultivator. The improvement of its infrastructure, education, health and recreational facilities has contributed immensely to its appeal. The local economy has been brought alive by the tourism and agriculture industries. One of the highlights of the Ugu tourism scene is the Ugu Jazz festival. Other renowned annual activities, such as the Africa Bike Week, have also gained in popularity.

Area: 4 791km² Population (2018/9)a: 790 154 (source DHIS) Population density (2018/19): 160.3 persons per km²

Estimated medical scheme coverage: 8.6%

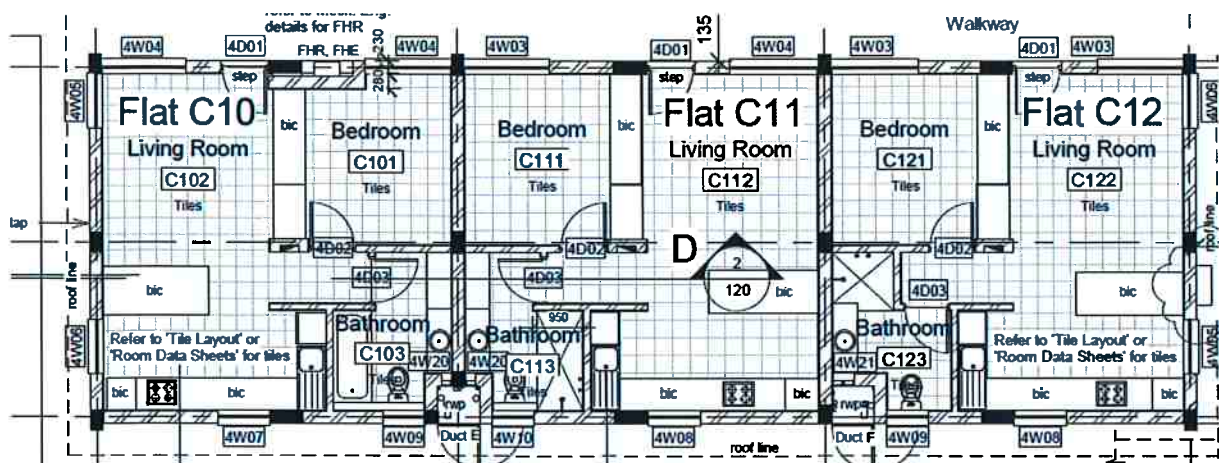
Cities/Towns: Harding, Hibberdene, Margate, Pennington, Port Edward, Port Shepstone, Scottburgh/Umzinto, Southbroom.

Main Economic Sectors: Manufacturing (19%), finance, insurance, real estate and business services (17%), wholesale and retail trade, catering and accommodation (17%), transport, storage and communication (11%), agriculture, forestry and fishing (8%), community, social and personal services (7%), construction (4%).

SOURCE:Ugu District Health Plan 2020/21-2024/25

3.9. Scope of the Project

The Staff Accommodation building or buildings will house Community Services Medical professionals who require self-contained units. The current 2021/2022 intake at St Andrews Memorial Hospital is 25 interns. However, this number can vary from year to year. An average number was determined based on the information provided by the Hospital Management and it equates to 10 single bed self-contained units and 18 x 2 bedroom self –contained units with provision of two disabled units. Provision to be made for communal spaces, laundry areas, waste areas and recreation areas. Below please find the proposed layouts:



4. Technical Brief

4.1. Detail Scope of Work

4.1.1. External Circulation to site

- Entrances

Access to the site is via Murchison Street through the site and the site has one main entrance which is managed by 24 hour security as is identified on the diagram below. No secondary accesses to be allowed. This is a security risk and is managed by the hospital.



Photo 5: Entrances, Circulation and movement of staff and visitors to the site

- Electricity is available on site. Efficiency of supply must be verified
- Backup/Emergency Systems are not required however street and area lights must be on emergency power
- Lightning Protection are to be provided
- Space heating may be considered
- Civil Engineering
 - Water is, due to the recent drought is a problem. There is water storage on the hospital site. Both potable water and fire water systems are to be investigate as applicable to the site.

It is recommended that green initiatives such as water harvesting, saving and recovery systems be investigated and considered.

 - Sewer is available on site, however capacity must be verified.
 - Storm water need to be designed bearing in mind water harvesting, saving and recovery systems
- Other Bulk Services
 - No IT systems is envisaged
 - Electronics - access control
 - No Telecommunications systems are envisaged
 - Entertainment systems are to be investigated and consulted with the Hospital Management

4.1.6. Green Building Initiatives

Green initiatives must be considered and may include:

- Solar
- Water harvesting, saving and recovery systems
- Energy efficiency equipment and fittings
- Landscaping

The project must achieve a minimum of a 4 star Green Building rating or an EDGE Green rating

4.1.7. Accommodation schedule

The following accommodation schedule is a guide and must be developed and verified by KZN-DOPW.

Table 5: Proposed accommodation schedule

Area	No	No of persons	Size	Total	Room/area allowance
			m ²	m ²	
1 Bedroom units	10	1 per Unit	34	340	
Bedroom	1	max 2	9	9	1 x single bed Bedside table

					Cabinet and/or small cupboard
Kitchenette	1		12	12	Open plan Small stove Sink Small domestic fridge Microwave oven
Lounge	1		15	15	Open plan 4 seater lounge set Coffee table Desk and chair TV Cupboards
2 Bedroom units	18	2 per Unit	57	1026	
Bedroom	18	max 2	24	432	1 x double bed or 2 x single beds Bedside table/s Built in cupboard with hanging space and shelves
Bathroom	1		6	6	Toilet
					Shower
					Hand wash basin
					Cabinet and/or small cupboard
Kitchenette	1		12	12	Open plan Small stove Sink Small domestic fridge Microwave oven
Lounge	1		15	15	Open plan

4.1.11. Branding/aesthetic design preferences and requirements

Refer to the KZN Health Corporate Communications for provincial preferences.

4.2. Comparative Examples

Rietvlei Hospital: Rietvlei staff accommodation

This facility serves as a good example of what is to be achieved in terms of aesthetics, space utilisation, colour use, innovative use of elements (eg fenestration) and communal and recreational spaces.



Photo 5 & 6: External views of Rietvlei Hospital Staff Accommodation (pre-occupation)
SOURCE: Michelle de Goede

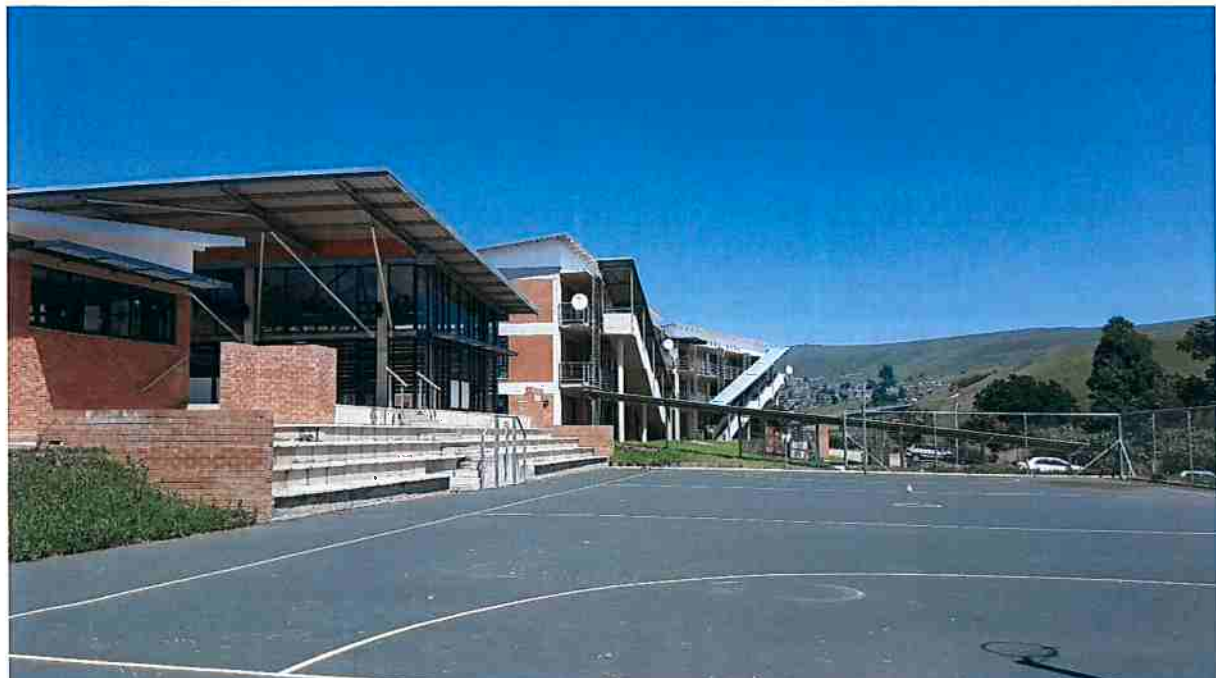


Photo 7 & 8: External views of Rietvlei Hospital staff Accommodation – recreation area (post-occupation)
SOURCE: PMIS

ITEM	ELEMENTS
Brief:	The Implementing Agent is required manage the implementation of the project (as per the current SLA) to successful completion within time, cost and to the required specification and to manage all project associated risks for minimum impact.
Consultancy Brief: (If applicable)	The Consultant team:- Are to manage the project to successful completion within time, cost and to the required specification and to manage project associated risks for minimum impact. Must develop, design, document, manage and close the project May not proceed with any stage (IDMS) of the work until the KZN-DOH is satisfied with the stage of the project. Must clarify any uncertainties, discrepancies, etc to the satisfaction of KZN-DOH Is expected to deliver a well-designed, cost effective, low maintenance facility that will suit the needs of the x community and KZN-DOH Must adhere to the timeframes for the work to be completed as presented.
Evaluation and Engagement:	The project may not proceed to any stage until KZN-DOH is satisfied with the current stage (wherever that is) of the project; KZN-DOH will follow the IDMS principles for approval and evaluation

5.1.3. Project Risk Plan

Informed decision-making is critical to the success of any project. Crucial to this success is the identification of risks and how they will be managed. The following risks have been identified prior to the projects start. These risks are not all inclusive and will be reviewed as the project progresses.

The following is some of the risk identified. However it is required that the Implementer develop a full risk plan. This is not an inclusive list and must be reviewed at each stage.

Table 7: Risk Log

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
Project delays due to KZN-DOPW processes	KZN-DOPW	High	H	Proper management of project
Drought and scarcity of water	KZN-DOH	High	H	On-going evaluation of situation Planned Green initiatives
Community involvement	KZN-DOPW	High	H	Proper management of project On-going consultation with community

5.1.4. Occupational Health and Safety Baseline plan

5.1.4.1. The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its regulations.

5.1.4.2. A Construction Work Permit is required if the intended work will:

- The project will exceed 365 days and will involve more than 3600 persons days of construction work
- The tender limit is grade 8GB or higher of the Construction Industry Development Board (CIDB) grading.

5.3. Project Milestones

Table 8: MILESTONES and TASKS

Professional Milestones	FIDPM	Milestone	PPO Milestone	Date	% Project Complete
		PROJECT START DATE	PROJECT START DATE	02-01-2019	1%
	Stage 1A	PRE-FEASIBILITY/ BRIEF	INITIATION	30-04-2021	22%
	Stage 1B				
Stage 1 Stage 2	Stage 2	FEASIBILITY/CONCEPT	FEASIBILITY	25-07-2021	33%
Stage 3	Stage 3	DESIGN DEVELOPMENT DESIGN DOCUMENTATION	DESIGN	09-06-2022	37%
Stage 4	Stage 4	TENDER	TENDER	08-01-2023	
Stage 5	Stage 5	CONSTRUCTION START	CONSTRUCTION START	23-01-2023	
		CONSTRUCTION	CONSTRUCTION	08-04-2025	81%
		Construction 0 - 25%	Construction 0 - 25%	25-07-2023	59%
		Construction 26 - 50%	Construction 26 - 50%	23-01-2024	66%
		Construction 51 - 75%	Construction 51 - 75%	24-07-2024	72%
		Construction 76 - 100%	Construction 76 - 100%	22-01-2025	79%
		PRACTICAL COMPLETION		14-02-2025	79%
	WORKS COMPLETION		17-03-2025	79%	
	Stage 6	HANDED OVER	HANDED OVER	09-05-2025	82%
Stage 6	Stage 7	RETENTION	RETENTION	16-05-2026	96%
		FINAL COMPLETION CLOSE OUT	CLOSE OUT	30-09-2026	100%

5.4. Project Cost Breakdown

The project cost is made up of the following elements:

- Infrastructure component
- Operating costs

The Project Leader and Project Manager are responsible to ensure that necessary controls are in place and that the budgets are not exceeded without a fully motivated and approved submission to the CFO and HOD.

6. Procurement Strategy

The Procurement Strategy has been prepared by the Department of Health. The project is not in the current Infrastructure Programme Management Plan (IPMP) and has been identified as a new project. It sets out the Delivery Management Strategy as well as the Procurement and Contracting Arrangements proposed for each project requiring the procurement of Consultants (Professional Services) or Contractors (Works).

6.1. FIDPM Procurement gates

The FIDPM procurement gates must be implemented. The FIDPM states:

- 6.1.1 Infrastructure procurement shall be undertaken in accordance with all applicable Infrastructure Procurement-related legislation and this Framework.
- 6.1.2 Infrastructure procurement shall be implemented in accordance with procurement gates prescribed in clause 6.2 and the CIDB prescripts. If deemed necessary by the institution, Accounting Officer or Accounting Authority can, over and above procurement gates prescribed in clause 6.2, introduce additional procurement gates.
- 6.1.3 Procurement Gate 1 and 2 shall be informed by the Programme Management Control Point Deliverables in terms of Section 5.2 above.
- 6.1.4 Given the peculiarity of the institution, the procurement of Professional Service Providers (PSPs) and Contractors can occur at any points in the IDM Processes.
- 6.1.5 The Accounting Officer or Accounting Authority must ensure that a budget is available and cash flow is sufficient to meet contractual obligations and pay contractors within the time period provided for in the contract.
- 6.1.6 Procurement gates provided in 6.2 shall be used, as appropriate, to:

Infrastructure Procurement Requirements

- a) Authorise commencement to the next control gate;
- b) Confirm conformity with requirements; and/or
- c) Provide information, which creates an opportunity for corrective action to be taken.

6.2. Formulation Process

The 5-step process for the preparation of the Delivery Management Strategy and the Procurement and Contracting Arrangements is summarised below.

- Establishing the Base Information
 - Step 1: Establishing the project scope, the control budget, the implementation milestones, the programme and the cash flow is included in this document
 - *Procurement Gate 1 (PG1): Obtain permission to start with the procurement process.*
 - *St Andrews Hospital: Construction of New Staff Accommodation for Community Service Medical Professionals need to be procured*
 - *The broad scope of work for procurement is contained in this document*
 - *The estimate financial value of proposed procurement is R 20,000,000.00.*

PG 1 will be complete once this Brief has been approved by the Health Infrastructure approval Committee and the Head: Health.

- Identify suitable Contracting Arrangements for Services
 - Step 1: The parameters for the procurement of technical and/or professional services and the mechanism for appointment, will be based on the outcome of the needs analysis to be performed by KZN-DOPW
 - Step 2: The most suitable Contracting Strategy is expanded on below
 - Step 5 The appropriate Form of Contract for the provision of these services are indicated below
- *Procurement Gate 2 (PG2): Approval for procurement strategies that are to be adopted*
 - Construction:**
 - Standard KZN-DOPW procurement strategies will be followed however the Implementing Agent is encouraged to consider alternative contracting methods.
 - The recommended procurement strategy for construction is Design by Employer
 - Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.
 - The proposed contracting and pricing strategy are:
 - Bill of Quantities
 - JBCC contract
 - Contractors are to be paid on a monthly value based on actual works completed as
 - PSP's:**
 - Needs analysis to be done to determine if in-house skills are insufficient, if the skills are insufficient, then:
 - Standard KZN-DOPW procurement strategies will be followed however the Implementing Agent is encouraged to consider alternative contracting methods
 - The recommended procurement strategy for PSP's are the CIDB PSP contract
 - Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.
 - The proposed contracting and pricing strategy will be based on Standard Services rendered by PSP as is contained in the various applicable gazettes
 - PSP's are to be paid at the end of each approved stage or on a proven monthly value based on a percentage of the current stage

PG 2 is complete when procurement strategies that are to be adopted are approved.

6.3. Primary and Secondary Objectives

While the primary objective of an infrastructure project is the delivery of functional infrastructure such as buildings, plant and equipment, roads, electricity or water, the project will, where possible, incorporate secondary (or developmental) socio-economic objectives such as targeted procurement and employment, local economic development, skills development, Job creation and so on.

These objectives are given equal importance and although Developmental objectives do not appear in the IPMP as individual items they are cross-cutting in the formulation of procurement and implementation strategies.

- Specifications
- Bills of quantities
- For PSP's
- Standard KZN-DOPW tender documentation

PG 3 is complete when the procurement document is approved.

- Procurement Gate 4 (PG4): Confirmation of cash flow
 - Confirmation sufficient cash flow to meet contractual obligations will be done prior to project proceeding to the Bid Specification Committee (BSC).
 - The control measures for payment of contractors within the time period provided for in the contract include monthly invoices, checked and recommended by the project leader and approved for Payment documents

PG 4 is complete when cash flow is approved

- Procurement Gate 5 (PG 5): Solicit tender offers by:
 - Submission of tender documents to KZN-DOPW BSC and Bid Award Committee (BAC)
 - Inviting tender offers via advertisement in Local papers and Government systems
 - Closing of tenders and recording of received tenders
 - Preparation of a report on tender offers received
 - Safe filing of received tenders

PG 5 is complete when all received tender offers are duly accounted for.

- Procurement Gate 6 (PG 6): Evaluation of tender offers in terms of undertakings and parameters established in procurement documents.
 - Open and record tender offers received by Bid Evaluation Committee (BEC)
 - Evaluation of tenders to:
 - Determine whether or not tender offers are complete.
 - Determine whether or not tender offers are responsive.
 - Evaluation of tender submissions.
 - Preparation of a risk analysis.
 - Preparation a tender-evaluation report and submit to BAC for approval

PG 6 is complete when the evaluation report is reviewed and recommendations is ratified.

- Procurement Gate 7 (PG7): Award the contract.

Notification of successful tenderer and unsuccessful tenderers

 - Adherence to Appeals process
 - If no appeals, compilation contract document and signing thereof by all parties
 - Safe filing of contract.
 - Receipt of required documents in terms of the contract from the Contractor

PG 7 is complete when the tenderer has provided evidence of complying with all requirement stated in the tender data and formally accepts the tender offer in writing and issues the contractor with a signed copy of the contract

- Procurement Gate 8 (PG 8): Administer the contract and confirm compliance with all contractual requirements.
 - Capturing contract award data.
 - Administration contract in accordance with the terms and provisions of the contract

7. Expanded Public Works Programme and Community Participation Goal

The project shall be subject to the Expanded Public Works Program (EPWP) which is aimed at alleviating and reducing unemployment. Employment statistics will still be required to be submitted for projects below this value for recording and reporting to the EPWP system but all other EPWP guidelines may not be included.

Projects that have initial estimates exceeding R30 Million shall be subject to both Expanded Public Works Program (EPWP) and Contract Participation Goal (CPG).

Requirements for this project are outlined below:

7.1.1. Employment Requirements

The recruitment process shall be aligned with the self-targeting, community and geographic. In order for youth to be eligible they must at least be:

- 16 years old and not older than 35 at the time of the start of the work
- Reside within the ward in which the project is to be implemented. (In the event that there are insufficient participants in the ward, then participants may be drawn from neighbouring wards (close to the project site)).
- Be available to work on the dates as required by the project.
- Apply or register for the work in accordance with the manner specified by the recruiting body

The Implementing Agent must endeavour to meet the demographic targets for, namely:

- 55% women
- 55% youth
- 2% persons with disabilities. Persons with disabilities shall be actively sought for participation in the programme must be recruited based on consultation with local structures and community associations for persons with disabilities

The prioritisation of participants to be recruited shall be agreed upfront (e.g., female-headed households, those receiving social grants, etc.). Other special considerations include: to ensure fairness and equity, the following criteria are suggested to help in targeting the poorest of the poor, namely persons who come from households:

- where the head of the household has less than a primary school education
- that have less than one full time person earning an income
- where subsistence agriculture is the source of income

Persons receiving social grants, including disability grants, are eligible to participate in the EPWP.

7.1.2. Definition of the local area

The area considered for recruitment consist of 80% Ugu Health District and 60% Umziwabantu Local Municipality

7.1.3. Appointment of the Project Steering Committee

A full Appointment of the Project Steering Committee will be required and CIDB Guidelines to be followed

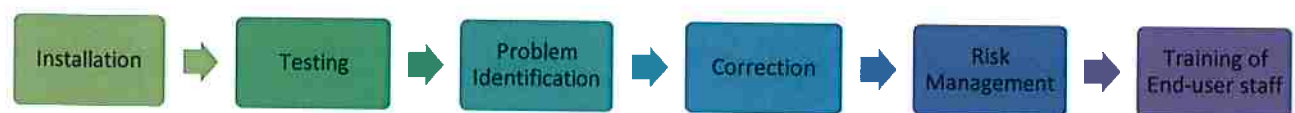
8. Commissioning

The purpose of commissioning a facility is to ensure that construction work is completed according to the approved drawings and specifications, that equipment is in place and all areas are operationally ready such that the buildings can function fully upon occupation by the end user. According to the IUSS document a commissioned building is one deemed ready for service, ie the building may become fully operational for its intended purpose.

Project commissioning is the process of assuring that all systems and components of a building are:

- Designed
- Installed
- Tested
- Operated and
- Maintained, according to the operational requirements of the owner.

This process must involve all disciplines and must include systems validation and verification through inspecting and testing every operational component of the building project from the individual functions, such as instruments and equipment – including complex, systems and sub-systems. The process oversees:



This process is to prepare the facility management and assist them develop systems to operate the facility once construction is complete. Commissioning Systems for this project include:

- Fixed Equipment
- Loose Equipment and Furniture
- Human Resource / Staffing
- Consumables
- Facilities Management, which includes:
 - Governance and the delegation of Authority
 - Legal requirements
 - Hospital Financial Management
 - Organizational Development Strategy
 - Hospital Information Management
 - Hospital Information Technology
 - Communication Strategy
 - Maintenance, guarantees and contracts

9. Organisational Development

St Andrews Hospital is a functioning District Hospital and has a number of Accommodation Units already in place. It may be required to appoint additional cleaning staff.

10. Health Technology

Health Technological services for the purpose of this brief will focus on items that have an integral bearing on the development and planning of the project. A complete list for HTS will be developed and finalised at a later stages once the clinical brief and design has been finalised.

According to the IUSS document, "The tool used in the process of defining what equipment is needed or each healthcare intervention is the **Standard Equipment List**. This is:

- A list of equipment typically required for each healthcare intervention (such as a healthcare function, activity, or procedure). For example, health service providers might list all equipment required for eye-testing, delivering twins, undertaking fluoroscopic examinations, or for testing blood for malaria;
- Organised by activity space or room (such as reception area or treatment room), and by department;
- Developed for every different level of healthcare delivery (such as district, province) since the equipment needs will differ depending on the vision for each level;
- Usually made up of **everything** including furniture, fittings and fixtures, in order to be useful for planners, architects, engineers and purchasers, and
- A tool which allows healthcare managers to establish if the Vision is economically viable.

The Standard Equipment List must reflect the level of technology of the equipment. It should describe only technology that the facility can sustain (in other words, equipment which can be operated and maintained by existing staff, and for which there are adequate resources for its use). For example a department could have:

- An electric suction pump or a foot-operated one;
- A hydraulic operating table or an electrically controlled one;
- A computerised laundry system or electro-mechanical machines; and
- Disposable syringes or re-usable/sterilisable ones.

It is important that any equipment suggested:

- Can fit into the rooms and space available. Reference should therefore be made to any building norms defining room sizes, flow patterns, and requirements for water, electricity, light levels and so on;
- Has the necessary utilities and associated plant (such as the power, water, waste management systems) available for it on each site - if such utilities are not available, it is pointless planning to invest in equipment which requires these utilities in order to work; and
- Can be operated and maintained by existing staff and skill levels, or for which the necessary
- Training is available and affordable.

Preparation of specifications

Specifications have to be drawn up for every device that is planned to be purchased. Standardised specifications need to be drawn up for commonly used devices which can then be modified (where necessary) at institutional level.

General terms and conditions should also be part of specifications, including stipulations like the local availability of essential spare parts, and the presence of a registered sole agent for the specific brand.

- Confirming training details.

In some cases, the pre-installation work required is minimal; in others it requires considerable labour and finance. As a general guide, site preparation is the work required to ensure that the room or space where the equipment will be installed is suitable. It often requires the provision of new service supply connections (for electricity, water, drainage, gas, waste) and may require some construction work. Site preparation tasks can include:

- Disposing of the existing obsolete item (disconnection, removal, cannibalising for parts, transport, decontamination and disposal);
- Extending pipelines and supply connections to the site, from the existing service installations;
- Upgrading the type of supply, such as increasing the voltage, or the pipeline diameter;
- Providing new surfaces, such as laying concrete, or providing new worktops; and
- Creating the correct installation site – for example, digging trenches, building a transformer house or a compressor housing.

In considering where to position equipment, the following types of questions should be asked:

- Is there sufficient access to the room/space? (Door sizes and elevator capacity are very important for x-ray and other large machines.)
- Is the room/space large enough?
- Is the position and layout of the room/space suitable?
- Are the required work surfaces and service supply points available?
- Is the environment adequate for the purpose? (For example, is it air-conditioned? Dust-free? Away from running water?)

If new buildings or extensions are being constructed, different relevant departments and groups need to work closely together to design the rooms and plan the service supplies. Planners, users, architects, service engineers, and equipment engineers need to be consulted. Site preparation can be carried out by:

- In-house staff (for example, the facility HTM team or a central/regional HTM team);
- Maintenance staff from other national agencies (for example, electricians from the Ministry of Public Works);
- A contractor who has been hired (for example, a private company or an NGO partner); and
- The suppliers or their representative."

11. External Appointments

External Resources may only be procured if there is insufficient in-house skills available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.

11.1. Appointment of External Implementing Agent

KwaZulu-Natal: Department of Public Works

KZN-DOH has entered into a legally binding Service Level Agreement with KZN-DOPW. However, over and above the agreements, the following expectations by KZN-DOH are highlighted:

- Effective Project management
- Effective management of PSP (where applicable)
- Effective Cost Control

The roles and responsibilities are highlighted below:

- Effective management and co-ordination of all stages of the project
- Effective management and co-ordination to all legislative requirements
- Quality control and compliance.
- Effective manage Procurement preparation processes in terms of the PFMA, SIPDM and Treasury Regulations.
- Contract and project management
- Effective Financial management.
- Effective Time Management
- Manage completion processes and retention periods.
- Manage timeous and complete Close-out of Project including as-built documentation, manuals compliance certificates and related documentation.
- Manage all required reporting, documentation and archiving of documents
- Where an IA has been appointed, DOH will have an oversight role

12. Contact Numbers

Department of Health: Infrastructure Development
Contact Person: Michelle de Goede
Tel: 033 - 940 2611
Mobile: 082 777 2514
Email: michelle.degoede@kznhealth.gov.za

Department of Health: Corporate Services
Contact Person: Mrs P Lallipersad
Tel: 033 395 2148

Implementing Agent: KZN Department of Public Works
Contact Person: Ms Z Pfute
Tel: 033 355 5500

13. Signatures

Signatories

The following Facilities, Programmes and their Managers, Directors or Leaders have been fully advised and have read and understood the contents of this document.

St Andrews CEO: MANDISA M VANE

CHIEF EXECUTIVE OFFICER

Date: 11/05/2021

Signature: 


St Andrews Systems: MOBUHLE VERONICA NDOLOU

ACTING SYSTEMS MANAGER

Date: 11/05/2021

Signature: 

Ugu District Manager:

 SIPHOKAZ. MABASO

Date:

Acting District Director :
11 May 2021

Signature:



Ugu District Engineer:

H.J. AHRENS

Date:

11.05.2021

Signature:

