



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

PROJECT NO. : ZNB 10028/2021-H

DESCRIPTION OF SERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR KWAGWEBU CLINIC: CONSTRUCTION OF A NEW SMALL CLINIC AND STAFF RESIDENCES

DISCIPLINE : MULTIDISCIPLINARY TEAM LED BY AN ARCHITECT

**DEPARTMENT OF HEALTH
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE
Private Bag X9051
Pietermaritzburg 3200**

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT PRESCRIBED BY PROVINCIAL TREASURY.

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SECTION A INVITATION TO BID

DESCRIPTION:

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT TO PROVIDE PROFESSIONAL CONSULTING SERVICES FOR KWAGWEBU CLINIC: CONSTRUCTION OF A NEW SMALL CLINIC AND STAFF RESIDENCES

Project Number : ZNB 10028/2021-H
Closing Date : 15 March 2022
Closing Time : 11:00

Compulsory Briefing

Date : 22 February 2022
Time : 09:00
Venue : Inkosi Albert Luthuli Central Hospital Nurses Residence Hall

Bid Validity Period: 84 Days

THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM

THIS BID ALLOWS FOR MULTIPLE AWARDS TO BE MADE

BID DOCUMENTS MAY BE POSTED TO:

HEAD: DEPARTMENT OF HEALTH
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE
PRIVATE BAG X9051
PIETERMARITZBURG, 3200

OR

DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS):

SUPPLY CHAIN MANAGEMENT
OLD BOYS SCHOOL
310 JABU NDLOVU STREET
PIETERMARITZBURG
3201

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is generally open 24 hours a day, 7 days a week.

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT

CONTRACT

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR BID BEING DISQUALIFIED)

NAME OF BIDDER: _____

POSTAL ADDRESS: _____

Code: _____

STREET ADDRESS: _____

Code: _____

TELEPHONE: Code: _____ Number: _____

CELL PHONE : Code: _____ Number: _____

FACSIMILE NUMBER: Code: _____ Number: _____

E-MAIL ADDRESS: _____

VAT REGISTRATION NUMBER: _____

SIGNATURE OF BIDDER: _____

DATE: _____

CAPACITY UNDER WHICH THIS BID IS SIGNED:

ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:

Department : KZN - DEPARTMENT OF HEALTH
Contact Person : Junitha Sookraj
Tel : (033) 815 8369
E-mail address : junitha.sookraj@kznhealth.gov.za

ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

Department : KZN - DEPARTMENT OF HEALTH
Contact Person : Angela Hesketh
Tel : (033) 940 2614
E-mail address : angela.hesketh@kznhealth.gov.za

SECTION B

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

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.
2. Under no circumstances, whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bid submitted must be complete in all respects.
5. Bid 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 bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids will be rejected as being invalid.
7. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
8. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
9. No bid submitted by telefax, telegraphic or other electronic means will be considered.
10. Bid documents must not be included in packages containing samples. Such bids will be rejected as being invalid.
11. Any alteration made by the bidder must be initialled.
12. Use of correcting fluid is prohibited and will render the bid invalid.
13. 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.

SECTION C

REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE

1. In terms of the Public Finance Management Act (PFMA), 1999 (Act No 1 of 1999) Section 38 (1) (a) (iii) and 51 (1) (iii) and Section 76 (4) of PFMA National Treasury developed a single platform, The Central Supplier Database (CSD) for the registration of prospective suppliers including the verification functionality of key supplier information.
2. Prospective suppliers will be able to self-register on the CSD website: www.csd.gov.za
3. Once the supplier information has been verified with external data sources by National Treasury a unique supplier number and security code will be allocated and communicated to the supplier. Suppliers will be required to keep their data updated regularly and should confirm at least once a year that their data is still current and updated.
4. Suppliers to provide their CSD supplier number and unique security code to organs of state to view their verified CSD information.

CSD NUMBER

**SECTION D
DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS
CORRECT AND UP TO DATE**

(To be completed by bidder)

This is to certify that I

.....
(name of bidder / authorised representative)

Who represents

.....
(state name of bidder)

Am aware of the contents of the Central Supplier's Database with respect to the bidder's details and registration information, and that the said information is correct and up to date as on the date of submitting this bid.

In addition, I am aware that incorrect or outdated information may be a cause for disqualification of this bid from the bidding process, and/or possible cancellation of the contract that may be awarded on the basis of this bid.

.....
Name of bidder

.....
Signature of bidder or authorised representative

.....
Date

SECTION E

DECLARATION OF INTEREST – SBD 4

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price bid). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
3. Full Name of bidder or his or her representative:
4. Identity Number:
5. Position occupied in the Company (director, trustee, shareholder², member):
6. Registration number of company, enterprise, close corporation, partnership agreement or trust:
7. Tax Reference Number:

¹ "State" means –
any National or Provincial Department, National or Provincial Public Entity or Constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

- a) any Municipality or Municipal Entity;
- b) Provincial Legislature;
- c) National Assembly or the National Council of Provinces; or
- d) Parliament.

² "Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

8. VAT Registration Number:

9. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

10. Are you or any person connected with the bidder presently employed by the state?

YES / NO

11. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution:

Any other particulars:

12. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES / NO

13. If yes, did you attach proof of such authority to the bid document? (Note: Failure to submit proof of such authority, where applicable, will result in the disqualification of the bid)

YES / NO

14. If no, furnish reasons for non-submission of such proof:

15. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES / NO

16. If so, furnish particulars:

17. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

YES / NO

18. If so, furnish particulars.

19. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES / NO

20. If so, furnish particulars.

21. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES / NO

22. If so, furnish particulars.

Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	State Number / Employee Peral Number

Full Name	Identity Number	Personal Income Tax Reference Number	State Number / Employee Peral Number

DECLARATION

I, the undersigned

.....
(name)

Certify that the information furnished in paragraphs 2 and 3 above is correct.

I accept that the state may reject the bid or act against me should this declaration prove to be false.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

SECTION F FORM OF OFFER AND ACCEPTANCE

1. Offer

The Employer, identified in the acceptance signature block, has solicited offers to enter into a contract for the procurement of:

An Entity to provide a multidisciplinary team of experienced and skilled professional consulting services with an Architect as Lead Consultant

For the project: Kwagwebu Clinic: Construction of a New Small Clinic and Staff Residences

The bidder, identified in the offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender.

By the representative of the bidder, deemed to be duly authorized, signing this part of this form of offer and acceptance, the bidder offers to perform all of the obligations and liabilities of the Service Provider under the Contract including compliance with all its terms and conditions according to their true intent and meaning for remuneration to be determined in accordance with the conditions of Contract identified in the Contract Data.

2. Price

The offered price for Architectural and other Consultancy Services, inclusive of value added tax, is

R (in figures)

and,

Rand (in words)

This offer may be accepted by the Employer by signing the acceptance part of this form of offer and acceptance and returning one copy of this document to the bidder before the end of the period of validity stated in the Tender Data, whereupon the bidder becomes the party named as the Service Provider in the conditions of Contract identified in the Contract Data.

3. This offer is made by the following Legal Entity: **(please cross out the block that is not applicable)**

	or	
Company or Close Corporation		Natural person or Partnership
Registration number:		Identity number:
Income Tax Reference number:		Income Tax Reference number:

and who is (if applicable):

Trading under the name and style of:

.....

and who is:

.....

Represented herein, and who is duly authorised to do so, by:

.....

In his/her capacity as:

Note: A resolution / power of attorney, signed by all the directors / members / partners of the legal entity must accompany this offer, authorising the representative to make this offer.

4. **Signed for the bidder:**

.....
Name of representative

.....
Signature

.....
Date

5. Witnessed by:

.....
Name of representative

.....
Signature

.....
Date

6. Domicilium Citandi Et Executandi

The bidder elects as its domicilium citandi et executandi in the Republic of South Africa, where any and all legal notices may be served, as (physical address):

Street address::

.....
.....
.....

Code:

Postal address

.....
.....
.....

Code:

Telephone:

Code: Number:

Cell phone :

Code: Number:

Facsimile number:

Code: Number:

E-mail address:

.....

.....
Banker:

.....
Branch:

7. Acceptance

By signing this part of this form of offer and acceptance, the Employer identified below accepts the bidder's offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the conditions of Contract identified in the Contract Data. Acceptance of the bidder's offer shall form an agreement between the Employer and the bidder upon the terms and conditions contained in this agreement and in the Contract that is the subject of this agreement.

8. The terms of the Contract

The terms of the Contract are contained in:

Part C1 Agreements and Contract Data, (which includes this agreement) Part C2 Pricing Data

and;

Documents or parts thereof, which may be incorporated by reference into Parts C1 to C2 above.

Deviations from and amendments to the documents listed in the Tender Data and any addenda thereto as listed in the tender schedules as well as any changes to the terms of the offer agreed by the bidder and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to and forming part of this agreement. No amendments to or deviations from set documents are valid unless contained in this schedule.

The bidder shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer’s agent (whose details are given in the Contract Data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the conditions of Contract identified in the Contract Data. Failure to fulfil any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect, if sent by registered post, 4 days from the date on which it was posted, if delivered by hand, on the day of delivery, provided that it has been delivered during ordinary business hours, or if sent by fax, the first business day following the day on which it was faxed. Unless the bidder (now Service Provider) within seven working days of the date of such submission notifies the Employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the Parties.

9. Signed for the Employer:

.....
Name of representative

.....
Signature

.....
Date

Street address:
.....
.....
.....

Code:

Telephone: Code: _____ Number: _____

Facsimile number: Code: _____ Number: _____

10. Witnessed by:

Name of representative

Signature

Date

11. Schedule of Deviations

1	Subject	.....
	Details	....................
2	Subject	.....
	Details	....................
3	Subject	.....
	Details	....................
4	Subject	.....
	Details	....................
5	Subject	.....
	Details	....................

By the duly authorised representatives signing this agreement, the Employer and the Tenderer agree to and accept the foregoing schedule of deviations as the only deviations from and amendments to the documents listed in the tender data and addenda thereto as listed in the tender schedules, as well as any confirmation, clarification or changes to the terms of the offer agreed by the Tenderer and the Employer during this process of offer and acceptance.

It is expressly agreed that no other matter whether in writing, oral communication or implied during the period between the issue of the tender documents and the receipt by the tenderer of a completed signed copy of this Agreement shall have any meaning or effect in the contract between the parties arising from this agreement.

SECTION G

SPECIFICATIONS, SCOPE, EVALUATION

AN ENTITY TO PROVIDE A MULTIDISCIPLINARY TEAM OF EXPERIENCED AND SKILLED PROFESSIONAL CONSULTING SERVICES WITH AN ARCHITECT AS LEAD CONSULTANT

Project Description:

Kwagwebu Clinic: Construction of a New Small Clinic and Staff Residences

1. Project Background and Specification

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well-functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this National Department of Health started the Ideal Clinic programme.

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health.

SOURCE: Ideal Clinic Manual Version 17

The need for a new clinic to the KwaGwebu area was first identified in 2005.

Kwagwebu clinic has been identified as the area faces great challenges when it comes to access to healthcare. This is due to the rural nature of the area. KwaGwebu area is 67km away from Vryheid District Hospital. With the nearest fixed clinic being 35km away from the area. The road is in a terrible condition that makes it difficult for the community to access health services especially on rainy days. The mobile clinic visits this area once a month and when it rains, the mobile vehicle cannot access the area due to muddy roads. This leads to clients defaulting their medication and children missing their immunization. Most people in this community are unemployed and rely on government grants, which makes it difficult to access health facilities in town.

KwaGwebu Clinic will be rendering Preventative, Promotive, Curative, Rehabilitative and Palliative Health Care. Based on the current population a small clinic is required.

Residential Units for the Operational Manager, Clinical Nurse Practitioners and Professional Nurses will be included according to the KwaZulu-Natal Department of Health Employee Housing Policy (July 2004). Four 2-bed units are proposed.

2. Project Details

The Site:

Kwagwebu is located in Zululand Health District, Abaqulusi Municipality. It is within a rural location. The entire site is approximately 56 784sqm.

Land Owner:	Ingonyama Trust, Vukani Tribal Authority Permission to Occupy is still to be secured			
Street Address (or directions):	52km south of Vryheid on rural roads			
Postal Address:	None at present			
Telephone Number:	None at present			
Hospital Manager:	None at present			
Cadastral Description:	Latitude:	30°53'56"E	Longitude:	28°08'19"S
Zoning:	Tribal Authority			
Planning restrictions:	TBC upon confirmation of the PTO			
Existing Infrastructure	None			

Locality Map:

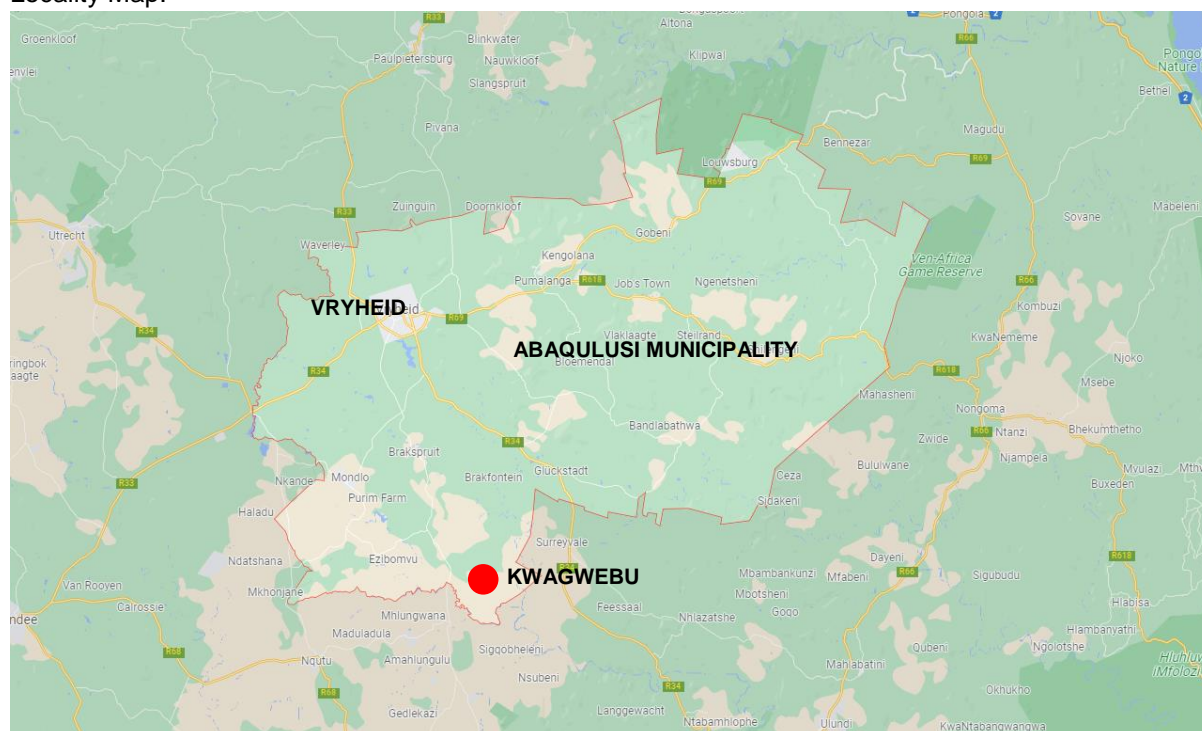


Photo 1: Site location on Aerial View

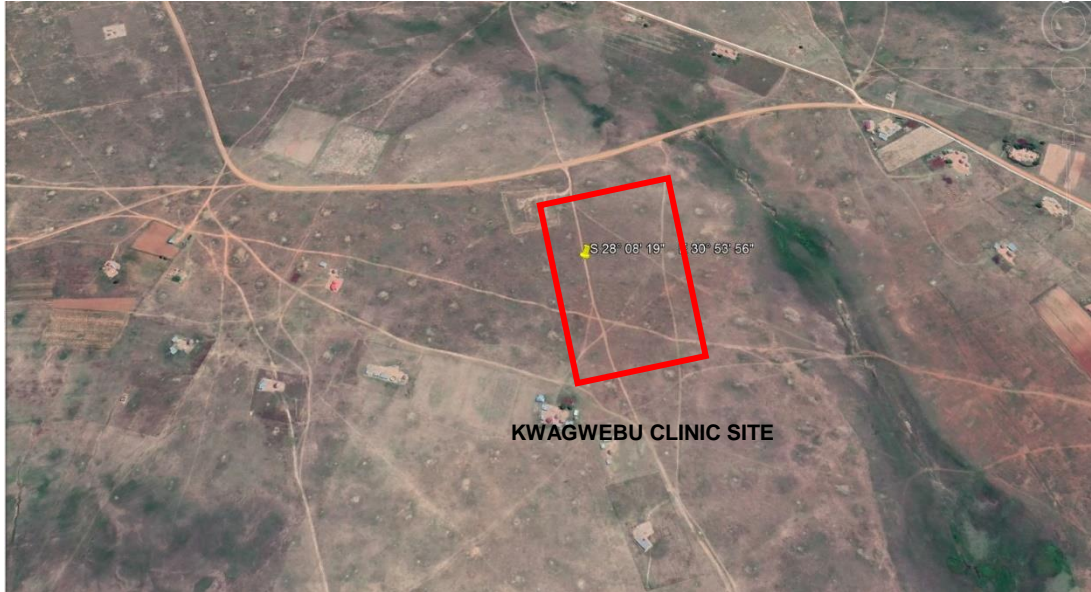


Photo 2: Site location

SOURCE: Google Maps

3. Project Outcomes:

- Integrated Clinical Services Management (ICSM) is a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who comes for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.
SOURCE: Ideal Clinic Manual Version 17
- The new clinic will ensure appropriate healthcare access to the local community, in terms of the above.
- Job creation during construction and for operation of the clinic

4. Project Output:

The project output will be a new primary healthcare facility that provides permanent healthcare access to the local community.

5. Scope of Works of the Construction Project:

Please refer to the Project Brief attached as **Appendix D** for the proposed full scope of the project.

6. Statutory Requirements:

Legislation:	All applicable Acts and Regulations pertaining to the Health Environment; OHS Act and Regulations; and All applicable Acts and Regulations for the various Professional Consultancy Services
Norms:	Infrastructure Unit Support Systems (IUSS) guidelines
Standards:	Infrastructure Unit Support Systems (IUSS) guidelines; Standard for Infrastructure Procurement and Delivery Management; Framework for Infrastructure Delivery and Procurement Management and All applicable standards, regulations and/or specifications of KZN Department of Health
Policies:	All applicable policies of KZN Department of Health
Other Requirements:	Relevant SANS codes All applicable standards, regulations and/or specifications of KZN Department of Health

7. Required Multidisciplinary Team Composition

- Architect (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor
- Geotechnical Engineer

8. Scope of Services required from Team of Professional Service Providers (PSP):

The standard services/deliverables required (for All Construction Stages) from the consultants are as set out in the following government gazettes:

8.1. Architect including Principal Consultant and Principal Agent Services

South African council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015. PSP scope will also include research and proposals relating to 'green' design principals and initiatives on the project

8.2. Quantity Surveyor

The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No 391134 of 28 August 2015

8.3. Engineers

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015. PSP scope will also include research and proposals relating to 'green' design principals and initiatives on the project.

8.4. Construction Health & Safety Agent

All roles, responsibilities and deliverables as stated in the South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019 pertaining to the Construction Health and Safety Profession

8.5. Land Surveyor

The Lead Consultant shall confirm the detailed scope of work that will be required from Land Surveyor. The Land Surveyor shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Land Surveyors in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

8.6. Geotechnical Engineer

The Lead Consultant shall confirm the detailed scope of work that will be required from Geotechnical Engineer. The Geotechnical Engineer shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Geotechnical Engineers in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

In addition to the above, the scope of services for all consultants will include the corresponding deliverables as stated in the Standard for Infrastructure Procurement and Delivery Management and the Framework for Infrastructure Delivery and Procurement Management (FIDPM).

9. Additional items on Services required from Team of Professional Service Providers (PSP):

- 9.1. Extensive consultation is to take place over all construction stages which will include (but is not exclusive) consultation with:
 - The Mother Facility: Vryheid Hospital
 - DOH District: Zululand District
 - DOH Head Office: Infrastructure Development, District Health Services
 - National DOH
 - Local authority
 - Other Authorities
 - Statutory bodies
 - Other Departments
- 9.2. All consultants will be required to present end of stage deliverables for review and recommendations to the Health Infrastructure Approval Committee according to FIDPM and KZN DOH policies.
- 9.3. All additional required presentations to be done as may be required
- 9.4. All approvals to be acquired as may be required

10. Planning and Programming

The Employer is desirous that the project follow the timelines shown below. However, should the bidder feel that these timelines are not achievable then the Bidder must submit a motivation as to why it considers them not achievable and must propose alternative timelines for the Employer's consideration and approval.

PSP Deliverables according to FIDPM stages of work	Duration to produce deliverables from each stage
Stage 1: Inception Stage 2: Concept & Viability Report Stage 3: Design Development Report Stage 4: Documentation	8 months
Stage 5: Works	18 months
Stage 6: Handover	1 month
Stage 7: Project Close Out	15 months

The Lead Consultant is required to submit for approval a formal programme listing activities, level of detail, critical path activities and their dependencies, frequency of updating key dates, particulars of phased completion, programme constraints, milestone dates for completion, etc. including the activities to be carried out by the Employer or by others.

11. Software Application for documents

- Programming software shall be the latest version of MS Projects
- Drawing programme software will be the latest version/s of Autodesk AutoCAD and/or

- Revit
- Quantity surveying software will be the latest version of WinQS
- General software will be MS Office based software and Adobe Acrobat

12. Use of Reasonable Skill and Care

The Lead consultant and individual team members are to consist of one or more Registered Professionals as per the relevant Councils. They are required to perform the required service with reasonable skill, care and diligence.

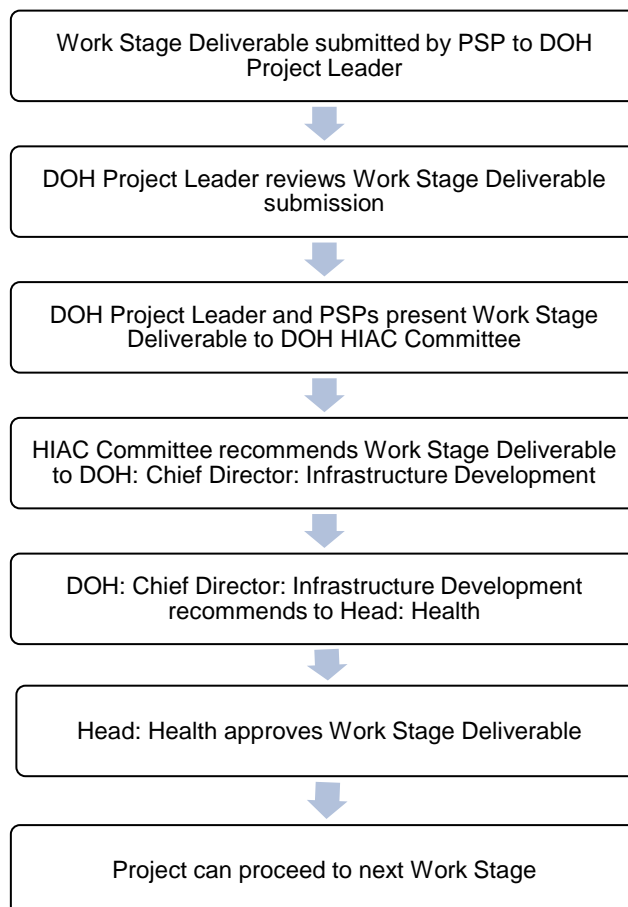
13. Co-operation with Other Service Providers and Affected Parties

The Lead Consultant is required to identify other service providers and affected parties on the project and establish how interactions are to take place.

14. Copyright

Copyright of all documents provided by the Consultant team will vest with the KwaZulu-Natal Department of Health.

15. General Approval Process per Work Stage



16. Access to Land / Buildings / Sites

Arrangements for access to land / buildings / sites and any restrictions thereto shall be the responsibility of the Employer. However, the Lead Consultant shall be aware of such arrangements

and advise the Employer's Project Manager timeously to prevent any delays that may arise due to restricted access.

17. Quality Management

The Bidder shall submit their proposed quality assurance plan and control procedures to fulfil their duties as stipulated in the relevant clauses of the appropriate discipline's Guideline Scope of Services.

18. Format of Communications

These will be made available to the Lead Consultant on award of tender.

19. Key Personnel

Changes to key personnel shall only be effected once authorisation has been obtained from the Employer.

20. Management Meetings

Project Management meetings to monitor project progress will take place every 14 calendar days

21. Forms for Contract Administration

Standard forms of contract administration purposes will be made available to the successful bidder upon award.

22. Daily Records

Daily time sheets of all personnel on the project shall be kept by the Lead Consultant and will be made available as required to the Employer. Time sheets are to clearly state work performed.

23. Fee Claims

Receipt and subsequent approval (by Head of Health or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 1, 2, 3, 4 and 6) of the relevant gazettes as stated in point 8 above and corresponding FIDPM Stages (1 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

Payment of disbursements is based on a proven cost basis only in accordance with the National Department of Public Works, Rates for Reimbursable Expenses. Further clauses relating to the claiming and payment of fees and disbursements are stated in under point 28 and C2. PRICING DATA.

Should deliverables as referenced under the Scope of Services (Section G, point 8) not be required, fees will be revised to align with the reduced scope of work.

Payment of fees shall be apportioned to Construction Work Stages (Stages 1-6) in accordance with the tables below:

Architecture (Principal Consultant and Principal Agent)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	30%
Stage 5	27%
Stage 6	3%

Quantity Surveying

Stage 1	2.5%
Stage 2	5%
Stage 3	7.5%
Stage 4	35%
Stage 5	45%
Stage 6	5%

Electrical Engineering

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Mechanical Engineering (including Fire and Wet Services Engineer)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Civil Engineering

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Structural Engineering

Stage 1	5%
Stage 2	20%
Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Construction Health and Safety

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

24. Use of Documents by the Employer

Critical information, which will track the progress of the project, will be recorded and updated by the Lead Consultant on a monthly basis. These will be presented to the Employer as required by the Lead Consultant and other relevant professionals and may include but not be limited to the following documents:

- Progress reports
- Financial control methodology - cost reports and cash flows
- Risk registers including full risk assessments and mitigating action
- Issue registers including full analysis and action plans

- Project programmes

25. Mentorship of Employers Trainees / Interns

From time to time, the Employer may second trainees / interns to the Consultant/s. The Consultant/s shall provide structured mentorship and exposure to seconded trainees / interns. A training / activity schedule shall be prepared for each trainee / intern for the duration of his or her stay on the project. The schedule shall have clear targets and objectives, which will be measured at the end of the training period. The Consultant/s shall allocate a mentor for each trainee / intern who will be responsible for the learning outcomes for the period of secondment.

The mentorship and training falls beyond the Consultant/s obligations in terms of criteria under Section G – Specifications.

A separate training and mentorship agreement will be concluded with the Consultant/s at the time of placing trainees / interns.

26. Project

The estimated project works value is R 35,000,000.00 (Thirty-Five Million Rand, Exclusive of 15% VAT) and is a new build. Please refer to the Project Brief attached as Appendix D for project details and the proposed full scope of the project.

27. Cost and pricing of the project

Professional Fees for the team shall be tendered as a PERCENTAGE based on the value of the construction works taking into account all requirements as per the stated Scope of Services (Section G, Item 8). The percentage shall then be apportioned by percentage amongst the various professional disciplines. The percentage shall remain fixed for the entire project however the apportionment amongst the various disciplines may change should it be required. Changes to the apportionment are to be agreed by the Professional Team and the Employer is to be duly informed in writing by an official letter from the Project Manager, prior to any further payments. Disputes relating to the apportionment of total fees are to be resolved by the Professional Team.

The tendered percentage is to include for any and all surcharges applicable to the project for all professionals and THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT. The value of works for fee purposes in this tender document has been estimated. No additional surcharges shall be applicable for any material adjustment in the value of the project, both upwards and downwards, and the tendered percentage shall be applicable to the revised value.

Should deliverables as referenced under the Scope of Services (Section G, point 8) not be required, fees will be revised to align with the reduced scope of work.

All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in Section G, point 8 above).

28. Project Details

- 28.1. You are requested to quote for the delivery of Lead Consultant Services, Principal Agent Services and the appointment of a Multi-disciplinary team, and their total costs, which should as a minimum consist of:

- Architect (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer (Appointed Post Award)

The relevant Guidelines are as per the following:

Architect	South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015
Quantity Surveyor	The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No. 39134 of 28 August 2015
Structural, Civil, Mechanical & Electrical Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015
Construction Health and Safety	South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019

- 28.2. Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.
- 28.3. Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage.
- 28.4. Disbursements as published in the monthly National Department of Public Works “Rates for Reimbursable Expenses” shall be used as guideline. Discount can also be offered in this regards, but a maximum rate applicable shall be for vehicles up to 2150 cc.
- 28.5. Please note that total final fees payable will be calculated on final value of contract for “fee purposes” only or final contract cost estimates for “fee purposes” only - whichever may be applicable at the time.
- 28.6. You are requested to submit your bid using the FEE BASED QUOTE PROFORMAS (Appendix A, Table 1 & 2), stamped utilizing your official company stamp and duly signed by the Registered Lead Professional who will be dedicated to this project and is based at the office address where the project is intended to be awarded.

29. Conditions of Appointment

- 29.1. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 29.1 above. Principal consultant and Architectural Services cannot be outsourced and must be provided in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those

professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional assigned to the project for each service.

- 29.2. Registered Professionals listed as the Lead Professional for each Professional discipline on the project (as per Form A) must play an active and visible role on the project. Lead Professionals must attend a minimum of 70% of all meetings. Failure to comply with this condition will constitute a breach of this contract.
- 29.3. Consultants must submit all returnable documents as listed on Appendix B herein. Failure to submit all the requested documents will result in the bid not being considered.
- 29.1. The Department of Health reserves the right to place the project on hold or cancel the project at ANY POINT.

30. Evaluation Criteria

The evaluation of bids will be conducted in three (3) phases:

PHASE 1: Responsiveness

- Correctness of bid document
- Compliance with SCM regulations (registration with Central Suppliers Database (CSD), Tax compliance, other prescripts requirements and submission of all documentation and information as per Annexure B)

PHASE 2: Eligibility and Quality/Functionality Evaluation

Eligibility Criteria

In order to be eligible to be awarded this bid, the following criteria MUST be satisfied:

- The professional multi-disciplinary team must consist of:
 - Professional Registered Architect (Lead Consultant/Principal Agent)
 - Professional Registered Quantity Surveyor
 - Professional Registered Structural Engineer
 - Professional Registered Civil Engineer
 - Professional Registered Mechanical Engineer
 - Professional Registered Electrical Engineer
 - Professional Registered Construction Health and Safety Agent

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professional Leads must be Registered Professionals and NOT Registered Professional Technologists. All Registered Professionals must be in good-standing with their respective council and their membership must be valid. ALL PROFESSIONAL LEADS, EXCLUDING THE PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT, MUST HAVE A MINIMUM OF 6 YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE. THE PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT IS REQUIRED TO HAVE A MINIMUM OF 3 YEARS POST REGISTRATION EXPERIENCE.

Proof of Registration for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Registrations in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the minimum values listed below:
 - Civil, Structural Engineering: R 5,0 million
 - Electrical, Mechanical Engineering: R 5,0 million
 - Architectural: R 5,0 million
 - Quantity Surveyor: R 5,0 million
 - Health and Safety: R 1,0 million
 - Other: R 1,0 million

Proof of valid Professional Indemnity Insurance for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Professional Indemnity Insurance in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

Professional Indemnity Insurance for all Professionals is to remain valid and in force for the full duration of the project and for the minimum amounts stated above. Failure to provide proof of valid and compliant Professional Indemnity Insurance Policies for all consultants, at any stage during the project when requested, will result in termination of services and damages claimable.

Failure to meet ANY of the listed Eligibility requirements as stated above and as per the Eligibility Criteria table below, will result in the bid being removed from further evaluation and the bid shall not be eligible for award.

All eligibility criteria returnables should be tabbed, labelled and included in the designated areas as per the instructions below.

Eligibility criteria	Documentation to be provided	FOR EVALUATION COMMITTEE USE ONLY	
		Eligibility Criteria Met (Yes/No)	Comments
<p>1. The professional multi-disciplinary team must consist of:</p> <ul style="list-style-type: none"> Registered Professional Architect (Lead Consultant/Principal Agent) Registered Professional Quantity Surveyor Registered Professional Structural Engineer Registered Professional Civil Engineer Registered Professional Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer Registered Professional Electrical Engineer <p>with a minimum of 6 years post professional registration experience.</p> <ul style="list-style-type: none"> Registered Professional Construction Health and Safety Agent <p>with a minimum of 3 years post professional registration experience</p>	<p>TAB LABEL: G-1</p> <p>Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H. Should the Fire Engineer and Wet Services Engineer differ from the Lead Mechanical Engineer, proof of ECSA Professional Registration for these individuals must be provided under the Mechanical Engineer cover page.</p> <p>Completed Form A (Appendix E)</p>		
<p>2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:</p> <ul style="list-style-type: none"> Civil, Structural Engineering: R 5,0 million Electrical, Mechanical Engineering: R 5,0 million Architectural: R 5,0 million Quantity Surveyor: R 5,0 million Health and Safety: R 1,0 million Other: R 1,0 million 	<p>TAB LABEL: G-2</p> <p>Proof of valid Professional Indemnity Insurance for each discipline complying with the minimum amounts stated shall be attached under the appropriate cover page provided under Appendix H</p>		

Quality/Functionality Criteria

Each bid is required to meet the minimum qualifying evaluation score of 60 points as per criteria below. All functionality/quality returnables should be tabbed, labelled and included in the designated areas as per the instructions below.

Evaluation criteria	Documentation to be provided	Points allocated
<p>1. Bidder to demonstrate Technical Competency and relevant Experience relating to Building Infrastructure construction projects with a value of over R10 million in the past 10 years per discipline (9 disciplines i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering including Fire Engineer and Wet Services Engineer, Civil Engineering, Structural Engineering, Construction Health and Safety)</p>	<p>TAB LABEL: H-1</p> <p>1.1 Bidder to complete Curriculum Vitae (CV) for the allocated Lead Professional per discipline. The following conditions must be met to receive points in this category:</p> <p>1.1.1 CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix I. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. & 1.1.5. to be inserted under the provided cover pages as Appendix I</p> <p>1.1.2 CVs to be provided for the Lead Professional per discipline ONLY including for the Fire Engineer and Wet Services Engineer for a total of 9 CVs</p> <p>1.1.3. CVs provided must align with the information submitted in Form A (Appendix E)</p> <p>1.1.4. Completion certificates per project must be provided to obtain points for past project experience (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV)</p> <p>1.1.5. Contractor award letters OR signed final account summaries OR signed reference letters from the client; clearly stating the project value must be provided to prove value of projects (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV)</p> <p>Only the first 3 stated past projects per professional CV will be evaluated as per the CV template Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded.</p> <p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> - 1 points will be awarded per completed compliant CV per discipline <p>AND</p> <ul style="list-style-type: none"> - 2 points will be awarded per past building construction project that is equal to and greater than R15 million in value and has been completed in the past 10 years - 1 points will be awarded per past building construction project that is equal to and greater than R10 million in value and has been completed in the past 10 years - 0 points will be awarded for incomplete or no CV submitted on the required template and projects that do not meet the above experience submission criteria 	<p>63 (9 x 1 points for CVs) + (9 x 2 x 3 points for project exp.)</p>

Evaluation criteria	Documentation to be provided	Points allocated
2. Organogram of Resources Proposed for the Project per Professional Discipline	<p>TAB LABEL: H-2</p> <p>2. One team organogram displaying the Architect (Principal Consultant) and the Lead Professionals per discipline that fall under the Principal Consultant as part of the Multidisciplinary team. In addition an organogram per discipline that sets out the roles of each proposed team member and states the name and Professional Registration Number of the Lead Professional for the Project (Information provided for the Lead Professional member must align with Form A) must be provided. The following conditions must be met to receive points in this category:</p> <p>2.1. One team organogram to be provided</p> <p>2.2. Nine individual organograms must be provided, 1 for each Professional Discipline i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering, Fire Engineering, Wet Services Engineering, Civil Engineering, Structural Engineering, Construction Health and Safety</p> <p>2.3. Organograms must be inserted under the provided cover page as Appendix I</p> <p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> - 10 points will be awarded for the submission of a team organogram detailing the Architect (Principal Consultant) and all other Lead Professionals per discipline - 0 points will be awarded for no submission and irrelevant submissions <p><u>AND</u></p> <ul style="list-style-type: none"> - 3 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions - 1 points will be awarded per organogram per discipline for organograms that partially comply with the above instructions - 0 points will be awarded for no submission and irrelevant submissions 	<p style="text-align: center;">37 (10 points for team organogram + (9 x 3 points each for individual organograms))</p>

PHASE 3: Price and Preference

- Tendered Price and preference points
- Evaluation using the Point System

The following special conditions are applicable to the evaluation of this tender:

- The Department reserves the right not to award to the lowest bidder.
- The Department will conduct a detailed risk assessment prior to the award.

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

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (BBBEE) 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 system are applicable to this bids:

The 80/20 preference point system will be applicable to this tender

1.2. Points for this bid shall be awarded for:

- Price; and
- B-BBEE Status Level of Contributor.

1.3. The maximum points for this bid are allocated as follows:

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

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

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

2. Definitions

“B-BBEE” means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;

“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;

“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 bids, advertised competitive bidding

processes or proposals;

“Broad-Based Black Economic Empowerment Act” means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

“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;

“functionality” means the ability of a bidder to provide goods or services in accordance with specifications as set out in the tender documents.

“prices” includes all applicable taxes less all unconditional discounts;

“proof of B-BBEE status level of contributor” means:

- B-BBEE Status level certificate issued by an authorized body or person;
- A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
- Any other requirement prescribed in terms of the B-BBEE Act;

“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;

“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

The 80/20 Preference Point System

A maximum of 80 points is allocated for price on the following basis:
80/20

$$Ps = 80 \left(1 - \frac{Pt - P \min}{P \min} \right)$$

Where

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

Points Awarded for BBBEE Status Level Of Contributor

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 BBBEE status level of contribution in accordance with the table below:

BBBEE 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

Bid Declaration

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

BBBEE Status Level Of Contributor Claimed:

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.

4. Sub-Contracting

Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

4.1.1. 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 _____

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

(Tick applicable box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

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

5. Declaration with regard to Company/Firm

5.1. Name of company/firm:

.....

5.2. VAT registration number:

.....

5.3. Company registration number:

.....

5.4. Type of Company/ Firm

(Tick applicable box)

<input type="checkbox"/>	One-person business/sole propriety
--------------------------	------------------------------------

<input type="checkbox"/>	Company
<input type="checkbox"/>	Partnership/Joint Venture / Consortium
<input type="checkbox"/>	Close corporation
<input type="checkbox"/>	(Pty) Limited

5.5. Describe principal business activities

5.6. Company classification

(Tick applicable box)

<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Professional service provider
<input type="checkbox"/>	Other service providers, e.g. transporter, etc.

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

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-BBEE 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 –

- disqualify the person from the bidding process;
- recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
- 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;
- 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
- forward the matter for criminal prosecution.

Signature/s of Bidder/s
Date
Address:

Signature/s of Witnesses
Witness 1:
Witness 2:

SECTION H
OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 10028/2021-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR KWAGWEBU CLINIC: CONSTRUCTION OF A NEW SMALL CLINIC AND STAFF RESIDENCES
Date:	22 February 2022
Time:	09:00
Venue:	Inkosi Albert Luthuli Central Hospital Nurses Residence Hall

This is to certify that

.....
 (name)

On behalf of

.....
 Visited and inspected the site on

.....
 (date)

And is therefore familiar with the circumstances and the scope of the service to be rendered.

Signature/s of Bidder/s
.....
(Print Name)
.....
Date:

Departmental Representative
.....
(Print Name)
.....
Departmental Stamp (Optional)
.....
Date:

SECTION I

TAX COMPLIANCE STATUS (TCS)

1. The State / Province may not award a contract resulting from the invitation of bids to a bidder who is not properly registered and up to date with tax payments or, has not made satisfactory arrangements with SA Revenue Services concerning due tax payments.
2. The South African Revenue Services (SARS) has phased out the issuing of paper Tax Clearance Certificates. From 18 April 2016, SARS introduced an enhanced Tax Compliance system. The new system allows taxpayers to obtain a Tax Compliance Status (TCS) PIN, which can be utilized by authorized third parties to verify taxpayers' compliance status on line via SARS e-filing.
3. Bidders are required to apply via e-filing at any SARS branch office nationally. The Tax Compliance Status (TCS) requirements are also available to foreign bidders / individuals who wish to submit bids.
4. SARS will then furnish the bidder with a Tax Compliance Status (TCS) PIN that will be valid for a period of 1 (one) year from the date of approval.
5. In bids where Consortia / Joint Venture / Sub-contractors are involved, each party must submit a separate Tax Compliance Status (TCS) PIN.
6. Application for Tax Compliance Status (TCS) PIN can be done via e-filing at any SARS branch office nationally or on the website www.sars.gov.za.
7. Tax Clearance Certificates may be printed via e-filing. In order to use this provision, taxpayers will need to register with SARS as an e-Filer through the website www.sars.gov.za.
8. Tax Compliance Status is not required for services below R 30 000.00 ITO Practice Note Number: SCM 13 of 2007.
9. Kindly either provide an original tax clearance certificate, your tax number or pin number.

TAX NUMBER:

PIN NUMBER:

SECTION J
AUTHORITY TO SIGN A BID

A Companies

If a Bidder is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

Authority by Board of Directors

By resolution passed by the Board of Directors on

.....
(date)

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Company)

In his/her capacity as:

.....
Signed on behalf of Company:

.....
(print name)

.....
Signature of signatory:

.....
Date:

Witnesses:

1.

2.

B Sole proprietor (one - person business)

I, the undersigned

.....
(name)

Hereby confirm that I am the sole owner of the business trading as

.....
(name)

.....
Signature of signatory:

.....
Date

C Partnership

The following particulars in respect of every partner must be furnished and signed by every partner:

Full name of partner	Residential address	Signature

We, the undersigned partners in the business trading as

.....
(name)

hereby authorized

.....
(name)

to sign this bid as well as any contract resulting from the bid and any other documents and correspondence in connection with this bid and /or contract on behalf of:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

D Close Corporation

In the case of a Close Corporation submitting a bid, a certified copy of the Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorising a member or other official of the corporation to sign the documents on their behalf.

Authority to sign on behalf of the Close Corporation

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

(Name of Closed Corporation)

In his/her capacity as:

Signed on behalf of Closed Corporation:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

E Co-Operative

A certified copy of the Constitution of the Co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

Authority to sign on behalf of the Co-Operative

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

(Name of Co-Operative)

In his/her capacity as:

Signed on behalf of Co-Operative:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

F Joint Venture

If a bidder is a joint venture, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of the enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the joint venture must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Joint Venture

By resolution/agreement passed/reached by the Joint Venture partners on

.....
(date)

.....
(name and whose signature appears below)

.....
(name and whose signature appears below)

.....
(name and whose signature appears below)

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Joint Venture)

In his/her capacity as:

.....
Signed on behalf of Joint Venture:

.....
(print name)

.....
Signature of signatory:

.....
Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

G Consortium

If a bidder is a Consortium, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of concerned enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the consortium must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Consortium

By resolution of the members on

.....
(date)

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Consortium)

In his/her capacity as:

.....
Signed on behalf of Consortium:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

(print name)

Signature of signatory:

Date:

SECTION K

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES – SBD 8

(To be completed by Bidder.)

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a) abused the institution's supply chain management system;
 - b) committed fraud or any other improper conduct in relation to such system; or
 - c) failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
Tick applicable			
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the audi alteram partem rule was applied). The Database of Restricted Suppliers now resides on the National Treasury's website (www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.		
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.		
4.2.1	If so, furnish particulars:		

Item	Question	Yes	No
Tick applicable			
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?		
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?		
4.4.1	If so, furnish particulars:		

Certification

I, the undersigned

.....
 (full name)

Certify that the information furnished on this declaration form is true and correct.

I accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

.....
 Signature

.....
 Date

.....
 Position

.....
 Name of bidder

SECTION L

CERTIFICATE OF INDEPENDENT BID DETERMINATION – SBD 9

1. This Standard Bidding Document (SBD) must form part of all bids³ invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).⁴ Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a) disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b) cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
4. This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
5. In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:

that:

³ Includes price bids, advertised competitive bids, limited bids and proposals.

⁴ Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

(Name of Bidder)

- 5.1. I have read and I understand the contents of this Certificate;
- 5.2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 5.3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 5.4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
- 5.5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - a) has been requested to submit a bid in response to this bid invitation;
 - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
- 5.6. 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 consortium⁵ will not be construed as collusive bidding.
- 5.7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - a) prices;
 - b) geographical area where product or service will be rendered (market allocation)
 - c) methods, factors or formulas used to calculate prices;
 - d) the intention or decision to submit or not to submit, a bid;
 - e) the submission of a bid which does not meet the specifications and conditions of the bid;
or
 - f) bidding with the intention not to win the bid.
- 5.8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 5.9. 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.

⁵ 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

- 5.10. 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.

Signature

Date

Position

Name of Bidder

APPENDICES

APPENDIX A - BID PROFORMA

(To be completed by the Lead Consultant)

General Notes -

- Bidders are requested to complete Table 1 and Table 2 of Appendix A. The total fees from Table 1 must be carried to the form of offer.
- Preference Points and Total Percentage offered take precedence over any additional detailed fee calculations submitted, where there is any ambiguity
- Bidders are to tender a total percentage (to 2 decimal places) for the entire team based on the value of work for fees estimate. This percentage will remain fixed throughout the project and is deemed to include for any surcharges due to alterations works and for Principal Consultant and Principal Agent Fees.
- Disbursements shall be allowed for at the stated allowance value but shall be claimed and paid on a PROVEN COST BASIS ONLY. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- Table below is NOT to be modified by Tenderer

TABLE 1

Value of Work for Fees	R 35 000 000.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 1 600 000.00
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

DATE:

TABLE 2 – APPORTIONMENT OF FEES

Principal Consultant / Principal Agent / Architect	%
Quantity Surveyor	%
Civil Engineer	%
Structural Engineer	%
Electrical Engineer	%
Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer	%
Construction Health and Safety	%
TOTAL TENDERED FEE PERCENTAGE FOR TEAM (to 2 decimal places)	%

<p>COMPANY STAMP:</p> <p>DATE:</p>

APPENDIX B – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Documents	Tick	
		Yes	No
Please ensure the following items are fully completed and complied with:			
1.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
2.	Declaration of interest by Consultant – SBD 4		
3.	Declaration of bidders Past Supply Chain Management practice – SBD 8		
4.	Certificate of Independent Bid Determination – SBD 9		
5.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
6.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
The following documents are to be submitted under Appendix: G			
7.	Proof of Registration with Companies and Intellectual Property Commission (CIPC)		
8.	Original certified copy of BBBEE Certificate		
9.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement letter from Ward councillor or affidavit from Commissioner of oaths, if office is in an area where rates are not paid)		
The following documents are to be submitted under Appendix H under the relevant cover pages:			
10.	Proof of Registration with Council / Professional Body for all Lead Professionals (Attach Letter of Good standing with the relevant council if applicable dated during the year of Bid)		
11.	Proof of the relevant professional Indemnity Insurance – Civil, Structural Engineering: R 5,0 million Electrical, Mechanical Engineering: R 5,0 million Architectural: R 5,0 million Quantity Surveyor: R 5,0 million Health and Safety: R 1,0 million Other: R1,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
12.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
13.	Organogram for each Professional Discipline Team		

BIDDERS TO NOTE

Submission of the above returnable documents is mandatory. Failure to submit all the requested documents will result in the tender not being considered.

APPENDIX C - CONTRACT DATA

C1. Contract Data

C1.1 Standard Professional Services Contract

The conditions applicable to this Contract are the Standard Professional Services Contract (July 2009) Third Edition of CIDB document 1015, published by the Construction Industry Development Board.

C1.1.1 Data provided by the Employer

Clause	
	<p>The General Conditions of Contract in the Standard Professional Services Contract (July 2009) make several references to the Contract Data for details that apply specifically to this tender. The Contract Data shall have precedence in the interpretation of any ambiguity or inconsistency between it and the General Conditions of Contract.</p> <p>Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.</p>
	The Employer is the KZN Department of Health.
3.4 and 4.3.2	The authorised and designated representative of the Employer is the departmental project manager, details of whom are as indicated in the Notice and Invitation to Tender.
1	The Project is for the provision of complete Professional Consultancy (including Lead Consultancy) Services for Kwagwebu Clinic: Construction of a New Small Clinic and Staff Residences
1	The Period of Performance is from inception of this Contract until the Service Provider has completed all Deliverables in accordance with the Scope of Services listed in Section G of the bid document.
1	The Start Date is the date from which this contract is fully signed and accepted by the KZN Department of Health
3.4.1	Communications by facsimile is not permitted.
3.5	The Services shall be executed in the Service Provider's own office and on the Project site as described in Section G. No portion of the work may be performed by a person employed by the State. No portion of the work may be sublet to any other person or persons without the prior written approval of the Employer.
3.6	Omit the following: "... within two (2) years of completion of the Service ...".
3.12	<p>Period of Performance shall be sub dividable in separate target dates according to the programme to be submitted in terms of SECTION G part 7 hereof.</p> <p>A Penalty amount of R500.00 per day will be applicable per target date, to a maximum equal to R50,000.00, after which the contract may be terminated.</p>
3.15.1	The programme shall be submitted within 14 days of the award of the contract.
3.15.2	The Service Provider shall update the programme at intervals not exceeding 8 weeks.
3.16	Time-based fees are not applicable to this appointment and therefore no adjustments for inflation are applicable.
5.4.1	The Service Provider is required to provide professional indemnity cover as set out in the Professional Indemnity Schedule as per point 12 of Appendix B.

Clause	
5.5	The Service Provider is required to obtain the Employer's prior approval in writing before taking any of the following actions: a) Deviate from the programme (delayed or earlier); b) Deviate from or change the Scope of Services; c) Change Key Personnel on the Service.
8.1	The Service Provider is to commence the performance of the Services immediately after the Contract becomes effective and execution to be as per the programme.
8.4.3 (c)	The period of suspension under clause 8.5 is not to exceed two (2) years.
9.1	Copyright of documents prepared for the Project shall be vested with the Employer.
12.1.	Interim settlement of disputes is to be by mediation.
12.2. / 12.3.	Final settlement is by litigation.
12.2.1	In the event that the Parties fail to agree on a mediator, the mediator is to be nominated by the president of the Association of Arbitrators (Southern Africa).
13.1.3	All partners in a joint venture or consortium shall carry the same professional indemnity insurance as per clause 5.4.1 of the General Conditions of Contract.
13.5.1	The amount of compensation is unlimited.
13.6	The provisions of 13.6 do not apply to the Contract.
15	In respect of any amount owed by the Service Provider to the Employer, the Service Provider shall pay the Employer interest at the rate as determined by the Minister of Finance, from time to time, in terms of section 80(1)(b) of the Public Finance Management Act, 1999 (Act No 1 of 1999).

C1.2.3 Data provided by the Service Provider

Clause	
	Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
1	The Service Provider is the company, close corporation, natural person, consortium, joint venture or partnership named in Form of Offer and Acceptance by the tendering Service Provider.
5.3	The authorised and designated representative of the Service Provider is the Lead Consultant / Professional Architect named on the Project by the Service Provider
5.4.1	<p>Indemnification of the Employer</p> <p>I, the undersigned, being duly authorized by the Service Provider, in terms of the completed resolution</p> <p>.....</p> <p>(Name of authorized person)</p> <p>hereby confirm that the Service Provider known as:</p> <p>.....</p> <p>(Legal name of entity tendering herein)</p>

Clause	
5.4.1	<p>Tendering on the project:</p> <p>.....</p> <p>(Name of project as per Form of Offer and Acceptance)</p> <p>holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider,</p> <ul style="list-style-type: none"> i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and ii. hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract. <p>I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate.</p> <p>I confirm that the Service Provider renounces the benefit of the <i>exceptionis non causa debiti, non numeratae pecuniae</i> and <i>excussionis</i> or any other exceptions which may be legally raised against the enforceability of this indemnification.</p> <p>Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement.</p>
	<p>Name:</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Capacity:</p>

Clause			
7.1.2	<p>As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, and/or, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation.</p> <p>The Key Persons and their jobs / functions in relation to the Services are:</p>		
	Name	Principal employed and/or professional(s)	Specific duties
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
10.			
7.2	A Personnel Schedule is not required.		
	<p>If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose</p>		

C2: PRICING DATA

C2.1 Pricing Instructions

C2.1.1 Basis of remuneration, method of tendering and estimated fees

C2.1.1.1 Professional fees for the Multi-Disciplinary Services will be paid on Value basis.

The words “value based” and “percentage based” used in connection with fee types in this document or any documents referred to in this document are interchangeable and are deemed to have the same meaning.

C2.1.1.2 Tenderers are to tender:

A value based fee utilizing the stated estimated project construction value multiplied by a fixed tendered percentage which is then apportioned amongst the multi-disciplinary team.

C2.1.1.3 The amount tendered herein (*Section F – Form of Offer and Acceptance*) is for tender purposes only and will be amended according to the application of the actual cost of construction.

C2.1.1.4 Reimbursable rates for typing, printing and duplicating work shall be in accordance with the conditions laid out under section C2.1.5

C2.1.1.5 Disbursements in respect of travelling costs will be paid for separately (as outlined below). Related expenses including all travelling time charges and subsistence allowances related thereto will not be paid for separately. The maximum mileage claimable to site per trip one way shall be capped at/limited to 150km per single trip. Therefore the maximum mileage claimable per return trip to site shall be 300km.

The Service Provider must be available at 24 hours’ notice to visit the site if so required.

C2.1.1.6 N/A

C2.1.1.7 All fee accounts need to be signed by a principal of the Service Provider and submitted in original format, failing which the accounts will be returned. Copies, facsimiles, electronic and other versions of fee accounts will not be considered for payment.

C2.1.1.8 For all Services provided on a time basis, time sheets giving full particulars of the work, date of execution and time duration, should be submitted with each fee account.

C2.1.1.9 Payments to the Service Provider will be made electronically according to the banking details furnished by the Service Provider. Any change in such banking details must be communicated to the departmental project manager timeously. Fee accounts, correct in all respects, will be deemed submitted when received by the Employer and settled when electronically processed by the Employer. The Employer reserves the right to dispute the whole account, any item or part of an item at any time and will deal with such case in terms of clause 14.3 of the General Conditions of Contract.

C2.1.1.10 Accounts for Services rendered may be submitted on the successful completion of each stage of work. Interim accounts will only be considered during the construction stage of the works and then not more frequently than quarterly except if otherwise agreed between the authorised and designated representative of the Service Provider and the Employer. Payment of accounts rendered will be subject to the checking thereof by the departmental project manager. The Employer reserves the right to amend the amounts claimed in order to conform to the rates stipulated in this Contract and

make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

C2.1.2.1 Fees for work done under a value based fee shall be calculated according to the tendered percentage for fees for the team and apportioned to construction stages (for each professional discipline) as stated in this document.

C2.1.2.2 Interim payments to the Service Provider

For the purposes of ascertaining the interim payments due, the cost of the works, which shall exclude any provisional allowances made to cover contingencies and escalation, shall be:

- the applicable portion of the net amount of the accepted tender

C2.1.2.3 Fees for documentation for work covered by a provisional sum

Where a provisional sum is included in the bills of quantities for work to be documented at a later stage, the documentation fee in respect of such work shall be remunerated at the time when the documentation has been completed.

C2.1.2.4 Time charges for work done under a value based fee (upon approval by Head of Health)

Time charges are reimbursable at rates applicable at the time of the actual execution of the specific service adjustable utilizing the discount for time based fees offered within the tender document. The "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

C2.1.2.5 Unless otherwise specifically agreed in writing, remuneration for the time expended by principals in terms of time based fees on a project shall be limited to 5 per cent of the total time expended for time charges in respect of the Project. Any time expended by principals in excess of the 5 per cent limit shall be remunerated at the rates determined in (ii) or (iii) above.

C2.1.3 Additional Services

C2.1.3.1 Additional Services pertaining to all Stages of the Project

Unless separately provided for hereunder and scheduled in the Activity Schedule, no separate payment shall be made for the additional services specified in the relevant tariff of fees guide. The cost of providing these services shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.2 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

No separate payment shall be made. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.3 Quality Assurance System

No separate payment shall be made for the implementation of a quality management system. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.4 Lead Consulting Engineer

No separate payment shall be made for assuming the leadership of an Employer specified joint venture, consortium or team of consulting engineers. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

- C2.1.3.5 Principal Agent of the Client
No separate payment shall be made for assuming the role of principle agent. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.
- C2.1.3.6 Environmental Impact Assessment
No separate payment shall be made for the service. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.
- C2.1.4 Set off
The Employer reserves the right to set off against any amount payable to the Service Provider, any sum which is owing by the Service Provider to the Employer in respect of this or any other project.
- C2.1.5 Typing, printing and duplicating work
- C2.1.5.1 Reimbursable rates
The costs of typing, printing and duplicating work in connection with the documentation which must of necessity be done, except those which must in terms of the relevant Manual or other instructions be provided free of charge, shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: : <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.
- C2.1.5.2 Typing and duplicating
If the Service Provider cannot undertake the work himself, he may have it done by another service provider which specializes in this type of work and he shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him confirming that the tariff is the most economical for the locality concerned subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
- If the Service Provider undertakes the work himself, he shall be paid in respect of actual expenses incurred subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
- Typing and duplicating expenses shall only be refunded in respect of the final copies of the following documents namely formal reports, formal soil investigation reports, specifications, feasibility reports, bills of quantities, material lists, minutes of site meetings and final accounts. The cost of printed hard covers shall only be paid in respect of documents which will be made available to the public such as bills of quantities and specifications or where provision of hard covers is specifically approved.
- The typing of correspondence, appendices and covering letters are deemed to be included in the value based fees and time based fees paid.
- C2.1.6 Travelling and subsistence arrangements and tariffs of charges
Notwithstanding the ruling in C2.1.1.5 above (regarding disbursements and travelling expenses), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer's offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.
- C2.1.6.1 General
The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.

As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the

tariff applicable at the time of the expenditure.

Where journeys and resultant costs are in the Employer's opinion related to a Service Provider's mal-performance or failure, in terms of this Contract, to properly document or co-ordinate the work or to manage the Contract, no claims for such costs will be considered.

C2.1.6.2 Travelling time

No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs

Fees for travelling costs are as set out in Table 3 in the "Rates for Reimbursable Expenses".

Travelling costs will be refunded for the full distance covered per return trip measured from the office of the Service Provider appointed provided that the destination is greater than 50km away (one way) from the Service Provider's stated office address at the time of tender.

The maximum mileage claimable to site per trip one way shall be capped at/limited to 150km per single trip. Therefore the maximum mileage claimable per return trip to site shall be 300km for ALL TRIPS TO SITE. Any mileage that exceeds this cap per trip will not be claimable or paid.

Compensation for the use of private motor transport will be in accordance with the Government tariff for the relevant engine swept volume, up to a maximum of 2150 cubic centimetres, prescribed from time to time and as set out in Table 3 in the "Rates for Reimbursable Expenses".

C2.2 Activity Schedule

C2.2.1 Activities

C2.2.1.1 For services where the apportionment of fees is not provided for in SECTION G, proportioning of the fee for normal services over the various stages shall be as set out in the relevant Government Gazetted Tariffs.

C2.2.1.2 The tenderer must make provision for all activities necessary for the execution of the service as set out in the Scope of Services.

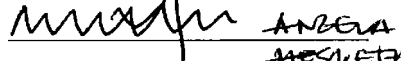
APPENDIX D: PROJECT BRIEF



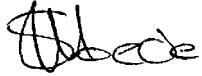
PROJECT BRIEF

KWAGWEBU CLINIC New Small Clinic

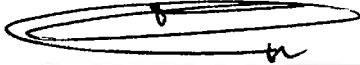
Drafted by: Ms. Z. Docrat
Project Leader

Signed: 
Date: 20 SEPTEMBER 2021

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1. Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality
CCMDD	Chronic Medication Dispensing and Supply Model
CHC	Community Health Centre
CIDB	Construction Industry Development Board
CPG	Contract Participation Goal
DDT	Dichlorodiphenyltrichloroethane
DHIS	District Health Information Software
EPWP	Expanded Public Works Program
FIDPM	Framework for Delivery and Procurement Management
GHS	General Household Survey
Hep B	Hepatitis B
HIV	Human Immunodeficiency Virus
HTS	Health Technological Services
IC	Ideal Clinic
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
IDM	Infrastructure Delivery Management
iMMR	Institutional Maternal Mortality Ratio
IPC	Infection Prevention Control
IUSS	Infrastructure Unit Support Systems
KZN	KwaZulu-Natal
KZN-DOH	KwaZulu-Natal Department of Health
LTP	Long Term Plan
MDR	Multi Drug Resistant
MEC	Member of the Executive
MNCWH	Maternal, New-born, Child and Women's Health
NDOH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
OSS	Operation Sukuma Sakhe
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PLO	Project Liaison Officer
PN	Professional Nurse
PPE	Personal Protective Equipment
PSP	Professional Service Providers
SA	South Africa
StatsSA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation
XDR	Extreme Multi Drug Resistant

2. Project Details

2.1. The Facility

- Facility Name: Kwagwebu Clinic
- Facility Key:26631
- Facility Type: PHC - Clinic
- Facility Owner: Government- Provincial

2.2. Location

- Province: KwaZulu - Natal (KZ)
- District Municipality: Zululand (DC26)
- Local Municipality: eDumbe (KZN261)
- Ward: 14
- Geographical Coordinates:
 - Latitude: 28° 08' 19" S
 - Longitude:30° 53' 56" E
- Street address (or directions): TBC
- Postal address: N/A
- Telephone number: N/A

2.3. The Project details

- Project Name: KwaGwebu Clinic- New Small Clinic
- KZN-DOH Project Number: Kwagwe001
- Project Details / Scope: KwaGwebu Clinic-Construction of a New Small Clinic according to Ideal Clinic Design Principles including residential units and Youth Friendly Section
- Project Type: Infrastructure Development - Projects
- Budget Programme Number: Programme 8
- Budget Programme Name: Health Facilities Management
- Sub-programme: Community Health Facilities
- Infrastructure Programme Name: Not part of a Programme
- Nature of Investment: New or Replaced Infrastructure
- Nature of Investment Sub- status: New Facility

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 TD Moji (Acting DDG: Clinical Services)
- Project Control Group: Infrastructure Development
- Project Approver: Mr B G Gcaba
- Project Verifier: Ms M De Goede

2.5. Project Background

2.5.1. A Short History

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well-functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this National Department of Health started the Ideal Clinic programme.

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health.

SOURCE: Ideal Clinic Manual Version 17

The need for a new clinic to the KwaGwebu area was first identified in 2005.

2.5.2. Situation today

Kwagwebu clinic has been identified as the area faces great challenges when it comes to access to healthcare. This is due to the rural nature of the area.

KwaGwebu area is 67km away from Vryheid District Hospital. With the nearest fixed clinic being 35km away from the area. The road is in a terrible condition that makes it difficult for the community to access health services especially on rainy days. The mobile clinic visits this area once a month and when it rains, the mobile vehicle cannot access the area due to muddy roads. This leads to clients defaulting their medication and children missing their immunization. Most people in this community are unemployed and rely on government grants, which makes it difficult to access health facilities in town.

2.5.3. Current Services offered at KwaGwebu Clinic:

Mobile Clinic visits the area once a month.

2.6. The Site:

The Abaqulusi Local Municipality is located in the Northern part of KwaZulu-Natal Province and forms part of the Zululand District Municipality. It is named after the Abaqulusi, a Zulu clan whose descendants live in the vicinities of Vryheid, Utrecht, eDumbe and eNgoje. Abaqulusi Municipality comprises of many settlements, both rural and urban, with Vryheid being its main urban settlement/town.

Other areas of interest that fall within the boundaries of Abaqulusi also include Louwsburg, eMondlo, Hlobane, Corronation and Bhekuzulu. The municipality is split into 22 Wards and its geographical cover is estimated at 4185km² in extent making it one of the spatially largest municipality's in the province, occupied by a population of approximately 243 795 people, according to the Community Survey 2016.

The population of Abaqulusi has been growing steadily since 2011, from 211 060 to 243 795 people, recording an increase of 32 735 people over a 5 year period. At present, Abaqulusi Municipality constitutes approximately 27% of the Zululand District Municipality making it the largest populated local municipality compared to the other local municipalities within the District.

The proposed site for KwaGwebu is near the border of Umzinyathi and as such, the nearest fix clinics are Mhlungwane and Zamimpilo. This proposed site for the clinic is for the same community as Mhlungwane but on the other side of the community.

KwaGwebu Clinic is located at S 28° 08' 19" E 30° 53' 56" along the P16-4 gravel road. The site is relatively flat with a gentle slope towards the main entrance.

2.6.1.1. Strategic location of site:

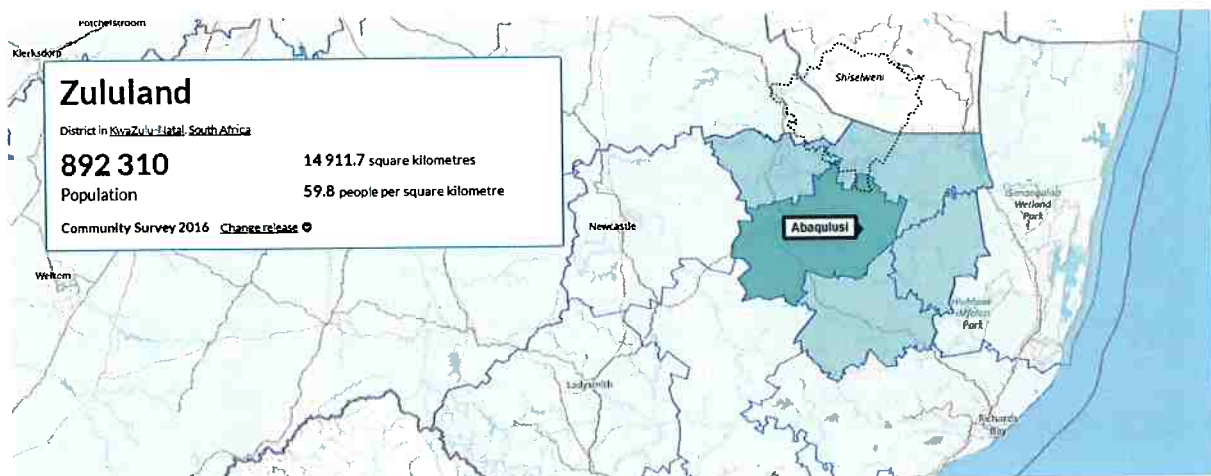


Figure 1 the Clinic is located in the Zululand District

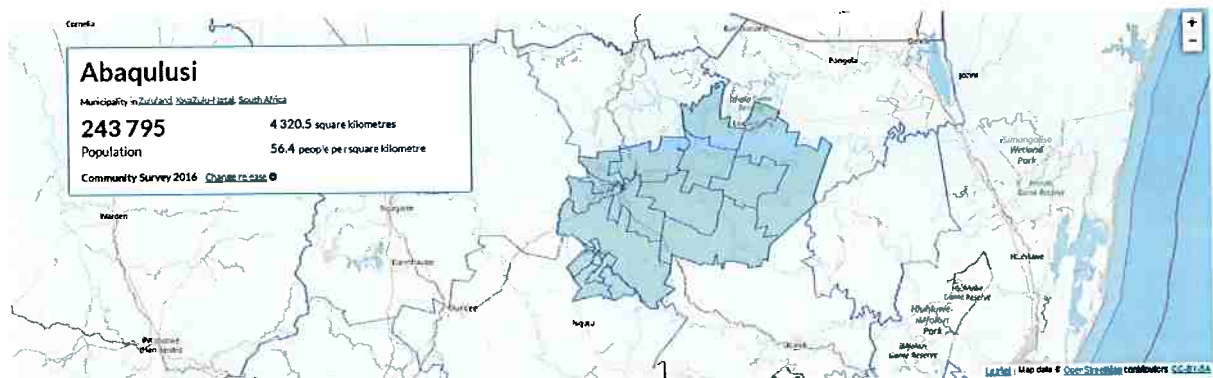


Figure 2 The site is located in the Abaqulusi Local Municipality as highlighted above

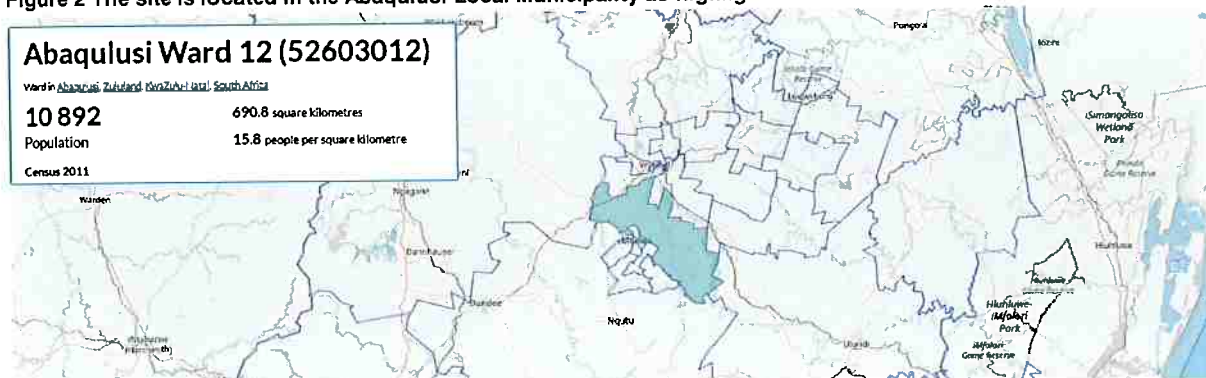


Figure 3 The site falls within the Ward 12 of the Abaqulusi Local Municipality

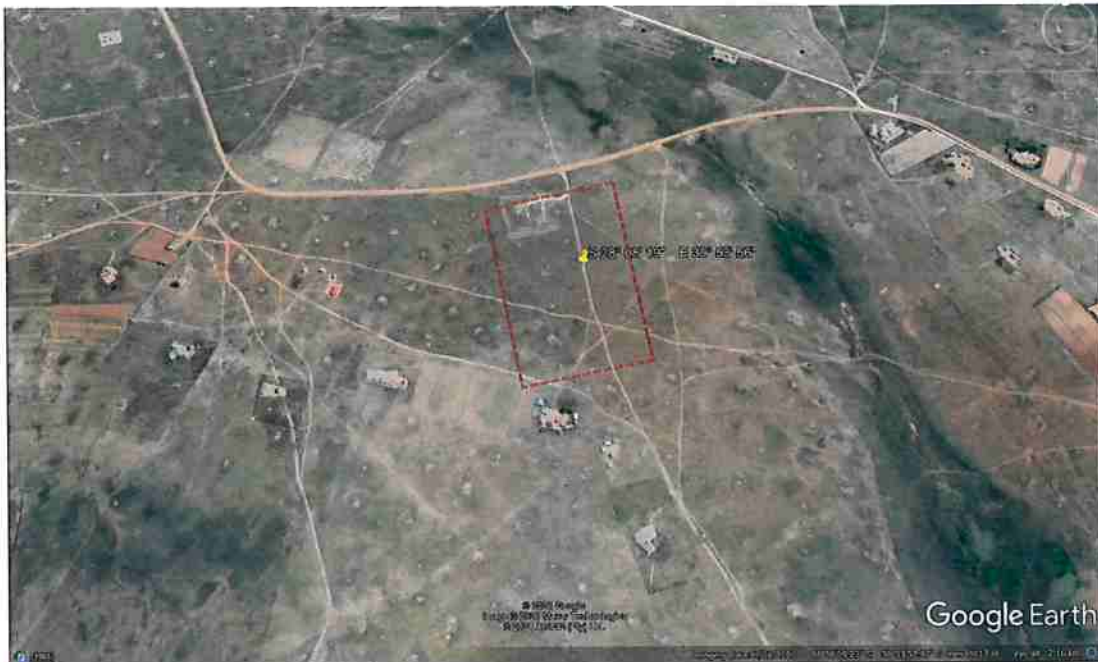


Figure 4 Proposed Site Location- Site extents to be confirmed.



Image 1 View of site: District Engineer

The above maps and images indicate the location of the proposed site. The site for the new Kwagwebu Clinic has been identified in the Mhlungwane area. It is located along a gravel road, surrounded by rural grasslands. Scattered traditional homesteads are located in the area.

The proposed site measures 56 784sqm, and has been secured by means of a Permission to Occupy (PTO) from the tribal authority.

- Restrictions:
 - Planning: None recorded at this stage.
- General: None
- Existing Services: None known.
- Land use definition
 - Tribal Land- Ingonyama Trust- Vukani Tribal Authority. PTO to be confirmed
- Heritage components
 - None Known

- Survey of the site
 - A survey of the site and site extent is to be confirmed
- Geo-technical information
 - Required to be done by the appointed consultant
- Traffic impact study
 - No traffic impact study is required
- External circulation
 - Access to the site: Access to site is via a gravel road P16-4
 - Access to Public transport: To be confirmed upon investigations- None noted at this point
 - Pedestrian routes: Provision to be made
 - Roads: Main road to KwaGwebu Clinic is through the main gravel road D38
 - Walkways: There will be dedicated walkways
 - Parking: All parking for the clinic will be within the premises of the clinic
- Climatic conditions:
 - General Climate: AbaQulusi climate is classified as warm and temperate. The AbaQulusi area receives an average of about 688mm of rainfall throughout the year; the most rain is during the summer.
 - Temperature: The average daily maximum temperatures range between 19, 6°C in winter and 26, 4°C in summer.
 - Rainfall: The most rainfall is experienced during the summer season and there is minimal rain in the winter season. The lowest rainfall occurs during the winter at 3mm and the highest is during summer at 122mm.
 - Wind direction: Predominantly from the South West and North East.
- Aviation
N/A
- Seismic activity
None Known
- Radio towers
None Known
- Site orientation: To be confirmed by appointed consultant
- Security and access control
 - None existing
- Flood plain risks
 - None known
- Existing infrastructure- None
- Bulk services (Services required is discussed in detail later in the document):
 - Sewerage: Septic tank on site sewerage systems to be designed
 - Water: Water supply is to be established
 - Electricity: Water supply is to be established
 - Storm water: None existing

3. Strategic Background

3.1. Strategic Impact or Objective

The new clinic will improve universal health coverage rendered in the Abaqulusi municipality and in the Zululand Health District, improving the quality of healthcare, strengthening health system effectiveness, and reducing and managing the burden of disease.

Projects are generally created by the identification of a Strategic need and in diagrammatic form it is explained as follows



3.2. Project Outcome

Integrated Clinical Services Management (ICSM) is a key focus within an Ideal Clinic. ICSM is a health system-strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who comes for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

SOURCE: Ideal Clinic Manual Version 17

The replaced clinic will ensure appropriate healthcare access to the local community, in terms of the above.

Job creation during construction and for operation of the clinic

3.3. Project Output

The project output will be a primary healthcare facility that provides permanent healthcare access to the local community in line with Ideal clinic standards.

3.4. Project Actions

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

- Functional Analysis
- Stakeholder engagement with community at initiation stage and construction stage
- Stakeholder engagement with facility, the district and provincial and national programmes
- Investigations in land availability
- Investigations in land use, zoning restrictions
- Project Planning
- Designs, specifications, etc.
- Documentation
- Tender process
- Construction
- Handover & Commissioning
- Training

3.5. Project Input

The resources needed in order to carry out the tasks, including staff, skills and materials

3.5.1. Project Team

3.5.1.1. KZN Department of Health - Infrastructure Development

Table 1 KZN-DOH Infrastructure Team

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	Level 11: Architect
Quantity Surveyor	Level 11: Quantity Surveyor
Electrical Engineer	Level 11: Engineer
Mechanical Engineer	Level 11: Engineer
Civil/ Structural Engineer	Level 11: Engineer
Organisational Development	5 Years' Experience in Health environment
Quality Assurance	5 Years' Experience in Health environment
Health and Safety Liaison	Level 10: Health and Safety Officer
Administrative Support	Finance, Admin and PMIS skills required

3.5.1.2. KZN Department of Health – General

Table 2 KZN- DOH General Team

Team Member	Skill level required
District Health and Primary Health care Services Liaison	Must have knowledge of provincial and departmental policies re Primary Health Care
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services
Security Services Liaison	Must have knowledge of national, provincial and departmental policies re security, level of security required
Hospital Management Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies Must have knowledge of Hospital Infrastructure and Maintenance plans
Zulu-Land Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies Must have knowledge of Hospital Infrastructure and Maintenance plans
IPC liaison	Must have decision-making delegations 5 Years' Experience in Health environment

3.5.1.3. Implementing Agent KwaZulu- Natal Department of Health

Table 3 Implementing Agent Team

Team Member	Skill level required
Project Leader	Project Management skill required 5 years' experience in the Health planning environment
Architect	University degree, Professional registration and post registration experience in the health field
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Administrative support	Finance, Admin and WIMS skills required

3.5.1.4. External Resources required

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 experience in the health field
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience in the health field
Electrical Engineer	University degree, Professional registration 3 years post registration experience
Mechanical Engineer	University degree, Professional registration 3 years post registration experience
Civil/ Structural Engineer	University degree, Professional registration 3 years post registration experience
Land surveyor	5 Year's Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
General building contractor	CIBD 8GB
Community Liaison Officer	Experience and knowledge of applicable legislations and policies Management capabilities is recommended

3.5.1.5. Additional resources required

Over and above the general building materials required to complete the project the following estimated specialist installations, materials, fittings and equipment will be required:

- IT Hardware and Software
- Telephone Installation
- 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. Statutory Requirements

3.6.1.1. Constitutional Mandates

- **The Constitution of the Republic of South Africa (Act No. 108 of 1996):** In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:
Section 27(1): "Everyone has the right to have access to ... health care services, including reproductive health care."
 - Section 27 (2): The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
 - Section 27(3): "No one may be refused emergency medical treatment."
 - Section 28(1): "Every child has the right to ...basic health care services..."
 - Schedule 4 list health services as a concurrent national and provincial legislative competence.

3.6.2. Legislation

Legislation: Minimum applicable legislation (latest version) include:

- Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000)
- Project and Construction Management Professions Act, 2000 (Act No. 48 of 2000)
- Public Finance Management Act, 1999 (Act No. 1 of 1999)
- Quantity Surveying Profession Act of 2000 (Act No. 49 of 2000)
- South African Schools Act, 1996 (Act No. 84 of 1996)
- National Health Act, Act No. 61,2003
- Division of Revenue Act, Act 10 of 2015
- Spatial Planning and Land Use Management Act, Act 16 of 2013 and Regulations
- Occupational Diseases in Mines and Works Act, 78 of 1973
- Health Professions Act, Act 56 of 1974 (as amended)
- National Policy for Health Act, Act 116 of 1990
- Tobacco Products Control Amendment Act, Act 12 of 1999 (as amended)
- Criminal Procedure Act, Act no 51 of 1977 (as amended)
- Public Service Act of 1994
- Employment Equity Act, Act No 55 of 1998 (as amended)
- State Information Technology Act, Act no 88 of 1998
- Skills Development Act, Act no 97 of 1998
- Promotion of Access to Information Act, Act no 2 of 2000
- Promotion Of Administrative Justice Act, Act No. 3 of 2000
- Promotion of Equality and Prevention of Unfair Discrimination Act, Act No 4 of 2000
- Council for the Build Environment Act, Act No 43 of 2000
- Preferential Procurement Regulations, 2017
- Other Sector Specific Acts of Parliament
 - National Health Act, Act No. 61,2003
 - Kwazulu-Natal Planning and Development Act, No. 6 of 2008
- Policies:
 - KwaZulu-Natal Department of Health Employee Housing Policy
- Norms and Standards: Minimum applicable Norms and Standards
 - Infrastructure Unit Support Systems (IUSS) Health Facility Guides
 - Ideal Facilities
 - National Building Regulations SANS 10400

- Other requirements:
 - Any other requirements to be confirmed by the Project Team

- Statutory Permissions Required
 - Land:
 - Acquisition: None
 - Consolidations/Subdivisions: None required
 - Applications
 - Planning and Development Act: SPLUMA application is required to be submitted to local municipality
 - Environmental Impact Assessment: None required
 - AMAFA approval: Not required
 - Municipal Approval: Required. All municipal approvals to be sought and granted
 - Access to Provincial /National Roads: No permission is required to access a National or Provincial road directly. Access will be from a District road. However, permission will be required from the Department of Transport for directional signage to the clinic.

4. Clinical Brief

4.1. Situational Analysis



Figure 5 Location of district
(In relation to the Province and showing cities, towns and major arterial routes)

4.1.1.1. Overview of the Zululand Health District

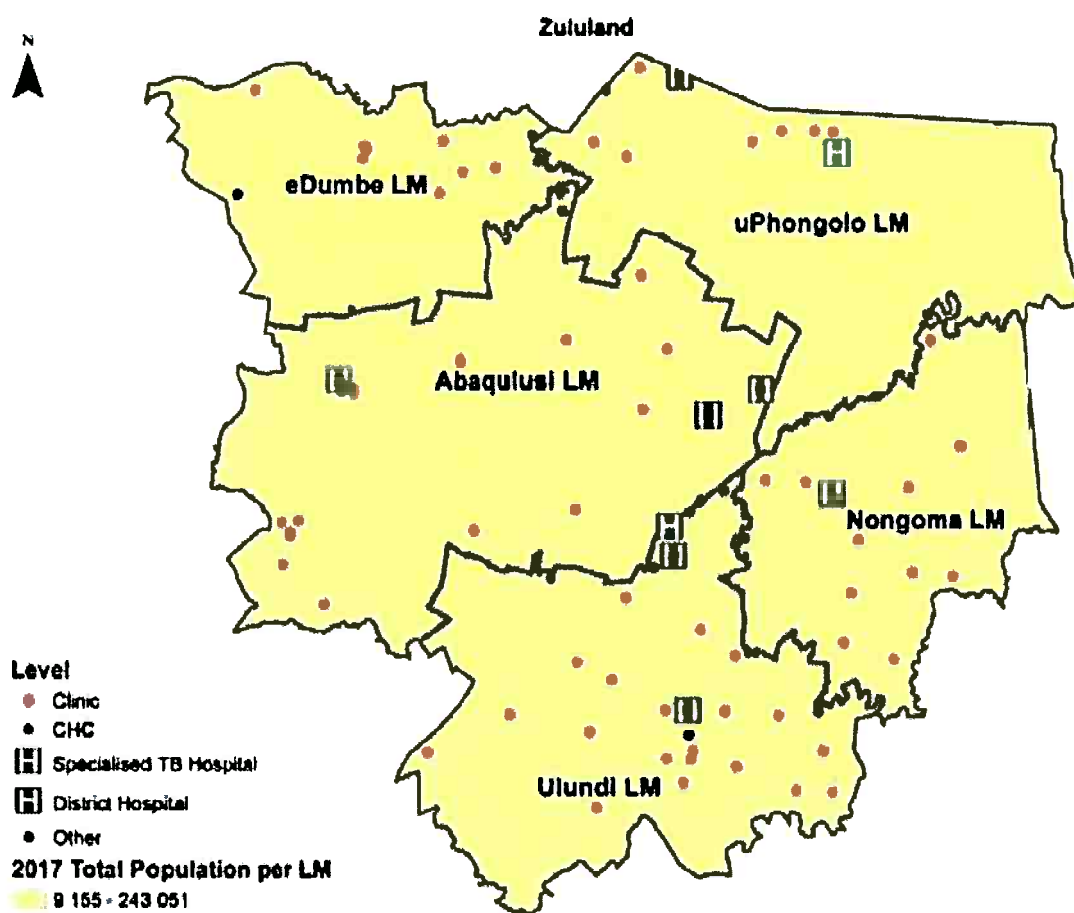


Figure 6 Health facilities in relation to households / population

The Zululand District Municipality is a Category C municipality situated in the north-eastern part of KwaZulu-Natal. It is the biggest district in the province, making up 16% of its geographical area. It comprises five local municipalities, which are Ulundi, Nongoma, uPhongolo, eDumbe and Abaqulusi. Vryheid and Ulundi are two urban centres of note in the district, respectively serving as a regional service and a regional and provincial administrative centre. The town of Vryheid is a commercial and business hub, while Ulundi is mainly an administrative centre and the headquarters of the Zululand District Municipality. It is primarily a rural district. About half the area falls under the jurisdiction of traditional authorities, while the remainder are privately owned commercial farms or protected areas.

Area: 14 799km²

Population (2018): 877 285

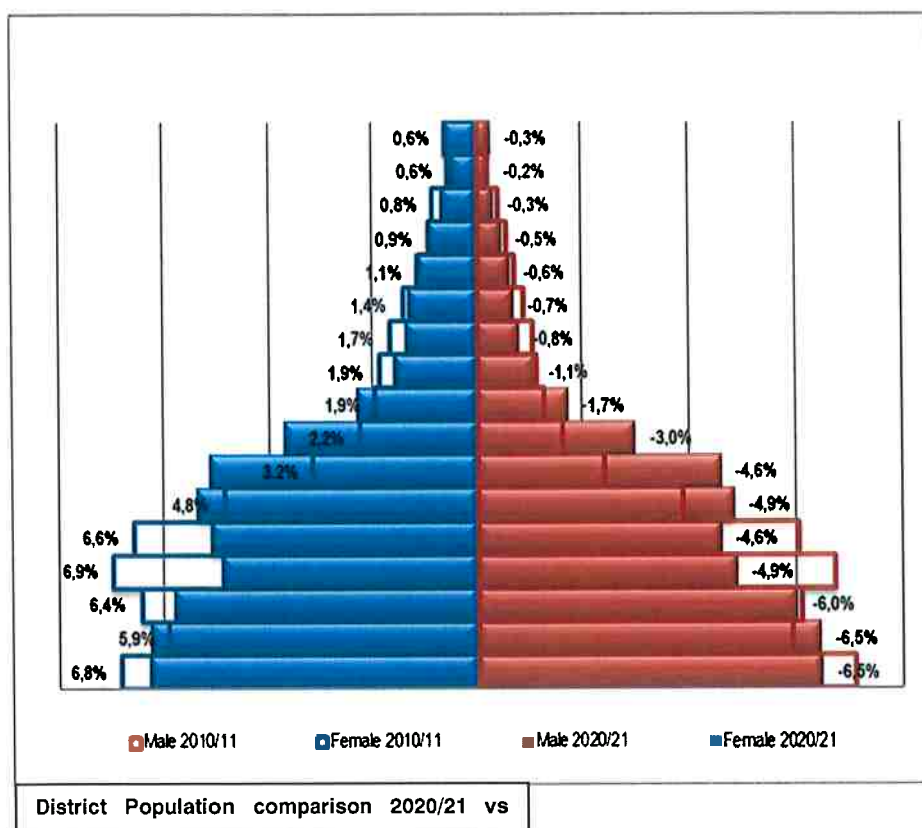
Population density (2016): 57.7 persons per km²

Estimated medical scheme coverage: 5.6%

Cities/Towns: Louwsburg, Nongoma, Paul Pietersburg, Pongola, Ulundi, Vryheid.

4.1.1.2. Demographics

Graph 1: District population pyramid and comparison with the provincial pyramid



AbaQulusi Local Municipality is the largest sub district as compared to all others in terms of km² at 4,185 km² with only 16 fixed PHC facilities, 03 mobiles, 01 DH. It is important to note that this sub district also has 01 private hospital which is 100% government subsidised and is offering PHC services only (Mountain View hospital) through mobile health services. The distance between Siloah and the poorly functioning Mountain View clinics is around 10kms. It would help if the department can negotiate for the merging of the 02 facilities for efficiency. The sub district has the 3rd highest population density of 50/ per km², compared to all other sub districts. 27.3% of the population resides within this sub district, this is related to the geographical location of the sub district which is main peri-urban with a number of farms as a provision for work to a larger part of the population.

Nongoma local municipality is the 2nd smallest (2,182 km²) after eDumbe LM as compared to all other sub districts with the 1st highest population density of 89persons per km², it has 15 fixed PHC clinics, 01 health post, with 06 mobiles. There is a strong need to increase the number of visits per mobile point from once monthly to at least twice a monthly and weekly at the busiest points to improve access to health care services.

Ulundi Local Municipality is the 3rd largest at 3,250 km² after Abaqulusi, with the 2nd largest population of 199,992 making up 22.8% of the district population, of which there are 58people/km². Ulundi has the largest number of facilities, which is 26 fixed clinics, 02 district hospitals (DHs), 01 Psychiatric hospital, 01 TB hospital and 06 mobiles. Noted is that despite all this infrastructure, the sub district is still not covered in terms of access to health care services and this is due to that facilities were not constructed based on realistic service delivery needs., Hospitals were erected by the missionaries, based on their own likings whilst most of the clinics were politically motivated as is the case of Magagadolo, Sizana and KaHhemulana clinics, Lomo, Wela and Okhukho clinics they are

only 5 to 7 km apart as well as Nkonjeni /St Francis hospitals are less than 10 kms apart. The same applies to Ceza/Thulasizwe are only 7 KMs apart. This leaves a large portion of the Ulundi sub district population without the necessary health services facility coverage as is the case of Babanango, Njomelwane/Hlophekhulu, Ntabankulu and Nhlazatshe areas who are still struggling with access to health care services.

eDumbe Local Municipality is the 1st smallest in terms of square kms(1 ,943 km²) with a population density of 42/ km² with only a 01 CHC, 06 fixed clinics, 02 mobiles and no District hospital ,they use Vryheid hospital at Abaqulusi sub district , and is more than 80 kms away which results in delayed next level of care access to patients ending up with complications and fatalities, compared to that of UPhongolo sub district which is almost 3 times bigger in square kms with a fully fleshed district hospital , 10 fixed clinics and 2 mobiles .This sub district accommodates only 10.7% of the total district population, but because the population is widely distributed apart from each other due to the availability of farms with a large number of plantation covering a large part of the sub district this indicates a strong need for the establishment of a district hospital to improve access to health care services/ district hospital services within the sub district .

UPhongolo Local Municipality is the3rd smallest in terms of square kms at 3,239 km² after eDumbe which is at 42/ km², of note is that uPhongolo LM has the smallest number of people at 39/ km². This is because this municipality like eDumbe above has a large area covered with vegetation and plantation, with homesteads widely distributed apart. This demography exerts a strain in terms of service delivery because facilities are widely separated by large number of kilometres from the mother hospital, the furthest (Qalukubheka clinic) being 160kms away. this becomes a challenge in terms of support as it affects the frequency the facility is supported , especially during this times of resource shortage(Transport) as well as time spent per one facility visit.

4.1.1.3. Socio-economic Profile

Table 5: Social determinants of health

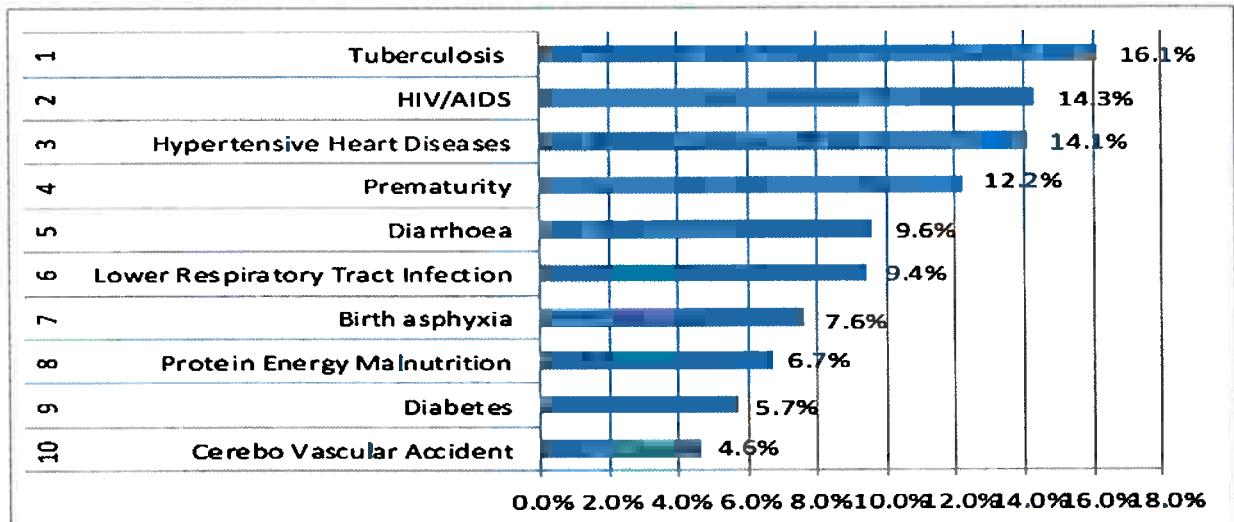
	Source /Year	District
Percentage of female-headed households (%)	Stats SA (Local Government Handbook)	53.8%
Unemployment rate (%)	Stats SA (Local Government Handbook)	41.1%
Youth unemployment rate (15 – 34 years) (%)	Stats SA (Local Government Handbook)	51.2%
Percentage of population 20 years and older with no schooling (%)	Stats SA (Local Government Handbook)	24%
Percentage without matric (%)	Stats SA (Local Government Handbook)	67.6%
Percentage without higher education (%)	Stats SA (Local Government Handbook)	72.6%
Formal dwellings (%)	Stats SA (Local Government Handbook)	62.1%
Percentage of households using electricity for lightening (%)	Stats SA (Local Government Handbook)	84.9%
Percentage of households with flush toilet connected to sewerage (%)	Stats SA (Local Government Handbook)	18.7%
Percentage of households with weekly refusal removal (%)	Stats SA (Local Government Handbook)	22.3%
Percentage of households with piped water inside dwellings (%)	Stats SA (Local Government Handbook)	14.6%
Drinking water system (Blue Drop) Performance rating (%)		51.2%

Source: DHB 2017/18.

- Percentage unemployment (U/E) rate is high at 51.2%** which is 9% above the province (33%) and 12% above the country (29.8%). The high unemployment rate poses a high risk of social ills as is the case in issues of sexual assault which is related to high use of marijuana and other drug related substances especially at UPhongolo, Abaqulusi and Nongoma sub districts. As the number of unemployment increases, more people become uninsured (6%) requiring public health service interventions resulting in overstretching of the public service purse. Unemployment contributes to poor food security and subsequent malnutrition (PEM) (DHB 2015, as is the situation with a high severe malnutrition incident within the district of 1.6%(189/115824) DHIS 2018/9
- There is a high percentage of youth ages 14-24 years unemployment rate of 41.1%.** This category of the community is very active, but unemployable as they also lack skills as 72.6% of them are without higher education qualification. This also may be contributing to the high teenage pregnancy rate ages 10-19 years of 23% (DHIS 2018).
- Percentage of households with flush toilets connected to sewerage is only 18%,** which puts more pressure to the municipality that at least households be provided with pit latrines for them to have access to safe sanitation, to a level at least equal to half (20%) that of the Province which is at (40.3%). **Only 51.2% of the population has access to drinking water system** far below both the Provincial and National rates of 86% and 79.6% respectively, this has a contributory factor in the high diarrhoea with dehydration incidence of 5.9% (680/115824) (DHIS 2018/19DHIS) although it has decreased from 37%(1000/102145) in 2015/16. The district needs to plan for community services to improve on early identification and management through the utilisation of the Outreach Program – ward based outreach teams (WBoTs) and community education on the prevention and management of diarrhoeal diseases at a community level to reduce the incidence as well as mortality due to diarrhoea.

Epidemiology

Table 6: Percentage of deaths caused by broad causes and single causes



Source: DHB 2017/18

Key Observations on burden of disease:

- (a) TB is curable, but is still a leading cause of death within the district
- (b) HIV/AIDS is still the second killer disease despite all the efforts put in place to control it
- (c) Prematurity is the 4th leading cause of death despite being preventable

The district has a challenge of TB being the leading cause of mortality, which is not supposed to be the case as TB is curable. It has been identified that the high TB death rate of 8 % (188/2501) 2018/19 is related to the poor management of patients who are TB/HIV co infected resulting to them dying of complications like IRIS hence HIV / AIDS appears as a second cause of mortality for the district.

The district has a quite low HPT incidence of 14.8 (2095/141844) 2018/19, but hypertensive heart diseases remain the 3rd leading cause of life loss. This is due to the poor quality of screening at all service points resulting to clients presenting with non-reversible complications like stroke at facilities and die. The development of non-communicable diseases (NCDs) at institutions will help improve the management of all NCDs, thus reducing the death rate related to these conditions.

4.1.1.4. Primary Health Care Clinics

The purpose of the Primary Health Care facility is to promote health, prevent diseases, treat minor illness, rehabilitate and ensure proper referral of patients without compromising quality. It must also provide the equitable access to all communities, prioritising health services. To ensure that the clinic must function optimally, the Ideal Clinic Programme was established by the National department of Health. An Ideal Clinic is a clinic with good infrastructure, adequate resources that use applicable clinical policies, protocols and guidelines to ensure provision of high quality health services to the community. The integrated clinical services management require patients to be streamlined according to the three streams:

- Acute
- Maternal (Promotive/ Preventative)
- Chronic

The National Government is in the process of implementing the National Health Insurance; therefore its success will depend on the well-functioning of the Primary Health Care (PHC) system conducive conditions that meet the National standards. As the revitalization of infrastructure is one of the National Health Systems Priorities (10 points plan), it is ideal to build new Clinic buildings to accommodate patients and health care providers in line with patient's safety, infection prevention and control guidelines as well as quality assurance standards.

The Zululand district's performance on meeting Ideal Clinic standards is at 91.8%(68/74), where eDumbe and UPhongolo sub district excelled with 100% status achievement, indicating good management support to PHC services in terms of ICRM program. Abaqulusi and Nongoma sub district has only 0 - 1 facility each that need to be assessed in the current financial year 2019/2020. Ulundi sub district is the lowest performing at 84% (22/26) where Ceza and Nkonjeni has 02 clinics each that are being assessed in the current financial year (2019/20).

The utilization rate for the district as a whole was at 2.7 (2,345,995/877,285) 2018/19, way below the set district target of 2.9(2058966/877285) the drop in the total head count is related to the increase number of WBoTs from 10(2016/17) to 15 (2018/19) whose head count is not included in the calculation of the PHC Headcount total. It is lowest at UPhongolo sub-district at 2.0 (360,196/147,798) which is related to the non-conduction of outreach activities at facilities related to the shortage of PNs which is going to be corrected since the sub-district CEO has moved 09 PNs from hospital to PHC services, poor quality of data due to non-functional HPRS computers at the high volume sites (Ncotshane and Pongola fixed clinics is contributing to the low head count at UPhongolo sub district.

Indicator	Abaqulusi	Nongoma	Ulundi	eDumbe	UPhongolo	District Avg.
1. Percentage of PHC facilities that qualify as Ideal Clinics	93%	93%	84%	100%	100%	91.8%
<i>Fixed PHC health facilities have obtained Ideal Clinic Status</i>	15	14	22	7	10	68
<i>Total number of Fixed PHC clinics / CHCs / CDC's</i>	16	15	26	7	10	74
2. Percentage of PHC facilities with functional clinic committees	6.2%(1/16),	26.7%	27%	42.8%	30%	24%
<i>Total number of Fixed PHC clinics / CHCs / CDC's PHC facilities with 1 clinic committees appointed by the MEC.</i>	1	4	7	3	3	18
<i>Total number of Fixed PHC clinics / CHCs / CDC's</i>	16	15	27	7	10	74
3. PHC utilization rate	3.0	3.0	3.0	3.0	2.0	2.7
<i>Total PHC Headcount</i>	601,250	541,894	595,884	246,771	360,196	2,345,995
<i>Population</i>	239,375	196,416	199,992	93,704	147,798	877,285
4. PHC utilization rate under 5 years (Annualised)	3.7	3.9	3.9	3.4	3.5	3.7
<i>PHC headcount under 5 years</i>	98,689	113,637	101,737	42,227	66,801	423,091
<i>Population under 5 years</i>	26,630	29,251	26,397	12,306	19,240	115,824
5. Expenditure per PHC headcount	R 299,18	R 268,75	R 346,52	R 599,16	R 327,66	R 344,24
<i>Total expenditure PHC (Sub-Programmes 2.2-2.7)</i>	179,882,788.11	145,637,384.58	206,485,828.02	147,857,777.21	118,024,324.00	807603612.70
<i>PHC headcount total</i>	601,250	541,894	595,884	246,771	360,196	2,345,995

TABLE 6: SITUATIONAL ANALYSIS FOR PHC 2018/19

SOURCE: DISTRICT HEALTH PLAN 2020/21 – 2024/25

Expected health outcomes include:

- Increased life expectancy at birth.
- Reduced burden of disease and improved health outcomes.
- Integrated strategies to address the social determinants of health including poverty and access to basic services including water, sanitation, electricity, etc.
- Early detection, screening, and referral of patients for appropriate health care.
- Improved follow-up and support at ward/ household level.
- Improved information management through integrated monitoring, reporting and feedback.
- Improved community participation and ownership.

SOURCE: Draft KZN Long Term Plan 2015-2025

4.1.1.5. Catchment Area and Clinic Profile

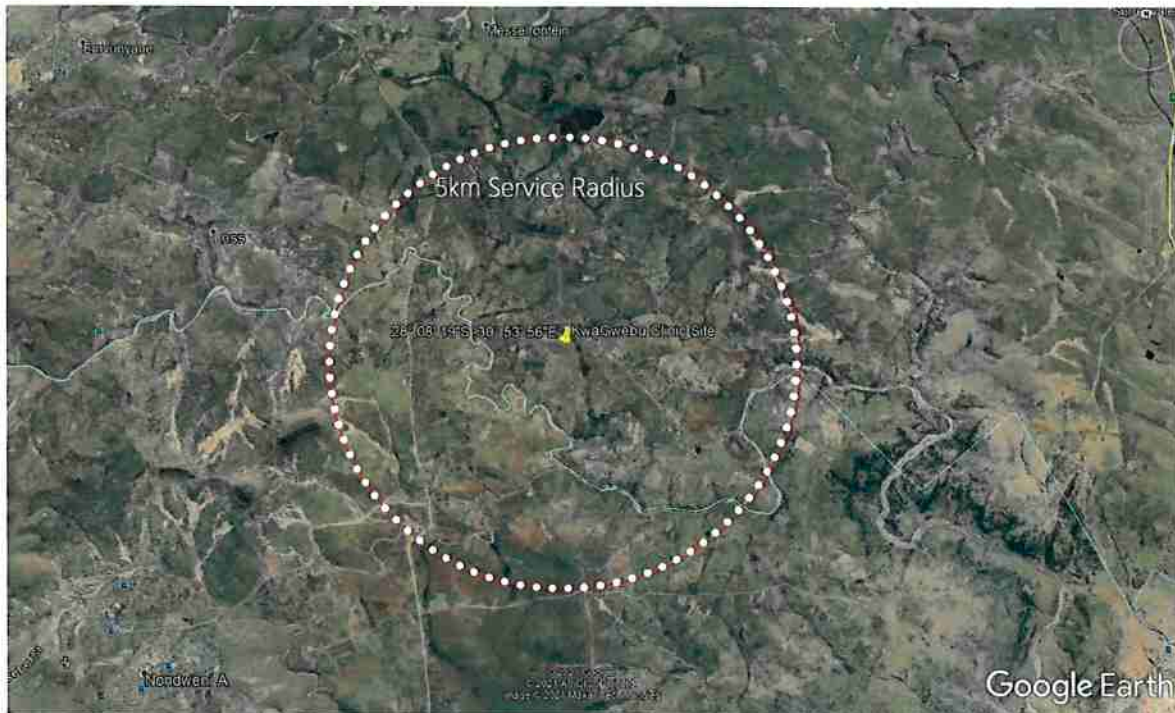


Figure 7 Map indicating 5KM radius from proposed clinic site- indicating catchment area

The proposed Kwagwebu Clinic has the following profile:

- | | |
|--|--|
| • Abaqulusi Local Municipality catchment: | 243 795 (Abaqulusi Municipality final IDP 2019/20) |
| • Abaqulusi Local Municipality PHC Rate: | 3 (Zululand DHP 2020/21- 2024-25) |
| • Clinic Catchment population: | 3 130 (5 KM radius) |
| • Projected headcount to be used for design: | 9 390 |
| • Operation Times: | 08:30-16:00 |
| • Recommended no. of Consulting Rooms: | 04 |

Kwagwebu clinic is situated in a rural, low-density area. It is situated in Ward 12. The area is situated in an area that is categorised by a low density population, farmland and limited primary healthcare facilities.

The future model for rendering of PHC services promotes that the integrated service delivery plan will be beneficial to the community when service delivery is segregated into three streams of care, i.e.:

- Minor Ailments
- Chronic and Maternal Child Women and Youth Health (MCWYH)
- Preventative and Promotive and Reproductive Health

- *The clinic will be visited by the GP as all of Abaqulusi Sub-district Clinics are visited by the Medical Doctors on weekly basis*

The package of service will be that of a PHC namely:

- Preventative and Promotive Care
- Chronic Care
- Minor Ailments

4.2. Scope of the Project

4.2.1. Brief overview of the Project Scope

KwaGwebu Clinic will be rendering Preventative, Promotive, Curative, Rehabilitative and Palliative Health Care.

The table below indicates the calculation predicting the headcount given the catchment population data at hand.

CALCULATOR FOR CONSULTING ROOMS IN CLINIC		DATE:	2016/03/16
INPUT INDICATED IN RED			
EXAMPLE CDC KZN		 german cooperation DEUTSCHE ZUSAMMENARBEIT	
Catchment population from GIS Flow map			
3130		 implemented by giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	
Visits per capita to calculate population served			
3		The National average for visits per capita (DHIS info (July 2013) used for Phakisa was 2.69 visits per Capita. The visits/headcount according to DHIS definitions includes the patients who come for repeat scripts, DOTS visit, counselling but also clients seen by outreach teams at a different location and children receiving individual service during a visit to a non- health facility such as schools or crèches. With the Re-engineering of PHC services much emphasis was placed on outreach teams which will increase the headcount but it will also decrease the % of headcount seen at the clinic facility.	
Predicted headcount		Function of population multiplied by number of visits. If headcount from DHIS is used to calculate clinic size, the current inadequacies of patient behaviour patterns will be entrenched.	
9390			
Number of consultations per consulting room per day		The 24 patients is the minimum based on 3 patients per hour 8 hour workday. WISN recommends 34.6 patients per PN per day which is 12.5 minutes per patient. (Annex 5 to Government Gazette of 2 October 2015) The IHPF panning norm was 30 patients per	
30			
Number of working days per year per consulting room		Number of working days = 365 less weekend days and less public holidays - aligned with above gazette	
249			
Calculated no of consults per consulting room per year		Number of working days multiplied by the visits per consulting room per day = theoretical number of visits per consulting room per year	
7470			
10659			
% of headcount attended to in consulting rooms		% of headcount seen in other locations than the clinic consulting room (outside or inside the clinic) See definitions of headcount as per DHIS extract	
85%			
No of Consult rooms required		Calculated number of consulting rooms by dividing the headcount multiplied by % seen in consulting rooms and divided by the theoretical number of visits per CR per year	
1,1			

The calculator predicts a headcount of **9 390** per annum based on a catchment population of **3 130** and a PHC utilisation rate of 3 per capita as reported for the Abaqulusi Local Municipality in the District Report. This is in line with an outlier/ very small clinic as per the table: Proposed standard configuration of PHC facilities- version: Sept 2015 below:

Table 7 Proposed standard configuration of PHC facilities- version: Sept 2015
Source: MUSD Concept for Clinics June 2016: Rev. 3

Type	Size	Service hours per day	Headcount range per annum	Maximum headcount per month	Maximum headcount per day	No of standard consulting rooms required	No of standard counselling rooms required	No of Emergency(E) /treatment-procedure (T)/specialised rooms required
I.	Outliers	8hrs-5 days	*6 000 -20 000	1 650	85	4	1	1 E
II.	Small	8hrs-5 days	20 001-40 000	3 350	170	6	2	1E
III.	Medium	8hrs-5 days	40 001 - 60 000	5 000	250	9	3	1E +1 T/P
IV.	Large	12 hrs -6 days	60 001-100 000	8 350	350	12	3	1E +1T/P

As per Strategic Planning report on Zululand Clinics, the KwaGwebu Clinic is prioritised for the financial years 21/22. This prioritisation is based on topography and transportation routes.

As per the employee housing policy (July 20014) item 6.3 *Clinics in isolated rural or deep rural areas may provide sufficient on-site accommodation to house all nursing staff where no other suitable accommodation exists in the community.* In line with the above, accommodation is required for the following:

1. Operational Manager
2. Clinical Nurse Practitioners
3. Professional Nurses

The following accommodation is proposed:

Four x double unit residential units

4.2.2. Brief conditional assessment

There are no structures currently on site.

4.2.3. The Proposed Service Profile

According to the Infrastructure Unit Support Systems (IUSS): Primary Healthcare Facilities [Gazetted, 30 June 2014] states: Clinics and community health centres (CHCs) are the primary healthcare facility-based points of care that are closest to the community being served. These institutions are generally the first point of contact at a health establishment, in a continuum of care which extends from within communities, through primary, regional and tertiary services. Their prime function is to provide suitable accommodation for outpatients' care (clinics and CHCs) and limited inpatients' care (CHCs). For convenience, services offered by clinics and CHCs can be grouped into five streams: namely chronic services, acute services, preventive and Promotive services, specialised services and community outreach services.

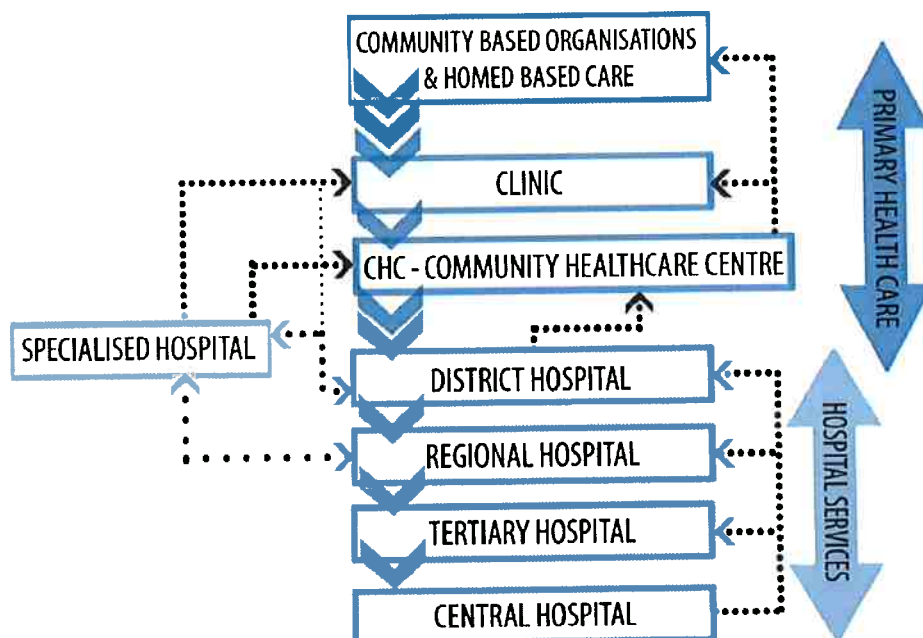


Figure 3: Public Healthcare Facility continuum of care

The following is a list of clinical services that will be offered by KwaGwebu Clinic:

The clinic is to provide a full package of PHC services that include

- Maternal and child health
- Antenatal, perinatal and postnatal
- Integrated Management of Childhood Illnesses (IMCI)
- Dental
- HIV/AIDS and ARV services
- Minor ailments
- Emergency Services
- Reproductive Health
- Chronic management
- Youth Friendly services
- Cervical screening
- Antiretroviral (ARV) Treatment
- Antiretroviral (ARV) Treatment Initiation
- Community Oriented Primary Health Care
- Family Planning
- HIV Counselling and Testing (HCT)
- Maternal and Obstetrics Health Care
- Medical Male Circumcision (MMC)
- Non-Communicable Diseases
- Opportunistic Infections
- Post-Exposure Prophylaxis (PEP)
- Prevention of Mother-to-Child Transmission (PMTCT)
- Diabetes Test (Glucose / Finger / Urine Test)
- Primary Health Care (PHC)
- Sexually Transmitted Infections (STI) Treatment
- Tuberculosis (TB) Treatment and DOTS
- Backache Treatment
- Blood Pressure
- Body Mass Index (BMI)
- Community-Based Counselling and Testing (CBCT)
- TB Screening (Sputum)
- Viral Load Test
- CD4 Cell Count Test

4.2.4. Division of Care

Division of care provides a differentiation between care in terms of type as well as applicable security measures. See details in table below:

Table 4: Clinic: Division of Care

Type of Service		Service Area	Security grading
Small Clinic	Guard house/Visitors Block	Guard room & staff facilities, Search room and Public ablutions	High to Medium security
	Administration block	Administration, Storage and Staff Facilities, dispensing	High to Medium security
	Minor ailments block	Consulting, procedure and counselling	Medium security
	Chronic block	Consulting, procedure and counselling	Medium security

Type of Service	Service Area	Security grading
Preventive and Promotive block	Consulting, procedure and counselling	Medium security
Community Services block	Administrative	Medium security
Youth Drop-in Services block	Consulting and Counselling	Medium security
Internal Services block	Storage, Cleaning and Ablutions	Low Security
	Storage	Low Security

4.2.5. Functional Areas

Table 5: Clinic Functional Areas

Clinical Outpatient Areas	Administration area	Staff Area	Service support area	Other areas
Minor ailments block	Offices	Staff room	Guard house/Visitors Block	Community Services block
Chronic block	Admissions		Internal Services block (Storage, Cleaning and Ablutions)	Youth Drop-in Services block
Preventive and Promotive block	Meeting / Boardrooms		External Services block (Storage)	

Table 6: Clinical Areas Subdivisions

Clinical & Household Areas	Day Time Areas	After hours Areas
Consulting rooms Counselling rooms	Ablution facilities	Communal Boardroom Ablution Facilities

4.2.6. Phasing, Decanting and Incubation Strategies

- Phasing

No phasing has been identified for this project, however future growth of the clinic must be considered.

- Decanting

None required.

- Contingencies

None identified.

- Redundancies

None.

5. Technical Brief

5.1. Detail Scope of Work

5.1.1. External Circulation to site

- New Entrance

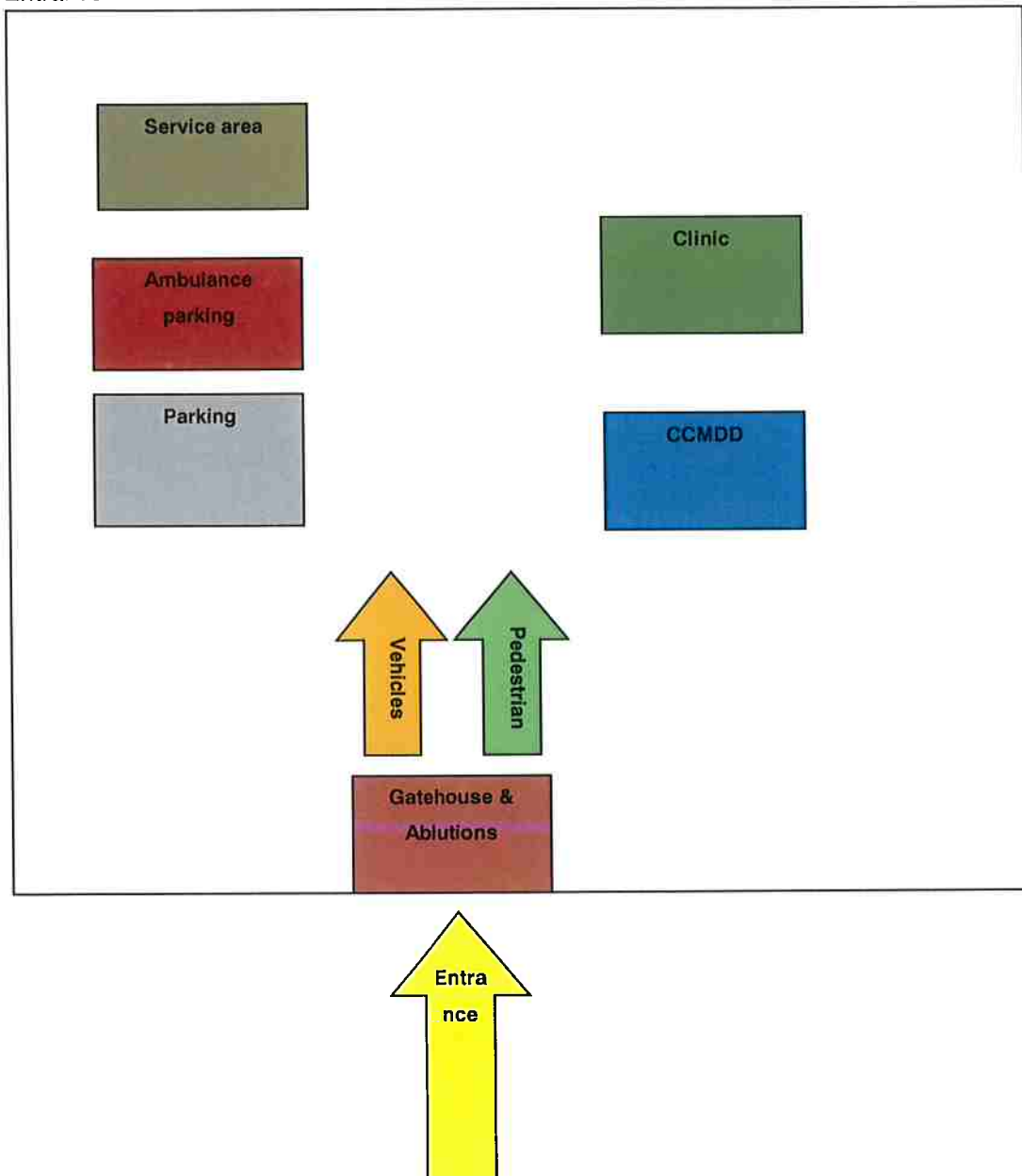


Figure 4: External access to clinic site for public, staff, patients, and visitors

- Vehicular and Pedestrian Access and Parking

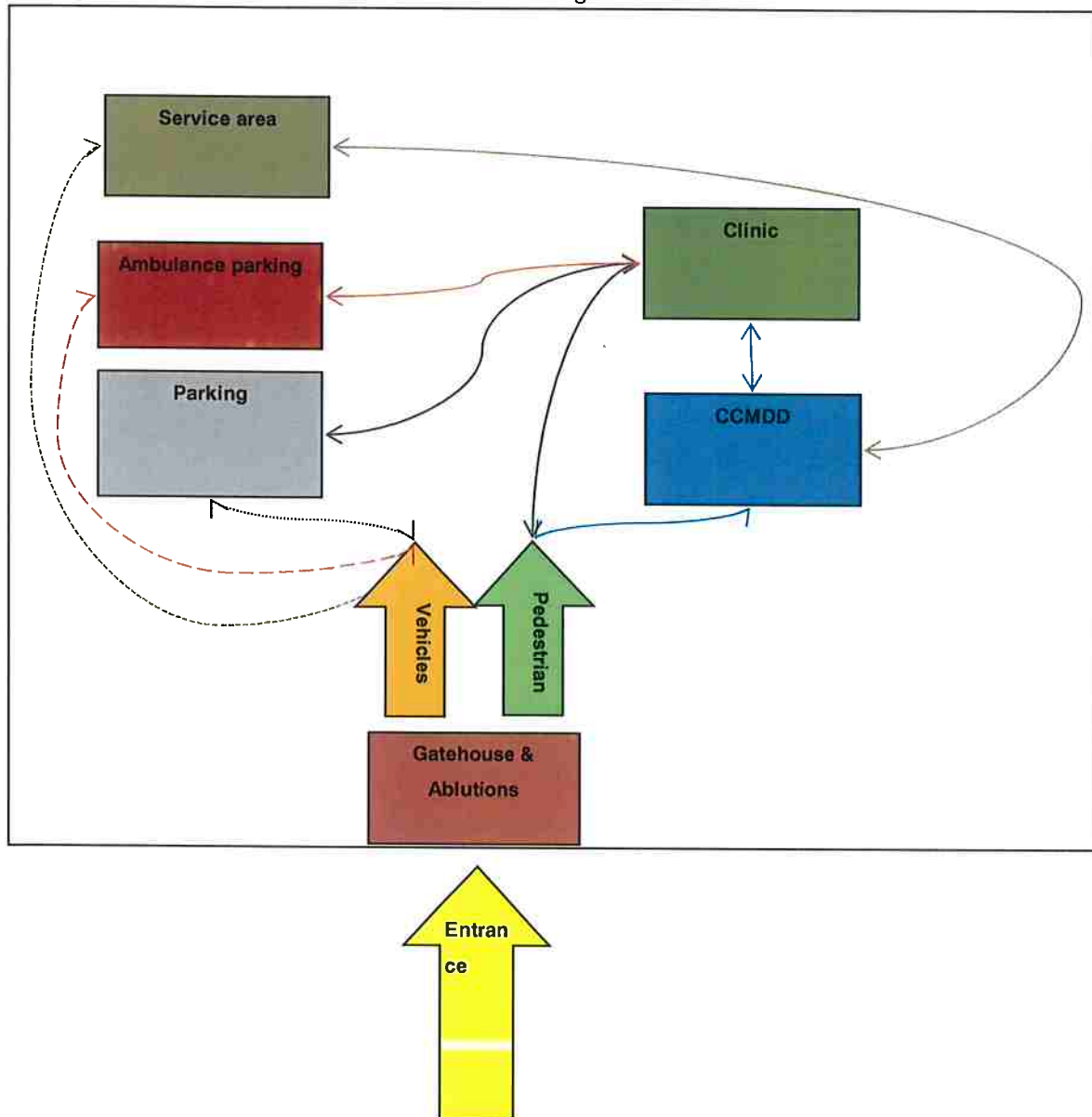


Figure 5: Circulation and movement of public, staff, patients, and visitors

5.1.2. Entrance Design

- The Entrance must be designed to clearly define safe access to the facility for both vehicles and pedestrians. These two must be separated and minimise cross traffic. Routes to the parking, services areas and the clinic must be clearly defined.
- The name of the facility, services rendered and time of operation must be clearly displayed.
- Sufficient lighting to be provided at night and the pedestrian access must be universally accessible from the access road.
- Standard building materials be used and the gates are to be of robust construction with strong security locking mechanisms.

5.1.3. Orientation and Rational Planning Principals

- Architectural character of the clinic must consider local environment; grade of contractor, availability of materials for construction and maintenance. The design should consider clinical requirements and capital, and recurrent budget considerations by utilising simple / conventional construction methods and using standard, commonly available materials.
- The building design should respond to local climate in the design of the external envelope; roof and windows in order to ensure passive climate control, adequate comfort levels, maximising natural light and ventilation. Energy and resource efficiency should be considered e.g. Rainwater harvesting
- The three streams of the Ideal Clinic areas should be clearly legible and designed in a way that the building could be phased and extended if need arises in the future.

Colour is used as a means of wayfinding and identification in this model. This identity is to be followed through signage and identification of spaces within the facility. Figure 6 shows the breakdown of services offered within the four streams of care. Also included is a shot description of each service. Refer to ideal clinic ICSM manual for detail of patient flow.

THE ICSM MODEL INVOLVES ORGANISING THE FACILITY INTO STREAMS

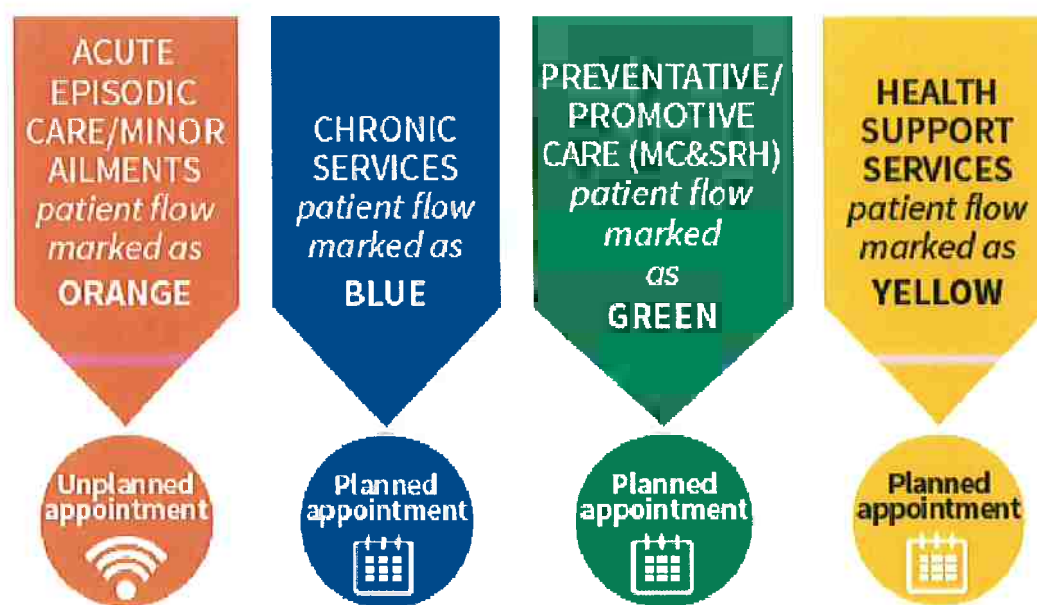
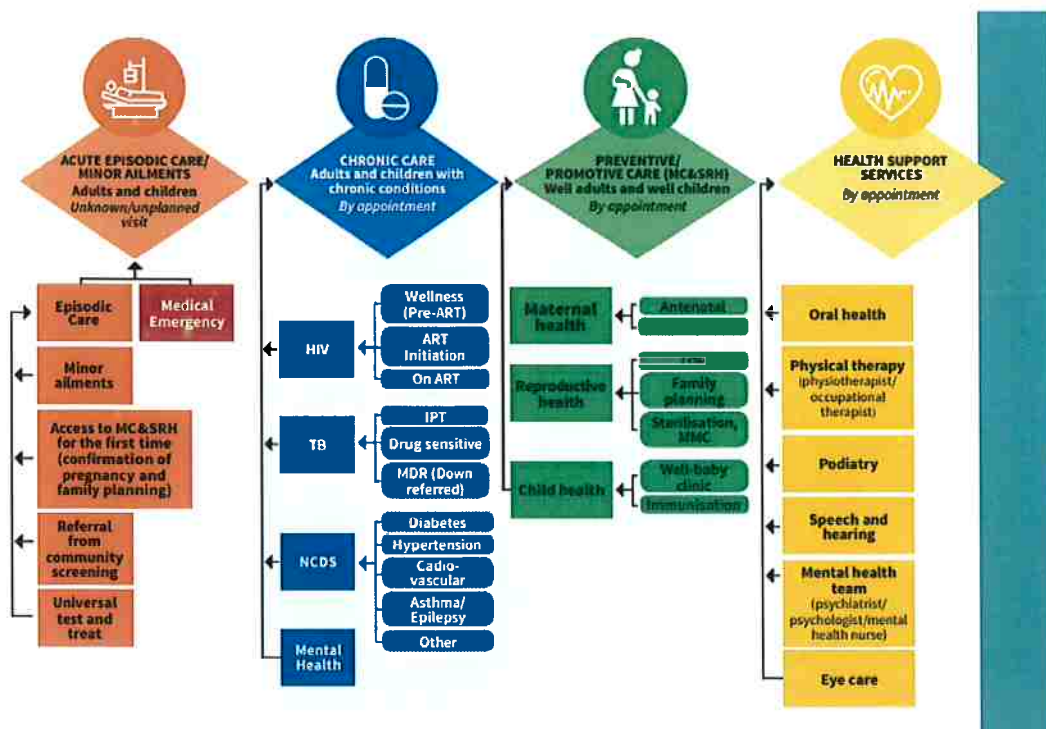


Figure 7: Stream breakdowns (Ideal Clinic ICSM manual)

The three streams of the Ideal Clinic areas are placed as wings off the central spine with courtyard areas in between to allow for cross ventilation. Each wing is kept as narrow as possible and has a central passage ending in a door, which can serve as both ventilation, light penetration and fire escape.



ACUTE EPISODIC CARE/MINOR AILMENTS

Some patients may arrive at the PHC facility without appointments and will therefore be unknown, or unplanned. If they present as medical emergency patients or want to access, MC&SRH for the first time or for universal test and treat or for episodic care or minor ailments, they will be categorised and seen as part of the Acute Episodic Care and Minor Ailments stream.



CHRONIC CARE PATIENT FOR REVIEW

Patients known to have a chronic or long term condition (either communicable or non-communicable) and who attend the facility for HIV, TB, NCDs or mental health reasons for planned appointments will be categorised and seen as part of the Chronic Care stream.



PREVENTATIVE/PROMOTIVE CARE

Patients visiting within the Preventive/ Promotive care (MCH &SRH) stream of health for either maternal health, child health (well-baby and immunisation) and; sexual reproductive health services will have an appointment (unless it is their first visit, in which case they will not be scheduled and will be seen in Acute episodic stream).



HEALTH SUPPORT VISITS

Health support stream patients visiting the facility for the first time will be unplanned, and therefore not have appointments and will be seen in Acute episodic stream and redirected as necessary and subsequent visits will usually be planned and by appointment

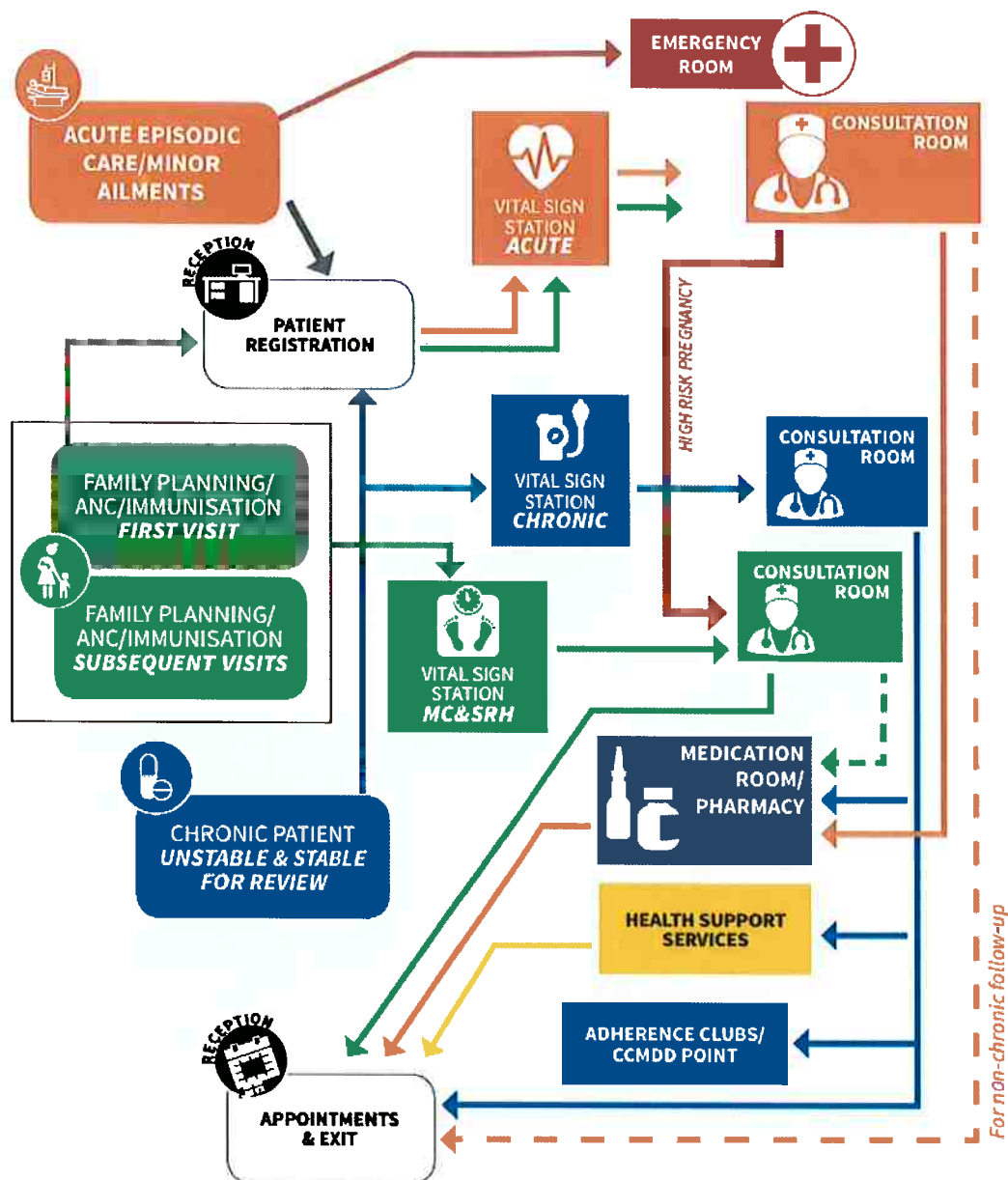


Figure 8: Process flow of patients based on service reorganisation into streams of care (Ideal Clinic ICSM manual)

- External spaces must be considered and integrated with the internal spaces. External waiting and play spaces must be included in the design, allowing adequate oversight and control, especially considering safety of play spaces.
- Space norms and room design has been guided by the Ideal Clinic standard documents and accommodation list. Should deviation be required, it should be considered through the concept design stage of work.
- The design of the building should be appropriate for the functions intended to be carried out within the spaces designed.
- The building must be designed ergonomically.
- Garden areas to be planted with low maintenance indigenous plants and should be utilised to improve the indoor environment through views and other connections.

- Windows and doors must be robust, consider security and privacy.
- Administrative and staff areas should be designed in order to provide privacy and suitable control and security to the areas. Special consideration should be given to the medicine store being climatically controlled and secure.
- Compliance with quality assurance principles

The clinic will be fully compliant with quality assurance principles as per the Ideal clinic requirements

- Finishes used will be the KZN-DOH standard finishes, which will allow for creativity in colour, finishes and textures whilst complying with all Infection control principles thereby ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met. Colour and art should be considered for walls and floors.
- Use of latest technology and innovations to aid in healing

5.1.4. Building and Engineering Services

Green initiatives must be considered and may include:

- Rain water harvesting
- Permeable paving
- Recycled materials
- Passive solar systems
- Wind turbines
- Grey water usage

The following engineering systems must be considered and will generally be site specific:

- Mechanical Services
 - HVAC
- Electrical Services
 - Electricity
 - Backup/Emergency Systems
 - UPS and
 - Emergency Generator
 - High Tension Substations (HT) – if required
 - Low Tension Substations (LT) – if required
 - Lightning Protection
- Civil Engineering
 - Water
 - Potable water
 - Fire Water
 - Sewer
 - Storm water
 - Grey water
- Other Bulk Services
 - ICT - network and cabling
 - Electronics - access control

- Telecommunications
- IT Communication

5.1.5. Unit Configuration Principals

The following are the spatial layout for the clinic building/s.

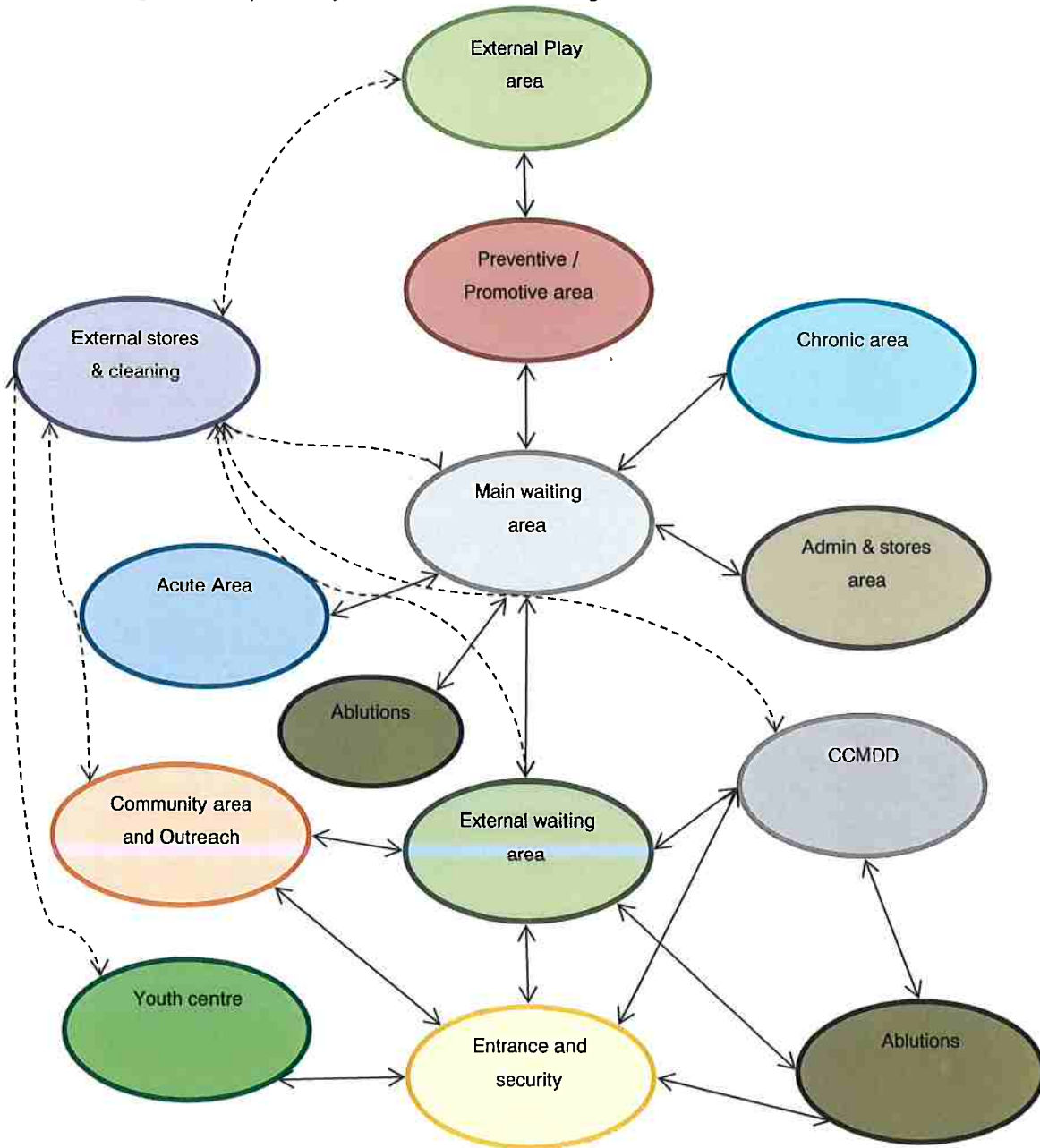


Figure 9: Spatial layout for the clinic building/s

5.1.6. Critical departmental relationships:

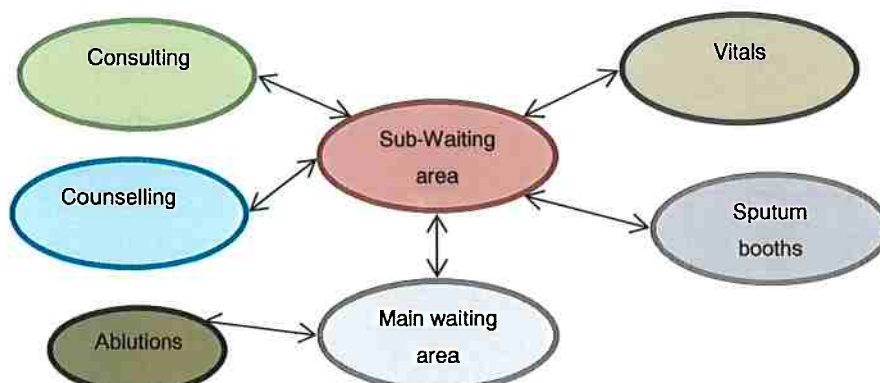


Figure 10: Typical Consulting services

5.1.7. Accommodation schedule

The following accommodation schedule has been developed:

Table 7: Proposed accommodation schedule- Outlier/ Very Small Clinic and Accommodation
Outlier:

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
Guardhouse Block	1		33		Excluding Under cover areas
Security reception/scanning	1	8	8		Can include wake-thru scanner
Security room	1	6	6		
Private search room	1	5	5		Contain gun safes
Kitchenette	1	6	6		
Toilet and locker area	1	8	8		Toilet is unisex
Public Ablutions			13		
Male	1	4	4		
Female	1	4	4		
Disabled toilet	1	5	5		To include nappy change station
Main Block	1		207		
Help desk/security	1	9	9		
Central Waiting area	1	60	60		
Open play area	1	9	9		
Vitals room	1	8	8		
Reception with cubicles	1	10	10		2 booths with privacy screens. 1 booth disabled friendly
Records room	1	12	12		
Data Capturers	1	9	9		
Manager's office	1	12	12		
Staff room	1	12	12		
Kitchenette	1	4	4		Can be combined with staff room

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
Staff ablutions	1	12	12		Toilets is unisex
Equipment store	1	8	8		
Stationery	1	4	4		
Surgical & Dry goods store	1	9	9		
Medicine store	1	15	15		
CCMDD	1	8	8		
UPS / Server	1	6	6		
Minor Ailments Block	1		49		
Sub-waiting	1	16	16	Addition of small play area	
Open play area	1	4	4		
Vitals room	1	6	6		
Consulting room	1	16	16	No counselling, only consulting	
Sputum	1	4	4	Reduce from 2 to 1	
Disabled toilet	1	3	3		
Chronic Care Block	1		62		
Sub-waiting	1	16	16		
Open play area	1	4	4	Addition of small play area	
Vitals room	1	6	6		
Consulting room	1	16	16		
Counselling room	1	16	16		
Sputum	1	4	4	Reduced from 2 to 1	
Preventive & Promotive Block	1		94		
Sub-waiting	1	16	16		
Open play area	1	4	4		Under cover
External play area	1	12	12		
Vitals room	1	6	6		
Reproductive Consulting room	1	16	16		These rooms can be interchangeable
Child Consulting room	1	16	16		
Child Consulting rooms	1	16	16		
Counselling room	1	16	16		Can be used for Counselling rooms, Nutrition rooms, Immunisation rooms or Allied service clinics
Mother's room	1	8	8		Can have multi-use
Service block	1		83		
Public Ablutions					
Male	1	3	3		
Female	1	3	3		
Disabled toilet	1	4	4		To include nappy change station
Emergency room	1	20	20	Additional	Can be used for emergency Labour / MMC

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
Porter's alcove	1	3	3	Additional	
Linen store	1	3	3	Additional	
Cleaner's store	1	5	5		
Cleaner's restroom	1	12	12	Additional	To be shared with Garden staff
Cleaner's Ablutions					
WC	1	3	3	Additional	To be shared with Garden staff
Shower	1	3	3	Additional	To be shared with Garden staff
Dirty utility	1	12	12		
Clean Utility	1	12	12		
External Store block	1		49		
Yard	1	16	16		
Laundry	1	3	3	Additional	
Garden store	1	6	6		
General waste	1	12	12		
Medical waste	1	6	6		
Gas store	1	6	6		
Youth & After hours service centre	1		99		
Youth				Additional	
Consulting room	1	16	16		
Counselling	1	10	10		
Store	1	2	2		
Toilet	1	3	3		
Waiting area	1	9	9		
After Hours				Additional	
Community Outreach	1	24	24		
Store	1	3	3		
Kitchenette	1	4	4		
Disabled toilet	1	3	3		
Toilet	1	2	2		
Store	1	3	3		
Boardroom	1	20	20		
Total			614		Excluding Outside waiting areas & circulation

Accommodation			280		
Double unit	4		70		
Bedroom Main	2	13	13		
Bathroom	2	4	4		
Kitchenette + Lounge	2	17	12		
TOTAL SQM CLINIC+ ACC			894		

5.1.8. KZN-DOH Area requirement and related costing guidance

All area requirements and related cost guidance to comply with latest Ideal Facility, IUSS guidelines and estimators.

5.1.9. Specifications for the use of materials in the building

Final Ideal clinic Materials guidelines have not been yet been finalised and published, therefore all materials will comply with IUSS guidelines and the KZN specifications documents.

5.1.10. Security and Access control

- Security and access control designs must conform to the KwaZulu-Natal Department of Health security policies. Security Services to be consulted for context specific requirements.
- All windows to be fitted with suitable burglar bars and all doors with approved security gates. Fire escape routes to have appropriate security systems. All buildings to be fitted with an alarm system link to the security room and where required linked to armed response.
- The gatehouse will house security, which will include a reception counter, gun safes and a private search room. All visitors will be required to sign in when visiting the facility. A 270° view must be provided from the security room and access to be under cover to protect visitors from inclement weather.
- A security station will be included into the help desk inside the clinic.
- The perimeter of the clinic will be fenced with an approved fence and have sufficient perimeter lights. All pathways to be universally accessible and will be lit by robust bollards of acceptable design.

5.2. Comparative Examples

There are currently no built comparative examples; however, the New Small Prototype Clinic should be used as reference.

6. Project / Programme Management and Cost control

6.1. Project Management

6.1.1. IDMS guidelines

NO PROJECT CAN PROCEED UNTIL THE IDMS STAGE HAS BEEN SIGNED OFF BY THE APPROPRIATE PERSON – Please refer to Departmental Infrastructure Standard Operating Procedures (SOPS)

Stage 1 PROJECT INITIATION

Stage 1 A

- Deliverable Initiation Report

Stage 1 B

- Deliverable Project brief approved

Stage 2 CONCEPT

- Deliverable Concept and viability report approved

Stage 3 DESIGN DEVELOPMENT

- Deliverable Design development report approved

Stage 4 DESIGN DOCUMENTATION

- Deliverable Design documents report approved

Stage 5 WORKS

- Deliverable Works completion report approved

Stage 6 HANDOVER

- Deliverable Handover & Record information report approved

Stage 7 CLOSE OUT

- Deliverable Close out report is accepted

6.1.2. Project Management Plan / Resource Management

The following Project Management plan is a guideline.

Table 8: Proposed Project Plan

ITEM	ELEMENTS
Needs Assessment/Analysis:	This project cannot be undertaken utilising only in-house skills due to insufficient capacity. It is recommended that an Implementing Agent be appointed to manage the project.
Brief:	The Implementing Agent is required to 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 <u>all</u> project associated risks for minimum impact.
Consultancy Brief:	<p>The Consultant team:-</p> <p>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.</p> <ul style="list-style-type: none"> • 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 KwaGwebu community and KZN-DOH • Must adhere to the timeframes for the work to be completed as presented.
Evaluation and Engagement:	<ul style="list-style-type: none"> • 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

6.1.3. 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 9: Risk Log

Risk	Owner	Probability (low/med/high)	Consequence (L/M/H)	Actions
Community Disruption of project process	DoH District	Low	High	District to maintain contact with the community to ensure support remains
Scope Creep & Scope refinement	DoH Project Leader & DoH District	Med	Medium to High	Scope of the project must be evaluated at each stage- to ensure that the size of the clinic suits the needs of the catchment. It may be advisable that the accommodation schedule be revised, to exclude items which are not necessary or may be conducted in shared spaces- thereby cutting out unnecessary space- noting the small catchment area. The current accommodation is excessive given the catchment population served, and may be required to be reduced, to match the catchment, Staff operating the facility and reduce operational costs.

Risk	Owner	Probability (low/med/high)	Consequence (L/M/H)	Actions
Contracting Strategy: Design and Build Strategy The design and build contracting strategy is noted as a risk to the project, as this contracting strategy requires that robust performance specifications and definitive scope be set out tender stage, in order for the contracting parties to price on a similar set of specifications or standards.	DoH	High	High	Project lead is to ensure robust performance specification and definite scope of work set out at tender stage and ensure robust interrogation of tenders in ensuring competent contractors are procured.

6.1.4. Occupational Health and Safety Baseline plan

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

6.1.4.2. A Construction Work Permit is required, as the intended work will:

- Exceed 365 days and will involve more than 3600 persons days of construction work; or
- The tender limit is grade 7; 8 or 9 of the Construction Industry Development Board (CIDB) grading.

6.1.4.3. A client who intends to have construction work carried out; must at least 30 days before that work is to be carried out, apply to the provincial director in writing for construction work permit to perform construction work.

6.1.4.4. For projects that require a Construction work permit; a Health & Safety Agent must be appointed.

6.1.5. Branding/aesthetic design preferences and requirements

Branding is to comply with KZN-DOH corporate branding as well as Ideal Clinic guidelines.

The aesthetic design preferences and requirements have been described under the scope of the project.

6.2. Communication Plan

The following plan is a guideline.

- Strategies

In order to ensure good communication, frequent engagement will take place though out the project life cycle. The engagements include:

- Stakeholder engagement meetings
- Planning meetings
- Update meetings
- Report back meetings
- Site meetings
- No media communication except by KZN-DOH Communication

- Methodologies

Communication will be done though the following methods:

- Meetings
- Minutes
- Telecommunication
- E-mails
- Reports
- Letters
- Feedback information

- Delivery

Communication will be delivered through:

- Telecommunication
- E-mails
- Postal services
- Internal registry services

- Personnel

Communication will be between KZN-DOH Infrastructure Development (KZN-DOH ID) and:-

- KZN-DOH Head Office sections
- KZN-DOH Zululand District
- Vryheid Hospital
- Implementing Agent
- Consultant team

Communication is expected to take place between:

- KZN-DOH Zululand District and Community
- KZN-DOH ID and IA
- IA and Consultants
- IA and Vryheid Hospital
- IA and Contractor/s
- Between Consultants

6.3. Project Milestones

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	2019/12/24	0%
Stage 1	Stage 1A	PRE-FEASIBILITY/ BRIEF	2021/05/30	3%
	Stage 1B			
Stage 2	Stage 2	TENDER	2022/10/31	
		FEASIBILITY/CONCEPT	2023/02/28	21%
Stage 3	Stage 3	DESIGN DEVELOPMENT DESIGN DOCUMENTATION	2023/05/30	28%
Stage 4	Stage 4			
Stage 5	Stage 5	CONSTRUCTION START	2023/05/31	
		CONSTRUCTION		71%
		Construction 0 - 25%	2023/05/31	58%
		Construction 26 - 50%	2023/08/31	61%
		Construction 51 - 75%	2023/11/30	64%
		Construction 76 - 100%	2024/02/28	67%
	PRACTICAL COMPLETION	2024/03/07	68%	
	WORKS COMPLETION		68%	
	Stage 6	HANDED OVER	2024/04/07	73%
Stage 6	Stage 7	RETENTION	2025/04/07	100%
		FINAL COMPLETION CLOSE OUT	2025/06/30	100%

Table 10: MILESTONES and TASKS

6.4. Project Cost Breakdown

The project cost is made up of the following elements:

- Infrastructure component
 - Building and related infrastructure bulk services
 - HT (furniture, medical equipment, IT hardware and software, linen & crockery and cutlery)
- 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.

6.4.1. Construction estimated cost

Building Cost (incl. VAT)		
Funding source	Health Facility Revitalization Grant (HFRG)	
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 21 500 000	As estimated on R25 000 / sqm on 2021/04/23
Pre-tender escalation	R 2 500 000	0.4%
Post-tender escalation	R 1 000 000	0.5%
Estimated Fees	R 4 500 000	18% of construction cost
Contingency	R 1 000 000	5% provision
Estimated Building Cost (incl. VAT)	R30 500 000	
Estimated Building Rate per m² (incl. VAT)	R 33 900 /sqm	Based on 900 sqm

6.4.2. Health Technology estimated cost

HTS list and estimate is include below

Table 11: Clinical space HTS list

PHASE 1 : PLANNING (PART A)					
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST	
				Per each	Total
Guardhouse Block	Security room	Telephone	1	R500.00	R500.00
		Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
	Private search room	gun safe	1	R5 000.00	R5 000.00
		Security scanner	2	R1 500.00	R3 000.00
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00
		Kettle	1	R300.00	R300.00
		Microwave	1	R1 500.00	R1 500.00
		Pedal bin	1	R500.00	R500.00
		Wall clock	1	R300.00	R300.00
		Fridge 110L	1	R1 800.00	R1 800.00
	Toilets and locker area	Bin pedal	1	R500.00	R500.00
		Staff lockers	10	R2 000.00	R20 000.00
Lavatory brush		1	R100.00	R100.00	
Public ablution	Male	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Female	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Disable toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00

PHASE 1 : PLANNING (PART A)					
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST	
				Per each	Total
Main Block	Help desk security	Telephone	1	R500.00	R500.00
		Bin pedal	1	R500.00	R500.00
		Office chairs	1	R1 500.00	R1 500.00
	Central waiting area	Waiting area chairs	30	R800.00	R24 000.00
		Water dispenser	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	2	R1 000.00	R2 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
		Defibrillator	1	R100 000.00	R100 000.00
		Emergency Trolley	1	R40 000.00	R40 000.00
		Schedule drug cupboard	1	R5 000.00	R5 000.00
		Scale, Electronic	1	R5 000.00	R5 000.00
		Heamoglobin meter	2	R2 000.00	R4 000.00
		Cholesterol meter	2	R2 000.00	R4 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R500.00	R1 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Reception with cubicles	Computer	2	R15 000.00	R30 000.00
		Notice Board	1	R1 000.00	R1 000.00
		Office chairs	2	R1 500.00	R3 000.00
		Clock	1	R300.00	R300.00
		Water dispenser	1	R3 000.00	R3 000.00
	Record room	shelving	1	R4 000.00	R4 000.00
		Office chairs	1	R1 500.00	R1 500.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Data captures	Desk	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Bin, Pedal	1	R500.00	R500.00
		Computer	1	R15 000.00	R15 000.00
		blinds/ Curtains	1	R1 000.00	R1 000.00
		Telephone	1	R500.00	R500.00
	Manager's office	Chair, Visitors	2	R800.00	R1 600.00
		Desk	1	R2 500.00	R2 500.00
		Office chair	1	R1 500.00	R1 500.00
		Cabinet, Filing	1	R3 000.00	R3 000.00

PHASE 1 : PLANNING (PART A)

SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST	
				Per each	Total
		Bin, Pedal	1	R500.00	R500.00
		Notice Board	1	R1 000.00	R1 000.00
		Computer	1	R15 000.00	R15 000.00
		blinds/ Curtains		R1 000.00	R0.00
		Wall clock	1	R300.00	R300.00
		Printer	1	R3 000.00	R3 000.00
	Staff room	Table	2	R2 500.00	R5 000.00
		chairs	4	R800.00	R3 200.00
		Fridge 110L	1	R1 800.00	R1 800.00
		Bin, Pedal	1	R500.00	R500.00
		Kettle	1	R300.00	R300.00
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00
		Kettle	1	R300.00	R300.00
		Pedal bin	1	R500.00	R500.00
		Microwave	1	R1 500.00	R1 500.00
		Wall clock	1	R300.00	R300.00
		Fridge 110L	1	R1 800.00	R1 800.00
	Staff ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Equipment store	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Stationery	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Surgical and dry goods store	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Medicine store	shelving	1	R4 000.00	R4 000.00
		Medicine fridge	1	R50 000.00	R50 000.00
	CCMDD	Medicine fridge 260 litre	1	R50 000.00	R50 000.00
		Shelves - floor standing	1	R4 000.00	R4 000.00
		Wall mounted digital thermometer	2	R500.00	R1 000.00
		Brazaier bins (small)	2	R100.00	R200.00
		Brazaier bins (medium)	2	R150.00	R300.00
		Brazaier bins (large)	2	R200.00	R400.00
		Telephone	1	R500.00	R500.00
		Clock - wall, battery	1	R120.00	R120.00
Minor Ailments Block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
		Water dispenser	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00

PHASE 1 : PLANNING (PART A)

SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST		
				Per each	Total	
Chronic care block		Office chairs	1	R1 500.00	R1 500.00	
		Visitor's chair	2	R800.00	R1 600.00	
		Scale, Electronic	1	R5 000.00	R5 000.00	
		Heamoglobin meter	2	R2 000.00	R4 000.00	
		Cholesterol meter	2	R2 000.00	R4 000.00	
		Scale, Wheelchair	1	R1 000.00	R1 000.00	
		BP Machine	1	R15 000.00	R15 000.00	
		Glucometer	2	R500.00	R1 000.00	
		Wheel Chairs	1	R5 000.00	R5 000.00	
		Stretchers	1	R6 000.00	R6 000.00	
		Curtains/ Blinds	1	R6 000.00	R6 000.00	
		Desk	1	R2 500.00	R2 500.00	
		Office chair	1	R1 500.00	R1 500.00	
	Cabinet, Filing	1	R3 000.00	R3 000.00		
	Couch, Examination	1	R2 500.00	R2 500.00		
	Bin, Pedal	1	R500.00	R500.00		
	Foot Stool	1	R500.00	R500.00		
	Paper Towel Dispenser	1				
	Computer	1	R15 500.00	R15 500.00		
	BP Machine	1	R15 000.00	R15 000.00		
	Diagnostic Set, Wall mounted	1	R7 000.00	R7 000.00		
	Lamp, Examination	1	R40 000.00	R40 000.00		
	Sputum	Soap Dispenser	1	R200.00	R200.00	
		Paper towel holder	1	R300.00	R300.00	
	Disable toilet	Bin pedal	2	R500.00	R1 000.00	
		Lavatory brush	1	R100.00	R100.00	
	Chronic care block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
			Water dispenser	1	R3 000.00	R3 000.00
			Wall clock	1	R300.00	R300.00
			Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
		Vitals room	Table	1	R2 500.00	R2 500.00
			Office chairs	1	R1 500.00	R1 500.00
			Visitor's chair	2	R800.00	R1 600.00
Scale, Electronic			1	R5 000.00	R5 000.00	
Haemoglobin meter			2	R2 000.00	R4 000.00	
Cholesterol meter			2	R2 000.00	R4 000.00	
Scale, Wheelchair			1	R1 000.00	R1 000.00	
BP Machine			1	R15 000.00	R15 000.00	
Glucometer			2	R500.00	R1 000.00	
Wheel Chairs			1	R5 000.00	R5 000.00	

PHASE 1 : PLANNING (PART A)						
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST		
				Per each	Total	
		Stretchers	1	R6 000.00	R6 000.00	
		Curtains/ Blinds	1	R6 000.00	R6 000.00	
		Desk	1	R2 500.00	R7 500.00	
	Consultation room	Office chair	1	R1 500.00	R1 500.00	
		Cabinet, Filing	1	R3 000.00	R3 000.00	
		Couch, Examination	1	R2 500.00	R2 500.00	
		Bin, Pedal	1	R500.00	R500.00	
		Foot Stool	1	R500.00	R500.00	
		Paper Towel Dispenser	1			
		Computer	1	R15 500.00	R15 500.00	
		BP Machine	1	R15 000.00	R15 000.00	
		Diagnostic Set, Wall mounted	1	R7 000.00	R7 000.00	
		Lamp, Examination	1	R40 000.00	R40 000.00	
		Sputum	Soap Dispenser	1	R200.00	R200.00
	Paper towel holder		1	R300.00	R300.00	
	Preventive & Promotive Block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
			Water dispenser	1	R3 000.00	R3 000.00
			Wall clock	1	R300.00	R300.00
			Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
		Vitals room	Table	1	R2 500.00	R2 500.00
Office chairs			1	R1 500.00	R1 500.00	
Visitor's chair			2	R800.00	R1 600.00	
Scale, Electronic			1	R5 000.00	R5 000.00	
Haemoglobin meter			2	R2 000.00	R4 000.00	
Cholesterol meter			2	R2 000.00	R4 000.00	
Scale, Wheelchair			1	R1 000.00	R1 000.00	
BP Machine			1	R15 000.00	R15 000.00	
Glucometer			2	R500.00	R1 000.00	
Wheel Chairs			1	R5 000.00	R5 000.00	
Stretchers			1	R6 000.00	R6 000.00	
Curtains/ Blinds			1	R6 000.00	R6 000.00	
Consultation room		Desk	1	R2 500.00	R2 500.00	
		Office chair	1	R1 500.00	R1 500.00	
		Cabinet, Filing	1	R3 000.00	R3 000.00	
		Couch, Examination	1	R2 500.00	R2 500.00	
	Bin, Pedal	1	R500.00	R500.00		
	Foot Stool	1	R500.00	R500.00		
	Paper Towel Dispenser	1				
	Computer	1	R15 500.00	R15 500.00		
	BP Machine	1	R15 000.00	R15 000.00		

PHASE 1 : PLANNING (PART A)					
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST	
				Per each	Total
		Diagnostic Set, Wall mounted	1	R7 000.00	R7 000.00
		Lamp, Examination	1	R40 000.00	R40 000.00
	Multipurpose rooms	Table	2	R2 500.00	R5 000.00
		Chairs	10	R800.00	R8 000.00
		Bin, Pedal	1	R500.00	R500.00
	Mother's room	Lazy boys couch	3	R2 500.00	R7 500.00
		Bin, Pedal	1	R500.00	R500.00
Service block	Public Ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Male Ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Female Ablution	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Disable toilet	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Emergency room	Examination Couch	2	R2 500.00	R5 000.00
		ECG machine	1	R55 000.00	R55 000.00
		Emergency Trolley	1	R40 000.00	R40 000.00
		Schedule drug cupboard	1	R5 000.00	R5 000.00
		fridge, Medication	1	R50 000.00	R50 000.00
		Trolleys, dressing, blood, Injection	3	R5 000.00	R15 000.00
		Scale, Electronic	1	R1 000.00	R1 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R2 000.00	R4 000.00
		Blood Gas Analyser	1	R200 000.00	R200 000.00
		Drip Stand	2	R2 000.00	R4 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Porter's alcove	Wheel Chairs	1	R3 000.00	R3 000.00
		Trolley Patient with mattress, cot sides, straps, O2 holder & drip stand	1	R6 000.00	R6 000.00
	Linen store	Shelves - floor standing	2	R3 000.00	R6 000.00
	Cleaner's store	Polisher/scrubbing machine	1	R12 000.00	R12 000.00
		Cleaning trolley, complete with accessories	1	R3 000.00	R3 000.00
	Dirty utility	Bin - refuse, large, polythene, 85lt, red, food grade	1	R700.00	R700.00
		Bedpan - stainless steel	2	R300.00	R600.00

PHASE 1 : PLANNING (PART A)						
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST		
				Per each	Total	
		Kidney dish - small 15cms, stainless steel	5	R30.00	R150.00	
		Bucket Galvanised 20 Litre	1	R200.00	R200.00	
		Trolley Double-Mopping 30 Litre PVC Buckets N1812	1	R400.00	R400.00	
		Urinal - wall mounted rack	1	R300.00	R300.00	
		Urinal - Stainless Steel	1	R300.00	R300.00	
		Jug - measuring, 1000mls, plastic	1	R50.00	R50.00	
		Broom Bass (380mm) with Handle	1	R50.00	R50.00	
			Bin - refuse, large, white, heavy duty polythene, 85lt	1	R700.00	R700.00
			Jug - measuring, graduated 1000 mls, plastic	1	R50.00	R50.00
			Brush scrubbing 180 mm	2	R20.00	R40.00
			Dustpan with brush	2	R60.00	R120.00
	External store block	General waste	Wheelie Bin- with two wheel	4	R1 500.00	R6 000.00
		Medical waste	Plastic pallets	2	R1 000.00	R2 000.00
		Gas store	Steal rack- cylinder holders	1	R300.00	R300.00
Youth & After hours services	Consultation room	Desk	1	R2 500.00	R2 500.00	
		Office chair	1	R1 500.00	R1 500.00	
		Cabinet, Filing	1	R3 000.00	R3 000.00	
		Couch, Examination	1	R2 500.00	R2 500.00	
		Bin, Pedal	1	R500.00	R500.00	
		Foot Stool	1	R500.00	R500.00	
		Paper Towel Dispenser	1		R0.00	
		Computer	1	R15 500.00	R15 500.00	
		BP Machine	1	R15 000.00	R15 000.00	
		Diagnostic Set, Wall mounted	1	R7 000.00	R7 000.00	
		Lamp, Examination	1	R40 000.00	R40 000.00	
	Toilet	Bin pedal	2	R500.00	R1 000.00	
		Lavatory brush	1	R100.00	R100.00	
	Waiting area	Waiting area chairs	5	R800.00	R4 000.00	
		Water dispenser	1	R3 000.00	R3 000.00	
		Wall clock	1	R300.00	R300.00	
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00	
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00	
		Kettle	1	R300.00	R300.00	
		Pedal bin	1	R500.00	R500.00	
		Fridge 110L	1	R1 800.00	R1 800.00	

PHASE 1 : PLANNING (PART A)					
SECTION	ROOM	ITEM DESCRIPTION	QUANTITY	ESTIMATED COST	
				Per each	Total
		Microwave	1	R1 500.00	R1 500.00
	Disable toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Boardroom	12 seater boardroom table with chairs	1	R15 000.00	R15 000.00
		Bin, Pedal	1	R500.00	R500.00
		White board	1	R1 000.00	R1 000.00
		Projector	1	R15 000.00	R15 000.00
TOTAL					R 1 588 380,00

6.4.3. Operations estimated cost or additional cost

Table 12: Estimated Annual Operational cost

DESCRIPTION	AMOUNT
Total	R36,230,250
Compensation Of Employees	R20,000,000
Salaries And Wages	R17,000,000
Social Contributions	R3,000,000
Goods And Services	R16,215,000
Agency & Support/Outsourced Services	R10,000
Catering: Departmental Activities	R5,000
Consumable Supplies	R100,000
Consumables :Stationary, Printing &Office Supplies	R500,000
Contractors	R20,000
Fleet Services(F/Services)	R20,000
Inv: Medicine	R11,000,000
Inv: Chemicals, Fuel, Oil, Gas, Wood & Coal	R900,000
Inv: Materials & Supplies	R5,000
Inv: Medical Supplies	R150,000
Inv: Other Supplies	R450,000
Laboratory Services	R1,500,000
Minor Assets	R30,000
Operating Leases	R25,000
Property Payments	R1,500,000
Interest And Rent On Land	R250
Interest	R250
Machinery And Equipment	R15,000
Other Machinery & Equipment	R15,000

6.4.4. Current financial year cashflow

Table 13: Estimated Monthly Cashflow (AIP)

Estimated Cashflow for 2020/2021 (Total Construction cost + Fees, incl VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
											000,000

6.4.5. Project duration cashflow

Table 14: Projected Annual Cashflow

MTEF and beyond	Fees	Construction	Total
Prior years			
Yr. 20/21	R0	R0	R0
Yr. 21/22	R0	R0	R0
Yr. 23/24	R2 250 000	R 3 000 000	R 5 250 000
Yr. 24/25	R2 250 000	R 20 000 000	R 22 250 000
Yr. 25/26	R 0	R3 000 000	R 3 000 000
Beyond MTEF			
TOTAL	R 4 500 000	R 26 000 000	R 30 500 000.00

7. 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).

7.1. FIDPM Procurement gates

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

- 7.1.1. Infrastructure procurement shall be undertaken in accordance with all applicable Infrastructure Procurement-related legislation and this Framework.
- 7.1.2 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.
- 7.1.3 Procurement Gate 1 and 2 shall be informed by the Programme Management Control Point Deliverables in terms of Section 5.2 above.
- 7.1.4 Given the peculiarity of the institution, the procurement of Professional Service Providers (PSPs) and Contractors can occur at any points in the IDM Processes.
- 7.1.5 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.
- 7.1.6 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.

7.2. Formulation Process

7.2.1. Formulation Process

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

7.2.1.1. Establish the Base Information

Step 1: Establish the project scope, the control budget, the implementation milestones, the programme and the cash flow, as included in this document

- *Procurement Gate 1 (PG1): Obtain permission to start with the procurement process.*
 - KwaGwebu Clinic: construction of a new small clinic and residences needs to be procured
 - The broad scope of work for procurement is contained in this document
 - The estimate financial value is **R 30 500 000**
- PG 1 will be complete once this Brief has been approved by the Health Infrastructure approval Committee and the Head: Health.*

- Step 2:** Collect available CIDB data for contractors in terms of their classifications, grading, ownership and availability within the project area
According to CIDB, this project will be a level **7GB grading**



Home

Register of Contractors

[Disciplinary gazettes and case law reports](#)
[National Treasury Database of Restricted Suppliers](#)
[National Treasury Register for Tender Defaulters](#)

Select by Status:

Select by Region: (Registered head office address region)

Select by Designation and class:

Select by CRS Number: (list CRS numbers separated by commas, eg 100001,100002)

Select by Contractor Name: (enter a partial or complete organisation name)

Select Potentially Emerging

Town / City Filter (Reloading the town filter will clear existing searches)

Figure 8 CIDB Levels Source: www.cidb.co.za

7.2.1.2. Formulate the Delivery Management Strategy for Works

- Step 1:** Identify opportunities for clustering projects into packages (rather than implementing as individual projects) to achieve greater efficiency, economy of scale or for other reasons discussed in further detail below- **This project cannot be clustered as there is no similar project in the area**
- Step 2:** Assess the resource requirements for the project and weigh internal capacity against that of the DPW (or other external Implementing Agency) to determine whether the project is better suited to in-house or external implementation- **This is yet to be determined by KZN-DOPW, however if required provision has been made below**

7.2.1.3. Identify suitable Contracting Arrangements for Works

- Step 1:** Consider alternative contracting arrangements and select the most suitable strategy for each project or package (e.g. design by employer) as expanded upon below
- Step 2:** Establishing the best strategy to secure financial offers and to establish the basis for remuneration for the services to be provided in terms of the contract
- Step 3:** Identify the appropriate Contractual arrangement (Form of Contract) for the implementation of the works

7.2.1.4. Identify an appropriate Procurement Strategy for Works (where Works are required)

- Step 1:** Develop the Procurement Procedure
- Step 2:** Prepare a procurement programme and establish the anticipated bid award date
- Step 3:** Identify the current stage of the project or activity

7.2.1.5. 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 3: The appropriate Form of Contract for the provision of these services are indicated below

- o Procurement Gate 2 (PG2): Approval for procurement strategies that are to be adopted

Construction:

- o Standard KZN-DOPW procurement strategies will be followed
- o The recommended procurement strategy for construction is Design by Employer
- o Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.
- o The proposed contracting and pricing strategy are:
Bill of Quantities
JBCC contract
- o Contractors are to be paid on a monthly value based on actual works completed

PSP'S

Needs analysis to be done to determine if in-house skills are insufficient, if the skills are insufficient, then:

- o Standard KZN-DOPW procurement strategies will be followed
- o The recommended procurement strategy for PSP's are the CIDB PSP contract
- o Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.
- o The proposed contracting and pricing strategy will be based on Standard Services rendered by PSP as is contained in the various applicable gazettes
- o 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.

7.2.2. 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.

The Primary and Secondary Objectives for this project are listed below:

- o For this project the primary objective is to procure and deliver the required output/s within budget, to the required standard and within the specified timeframe
- o The secondary objectives aims at socio-economic benefits which will be achieved through a combination of targeted procurement, skills development and job creation through the development and construction stages of the projects

7.2.3. Delivery Management Strategy

The Delivery Management Strategy for this project is not yet on the IPMP and is planned as follows.

7.2.3.1. Professional Services

The project team is identified in section 3.5.1 of this document

7.2.3.2. For Works

The Strategic Arrangements contained in the IPMP are as follows:

Delivery Management Strategy for Works			Contracting Arrangements for Works			Procurement Arrangements for Works		
Delivery Mode	Implementer	Estimated Project Control Budget (R.m)	Contracting strategy	Pricing strategy	Form of Contract	Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Individual Project	DoH	R 30 500 000	Design and Build	Priced contract with BOQ	NEC3	Public Open Tender	2022/10/31	FIDPM 1B

Note: The IPMP comprises a narrative component and schedules. The narrative explains the methodology in detail and provides the data on which the above strategy is based. Both of these documents can be found on the F Drive for further information.

7.2.4. Additional Procurement Gates

The following additional Procurement Gates must be applied on this project by KZN-DOPW:

- Procurement Gate 3 (PG3): Approval for procurement documents
 - Procurement documents will completed and will comprise of:
 - For Construction:
 - Drawings
 - 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
 - Site hand over P
 - Progress and technical meeting
 - Monthly progress reports
 - Monthly payments
 - Snag Lists
 - Ensure Compliance with contractual requirements
 - Completion certificates
 - Close out Reports
 - Asset Management prescripts adhered to
 - Final payments
 - Confirmation contract is complete

PG 8 is complete when contract completion/ termination data is captured

8. Expanded Public Works Programme and Community Participation Goal

The general rule/guideline currently is that all Department of Health Projects in which the Project Brief or FIDPM stage 3 report estimates exceed R7 Million shall be subject to the Expanded Public Works Program (EPWP) 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:

EPWP Minimum Requirement	Project Values in Rands and minimum guidelines					
	Up To 5 00 000	Between 500 000 up to 2 Million	Between 2 Million up to 10 Million	Between 10 Million up to 30 Million	Between 30 Million up to R 99 Million	From 100 Million and above
Reporting	All required	All required	All required	All required	All required	All required
Local Area	10 km radius	10 km radius	Local Municipality 60% @ 10 km radius	District Municipality 60% Local Municipality	KZN Province 80% District 60% Local Municipality	South Africa 80% KZN 60% District 40% Local Municipality
Branding	Not Required	Site only	Site and Uniform	Site ,Uniform and tender documentation	Site ,Uniform and tender documentation	Site ,Uniform and tender documentatio n
Recruitment	Managed via Councillor and Hospital Board/Clinic Committee	Managed via Councillor and Hospital Board/Clinic Committee	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document	According to DOPW Recruitment guideline document
PSC	Not Required	Hospital board /Clinic Committee	Hospital board /Clinic Committee	Full PSC,CIDB Guidelines to be followed	Full PSC,CIDB Guidelines to be followed	Full PSC,CIDB Guidelines to be followed
CLO	Not Required	Required	Required	Required	Required	Required
Tender Specification	Not Required	Required	Required	Required	Required	Required

Reporting Requirements:

- Employment Contracts
- Copies of ID documents
- Half cut photographs of employees
- Proof of daily attendance
- Proof of wage payments

9. Health Technology Services

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) In this context the rural nature of the location must be considered. 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.

A suggested format for specifications is as follows:

- Name of equipment;
- Function;
- Essential features;
- Essential components;

- Additional components;
- Power supply;
- Additional requirements; and
- Training – user training, maintenance training.

For some equipment, such as sophisticated or imported items, or equipment which is new in the system, it may be necessary to specify the following item lines:

- Site preparation details – supplier should provide technical instructions and details so that this work can be planned, either in-house or by contracting out.
- Installation – assistance may be needed.
- Commissioning – assistance may again be required.
- Acceptance – the responsibilities of both the purchaser and supplier with respect to testing and/or acceptance of the goods must be clearly detailed.
- Training of both users and technicians – help must be obtained if required.
- Maintenance contract (an important part of after-sales support) – help must be requested if it is required. It will be necessary to agree and stipulate the duration, and whether it should extend beyond the warranty period, the cost and whether it includes the price of labour and spare parts,
- And the responsibilities of the owner and supplier.

There are a number of technical and environmental factors that need to be taken into account. For example:

- If the area has an unstable power supply, is the supplier able to offer technical solutions (such as voltage stabilisers, an uninterruptible power supply)?
- Will the geographical location (such as height above sea-level) affect the operation of equipment (such as motors, pressure vessels)? If so, can the manufacturer adjust the item's specific needs?
- Extremes of temperature, humidity, and dust may adversely affect equipment operation, and may require solutions such as air-conditioning, silica gel, polymerised coatings for printed circuit boards, and filters.

The following details should be included in a Technical and Environmental Data Sheet:

- Electricity supply – mains or other supply, voltage and frequency values and fluctuations.
- Water supply – mains or other supply, quality and pressure.
- Environment: height above sea-level; mean temperature and fluctuations; humidity; dust level; vermin problems, etc.
- Manufacturing quality – international or local standards required.
- Language required – main and secondary.
- Technology level required – manual, electro-mechanical or micro-processor controlled.

Pre-installation work involves:

- Preparing the site ready for equipment when it arrives;
- Organising any lifting equipment;
- Organising any warehouse (storage) space;
- Confirming installation and commissioning details; and
- 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:

- 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.”

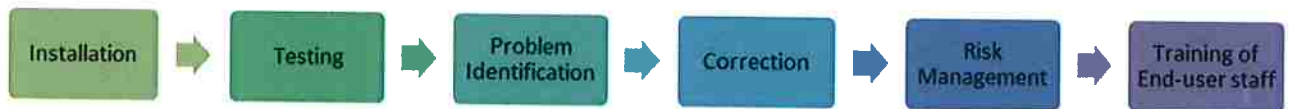
10. Commissioning

The purpose of commissioning a health facility is to ensure that construction work is completed according to the approved drawings and specifications, that equipment is in place and all departments 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 Include:

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

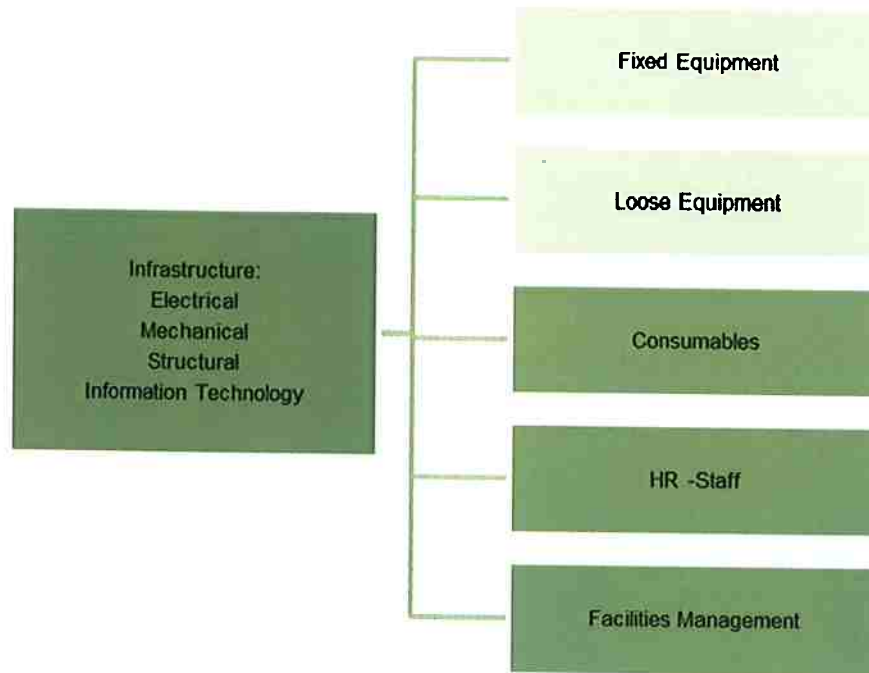


Figure 9 Key elements in the commission process as per IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014

The 3 Major components of commissioning which must be considered in all projects include:

1. Building Component
2. Equipment Component
3. Operational Component

These are parallel processes occurring throughout the project which must be initiated at the beginning of the project before construction.

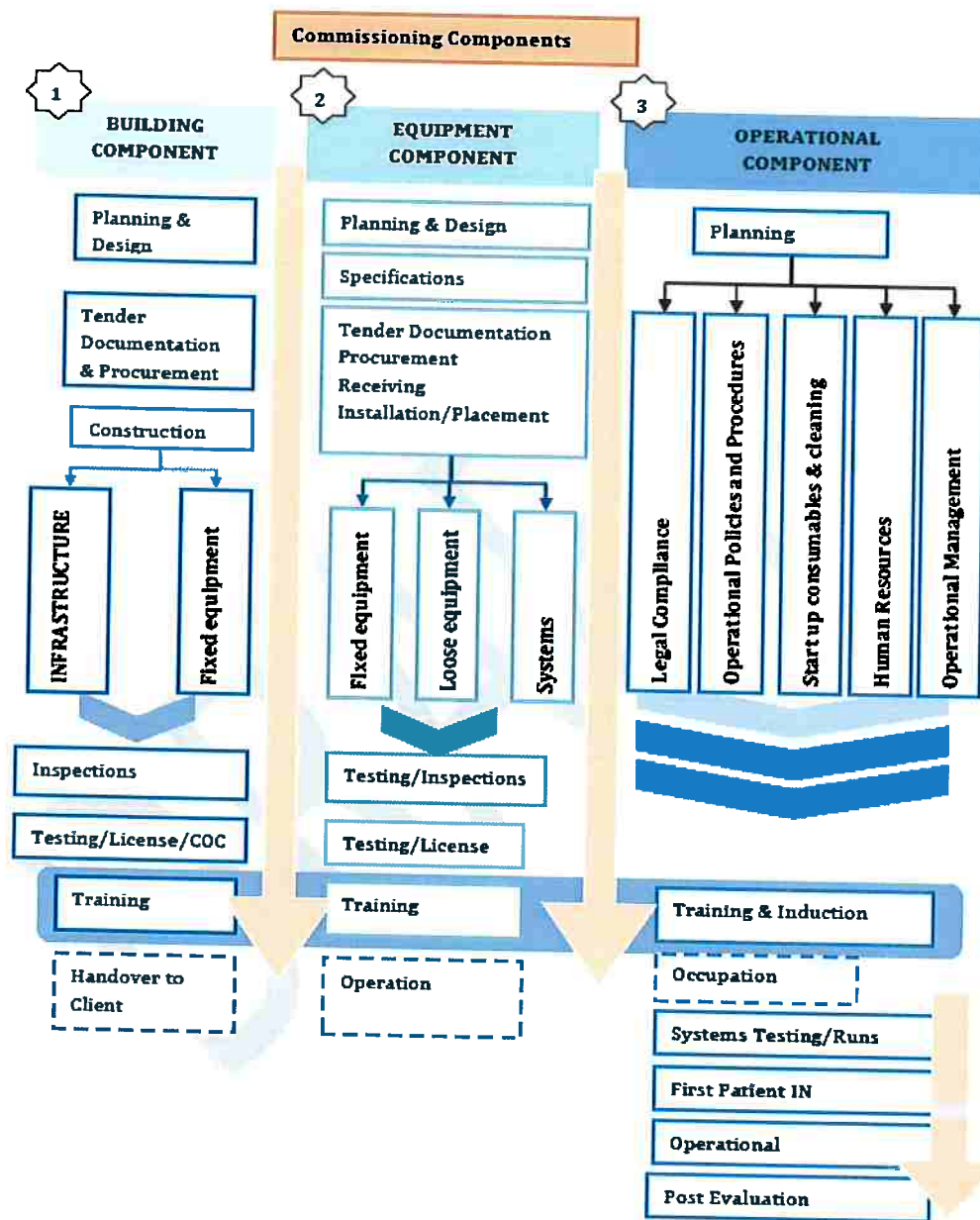


Figure 10 Commissioning Health Facilities Draft 1.4 April 2014

It is advised that an operational commissioning team be established chaired by the facility head. The objective is to ensure that the infrastructural, equipment and operational programmes are aligned and co-ordinated.

It is recommended that the commissioning team steps correspond with the Framework for Infrastructure Delivery and Procurement Management (FIPDM) process as set out in the IUSS document.

(IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014)

Other documents to be considered when designing and commissioning include, but are not limited to: *National Core Standard; Ideal Hospital and Ideal Clinic Documents; National and Provincial Clinical Norms and guidelines.*

11. Organisational Development

The health sector is undergoing a reform process that is focused on Primary Health Care re-engineering. As part of this reform, the health sector is working towards improving efficiency and effectiveness of delivery of services, and has prioritised establishment of Ideal clinics to optimise the use of investments in the public health sector and ensure better health outputs and outcomes for the sector. The purpose of Organisational Development (OD) plan is to prepare a new facility or building for occupation and to ensure that all internal personnel, where appropriate are appointed and trained to operate the facility.

The human resource is critical for the optimal operation of the Clinic. The clinic will be under the leadership of Operational Manager.

11.1. History

This is a proposed new clinic; there is no history available in terms of Organisational Development for this proposed clinic.

Key Elements for a Success

- An outline management of the facility
- Categories of staff and clinical responsibility
- Approved Organisational Structure with clear lines of reporting and responsibilities

Allocation of budget to implement the approved organisational structure.

11.2. Proposed Staffing Establishment

The table below depicts the required human resources for providing effective and efficient services to the patients and making provision for vacation leave

Table 15 Proposed Staff complement

STAFF ESTABLISHMENT:					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF CORE STAFF	NO OF STAFF	RANK OF STAFF NON CORE SUPPORT
Management & Administration	Outpatient	1	Operational Manager (PHC)	1	Administrative clerk
Nursing Services	Outpatients	2	Clinical Nurse Practitioner/PN	2	General Orderlies
		3	Enrolled Nurses		
		1	Nutrition Advisor	2	Security Guards
		1	Pharmacy Assistant	1	Lay Counsellor

12. External Appointments

12.1. Appointment of External Service Providers

The IA will enter into a legally binding agreement with each Consultant. However, over and above the agreements, the following expectations by KZN-DOH from the consultants are highlighted:

- Cost effective proposals including where possible alternative economical proposals
- A Maintenance conscious facility and including a baseline maintenance plan at the end of the project
- An Environmental conscious facility
- A Facility to promote healing
- A Facility that will stand the test of time
- Consideration to alternative, but tested and accepted construction methods, systems and installations
- Timeous response time and provision of documents including the following:
 - Programmes and milestones
 - Designs, reports and specifications
 - Cost reports
 - EPWP reports
 - Completion certificates
 - As-built drawings, specifications, manuals, baseline maintenance plan, certificate
 - Close-out report
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

12.2. Appointment of Contractors or Suppliers

The IA will enter into a legally binding agreement with the Contractor or Supplier. However, over and above the agreement, the following expectations by KZN-DOH from the Contractor or Supplier are highlighted:

- Effective Time management
- Effective Project Management
- Effective Cost Management
- Effective Resource Management
- Effective Communication
- Adherence/Compliance to all applicable Legislation
- Adherence/Compliance to all applicable policies
- Adherence/Compliance to all applicable norms and standards

12.3. Appointment of External Implementing Agent

KZN-DOH has entered into a legally binding Service Level Agreement with the Implementing Agent (IA). However, over and above the agreements, the following expectations by KZN-DOH from the IA are highlighted:

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

- Effective communication
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

12.4. Roles and Responsibilities of the Department of Health

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
- DOH will have an oversight role

13. Contact Numbers

Stakeholder	Designation	Contact Person	Contact	E-Mail
Infrastructure Development	Project Leader	Zakiyah Docrat	(t) 033 940 2609 (c) 079 528 8182	Zakiyah.Docrat@kznhealth.gov.za
Zululand District	District Director	Mr V Vilakazi	TBC	TBC
Zululand District	District Engineer:	Mr Buthelezi	TBC	TBC
Vryheid Hospital	CEO	TBC	TBC	TBC
District Health Services	Chief Director	Jabulani Mdebele	(t) 033 395 3274	Jabulani.mndebele2@kznhealth.gov.za
Security Services	Acting Director	Linda Zondi	(t) 033 395 2937 (c) 071 869 7510	Linda.Zondi2@kznhealth.gov.za

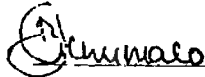
14. Signatures

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.

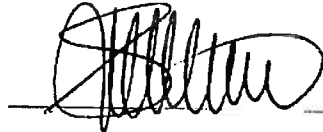
Name NJ. KALIMAW
Designation ACTING CEO
Date 31/08/2021

Signature:



Name S.V. Vilakazi
Designation District Director
Date 01/09/2021

Signature:



Name _____
Designation _____
Date _____

Signature:

Name: _____
Designation _____
Date _____

Signature:

**APPENDIX E:
FORM A - SCHEDULE OF TEAM
MEMBERS PROPOSED FOR THE
PROJECT**

FORM A

SCHEDULE OF TEAM MEMBERS PROPOSED FOR THE PROJECT

Please note that if any of the information disclosed in the table below is found to be dishonest or inaccurate, this may result in the withdrawal of any award already and a repudiation of this agreement. Further appropriate action may also be taken.

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Architectural Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Quantity Surveying Firm:					
• Lead Professional:					
• Support Professional/Candidate:					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Electrical Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					
Mechanical Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					
<ul style="list-style-type: none"> Specialist Fire Engineer: (Must be ECSA registered Mechanical Engineer & may be the same as the Mechanical Lead Professional if suitably qualified and experienced) 					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
<ul style="list-style-type: none"> Specialist Wet Services Engineer: (Must be ECSA registered Mechanical Engineer & may be the same as the Mechanical Lead Professional if suitably qualified and experienced) 					
Civil Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					
Structural Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
<ul style="list-style-type: none"> Support Professional/Candidate: 					
Construction Health and Safety Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					

APPENDIX F: CURRICULUM VITAE TEMPLATE

CURRICULUM VITAE TEMPLATE

1. Personal Details

Name:	
Date of Birth:	
Current Employer:	
Current Position Held:	
Period with Current Employer: (mm-yyyy to mm-yyyy)	
Previous Employer:	
Position Held with Previous Employer:	
Period with Previous Employer: (mm-yyyy to mm-yyyy)	

2. Education (Degrees, Diplomas, BTech and Post Graduate Qualifications ONLY)

Qualification	Year Obtained	Institution

3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

4. Relevant Project Experience (Provide a maximum of 3 relevant projects)

Name of Project	Client	Project Start Date	Project End Date	Project Value	Role on Project

APPENDIX G: RETURNABLES – RESPONSIVENESS

APPENDIX H: RETURNABLES – ELIGIBILITY CRITERIA

REGISTERED PROFESSIONAL ARCHITECT CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY

**REGISTERED PROFESSIONAL
STRUCTURAL ENGINEER
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

REGISTERED PROFESSIONAL CIVIL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

**REGISTERED PROFESSIONAL
MECHANICAL ENGINEER (INCLUDING
FIRE ENGINEER AND WET SERVICES
ENGINEER) CERTIFICATE AND
PROFESSIONAL INDEMNITY**

REGISTERED PROFESSIONAL ELECTRICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY CERTIFICATE AND PROFESSIONAL INDEMNITY

APPENDIX I: RETURNABLES – FUNCTIONALITY CRITERIA

LEAD ARCHITECT CV

**LEAD ARCHITECT PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

LEAD QUANTITY SURVEYOR CV

**LEAD QUANTITY SURVEYOR
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD STRUCTURAL ENGINEER CV

**LEAD STRUCTURAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD CIVIL ENGINEER CV

**LEAD CIVIL ENGINEER PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

LEAD MECHANICAL ENGINEER CV

**LEAD MECHANICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

FIRE ENGINEER CV

**FIRE ENGINEER PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

WET SERVICES ENGINEER CV

**WET SERVICES ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD ELECTRICAL ENGINEER CV

**LEAD ELECTRICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD CONSTRUCTION HEALTH AND SAFETY AGENT CV

**LEAD CONSTRUCTION HEALTH
AND SAFETY AGENT PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

ARCHITECTURAL DISCIPLINE ORGANOGRAM

QUANTITY SURVEYING DISCIPLINE ORGANOGRAM

STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM

CIVIL ENGINEERING DISCIPLINE ORGANOGRAM

MECHANICAL ENGINEERING (INCLUDING FIRE ENGINEER AND WET SERVICES ENGINEER) DISCIPLINE ORGANOGRAM

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM