



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

PROJECT NO. : ZNB 5027/2022-H

DESCRIPTION OF SERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE REPLACEMENT OF SPORT AND RECREATION FACILITIES AT TOWNHILL HOSPITAL

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.

TABLE OF CONTENT DOCUMENTATION TO BE SUBMITTED WITH BID

	PAGES	
Section A	Invitation to Bid	3-4
Section B	Special Instructions and Notice to Bidders	5-6
Section C	Registration on the Central Suppliers Database	6
Section D	Declaration that information on Central Suppliers database is up to date	7
Section E	Declaration of Interest	8-11
Section F	Form of offer	12-17
Section G	Specification and Preference Point system	18-42
Section H	Briefing Certificate	43
Section I	Tax Clearance Certificate Requirements	44
Section J	Authority to Sign a Bid	45-54
Appendix A	Bid Pro-forma	55-56
Appendix B	Checklist of returnable documents	57
Appendix C	Contract data	58-65
Appendix D	Project Brief	
Appendix E	Form A : Schedule of Team Members Proposed for the Project	
Appendix F	Curriculum Vitae Template	
Appendix G	Returnables: Responsiveness	
Appendix H	Returnables: Eligibility Criteria	
Appendix I	Returnables: Functionality / Quality Criteria	

SECTION A INVITATION TO BID

DESCRIPTION:

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR REPLACEMENT OF SPORT AND RECREATION FACILITIES AT TOWNHILL HOSPITAL

Project Number : ZNB 5027/2022-H
Closing Date : 29 August 2022
Closing Time : 11:00

Compulsory Briefing: Yes
Date : 10 August 2022
Time : 10:00
Venue : 35 Hyslop Road, Townhill Office Park (inside Townhill Hospital) – Block 1 Boardroom, Townhill, Pietermaritzburg, 3200

Bid Validity Period: 84 Days

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

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

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 : Takalani Netshipale
Tel : 083 287 5951
E-mail address : Takalani.Netshipale@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 state*, 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 a price quotation, advertised competitive bid, limited bid or proposal). 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 and/or take an oath declaring his/her interest, 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.

2.1. Full Name of bidder or his or her representative:.....

2.2. Identity Number:.....

2.3. Position occupied in the Company (director, trustee, shareholder¹, member):.....

2.4. Company Registration Number.....

2.5. Tax Reference Number:.....

2.6. VAT Registration Number:.....

* "State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance

¹ "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.

- Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

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

YES / NO

2.7.1. If so, furnish the following particulars:

.....
Name of person / director / 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:

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

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

YES / NO

2.8.1. If so, furnish particulars:

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

2.9. 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

2.9.1. If so, furnish particulars.

2.10. 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

2.10.1. If so, furnish particulars.

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

YES / NO

2.11.1. If so, furnish particulars.

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: REPLACEMENT OF SPORT AND RECREATION FACILITIES AT TOWNHILL HOSPITAL.

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 the multidisciplinary team with an Architect as Lead Consultant, 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 A LEAD CONSULTANT

1. Project Description

Replacement of sports and recreation facilities for Townhill Hospital

2. Project Background

Townhill Hospital is Southern Africa's first purpose built Psychiatric Hospital, built in 1880. However, a temporary facility had been constructed as early as 1868. Dr James Hyslop, MB, CM was appointed as the first resident surgeon in 1882 and was a respected mental specialist in South Africa. He was a believer in the benefits of "moral therapy" and all patients were involved in gardening and fieldwork. This was an alternative to the view of "asylums" of the time to a facility that was surrounded by grounds and trees the grounds and sportsgrounds were developed which were the finest of any Mental Health Care facility in South Africa. By 1935 this treatment philosophy was realised "le traitement moral" (moral treatment) that redirection of the patient's thoughts and emotions could facilitate recovery. By the early twentieth century, patients socialised with picnics, bowls, cricket and croquette.

This vision began to be eroded by the construction of the "new" Grey's Hospital and encroaching urbanised growth. The only remaining recreation areas were internalised; the cricket field, soccer field and surrounding putt-putt course, pool, clubhouse and chapel.

The pastoral sports precinct of the Hospital has been fragmented by the construction of the Townhill Office Park on the cricket oval. This removed some of the open space from the institution and made the existing awkward to use due to their proximity to the Office Park.

2.1. Situation today

Town Hill hospital is a Level 3 psychiatric specialised Hospital in Umgungundlovu (Pietermaritzburg) The institution is licenced for 425 beds but 280 beds are usable.

The following is the bed allocation of the Hospital

TABLE 1: BED ALLOCATION

WARD NAME	WARD TYPE	Bed allocation	
		Male beds No.	Female beds No.
UITSIG A & B	Psychogeriatric and Predischarge	18	0
UITSIG C	Psychogeriatric	0	16
UITSIG E/F	Predischarge	0	18
UITSIG G/H	Predischarge	24	0
WARD O	Neuropsychiatry	10	10
HILLSIDE B	Acute	22	0
HILLSIDE C	Acute	22	0
HILLSIDE D	Psychosocial rehab	24	0
HILLSIDE E	Psychosocial rehab	24	0
PEACEHAVEN	Midterm	CLOSED	
IMPALA G	Acute	0	19
IMPALA H	Psychosocial	0	21
SINOTANDO	CAU	4	4
NORTHPARK	Psychotherapy	8	12
TOTAL		180	100

3. Site Information

Facility Name	Town Hill Hospital			
Province	Kwa-Zulu Natal			
Land Use	District Hospital			
Land Owner	KZN Department of Health			
Number of Beds	425			
Street Address	35 Hyslop Road, Pietermaritzburg			
Postal Address	PO Box 400, Pietermaritzburg, 3200			
Telephone No.	033 3415500			
Cadastral Description	Latitude	-29.590644	Longitude	30.366134
Zoning	Government Facility			
Planning Restrictions	Msunduzi Municipality			
Existing Infrastructure	Multiple buildings mostly built in the late 1800s and early 1900s. The facility is experiencing huge challenges with respect to their aging water and sewer infrastructure.			
Existing Services	Municipal supply of water, electricity, sewerage and stormwater. There are no backup storage facilities for potable water and fire to cater for intermittent infrastructure breakdowns and interruptions in the municipal supply.			

Locality Map:

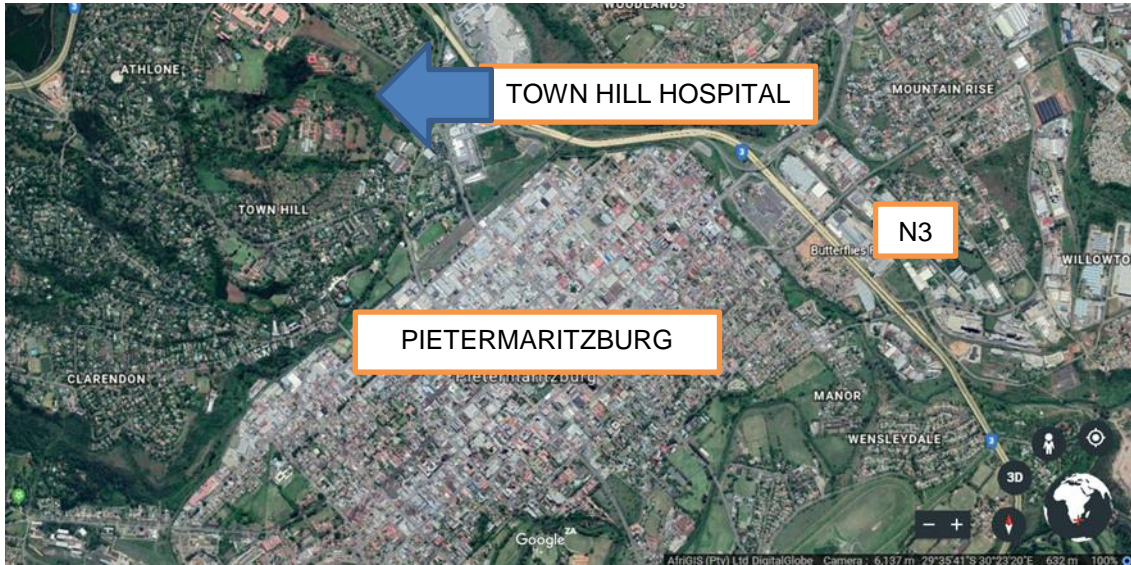
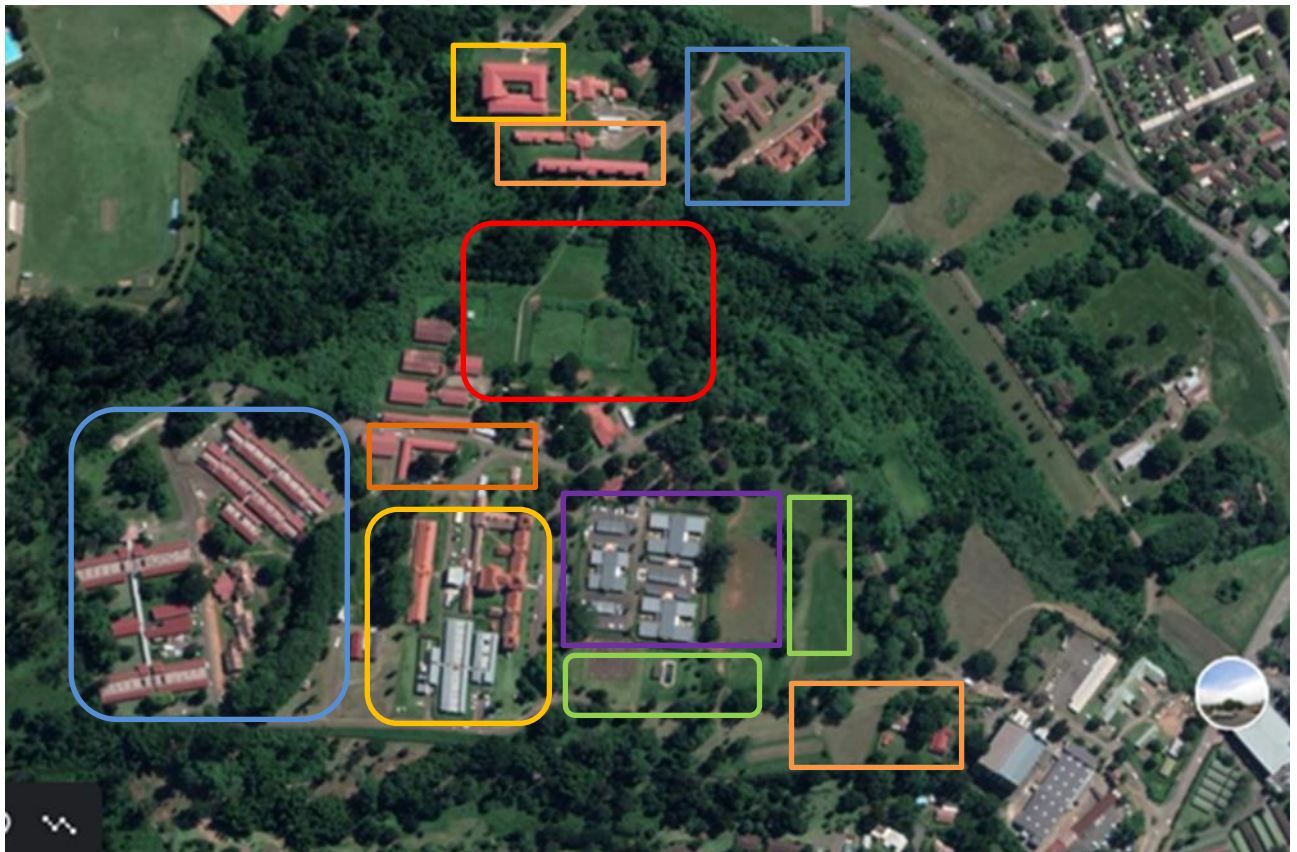








Figure 1: Aerial View of Townhill Hospital

The Town Hill Hospital site is located centrally within Pietermaritzburg, so as to be accessible, but is not within the CBD. The site also near the N3 highway, which is accessible to those accessing the Facility from out of town. Therefore, the office is primly located. However, this activity has compromised the Hospital internal activities.



	PROPOSED NEW RECREATION AND SPORT
	MENTAL HEALTH CARE USER WARDS
	ADMINISTRATION
	STAFF HOUSING
	OFFICE PARK
	EXISTING SPORTSFIELDS

The site chosen for the new Hospital Recreation area, by the Hospital, is completely separated from the Office Park and is relatively enclosed by trees and can be reached from the wards on foot. The land is relatively flat and the trees create a recreation environment. The site is primarily on 2 levels. The upper level used to be bowling greens, but is since overgrown and therefore is already levelled flat as a sports field.

4. Scope of the Project

4.1. Brief overview of the Project Scope

Outdoor areas and fields

- Soccer field (can also be used as general sports field for track events or lawn games; i.e. lawn bowls/croquet) x 1
- Multipurpose sports court (soccer, netball, basketball, volleyball and tennis) x 2
- Putt-putt course (9-hole)
- Swimming pool (25m length with shallow and deep end; deep end not to exceed 2m depth; to include steps/adaptations for the disabled/elderly for easy access)
- Volleyball court with soft surface such as grass
- Grandstand areas for seating for supporters in close proximity to soccer field and multipurpose courts
- Water points/water fountains in close proximity to all sporting areas
- Undercover shelter area with concrete floor and a minimum of 8 picnic tables with benches underneath to seat at least 6 persons
- Braai area in close proximity to clubhouse
- Sufficient concrete bins in close access to all sporting areas and clubhouse

Clubhouse (Multipurpose Hall)

- Bathrooms to include a minimum of 3 toilets each for males and females (with 1 catering for disabilities); i.e. 6 toilets in total. Bathrooms to also have at least 2 basins each.
- Kitchenette to include a double basin/wash area with counter space for food preparation for large numbers of people and sufficient plug points.
- To have at least one large size multipurpose area for meetings/serving of food with sufficient plug points (this is to be in close access to entrance of clubhouse and to have a large glass/roll up window for serving of food to people standing outside.
- Building to also serve as a training venue for Townhill Hospital staff to upgrade skills for psychiatric programmes
- Alarm and electronic key pad to audio-visual and Public announcement areas

Patient changerooms

- Changerooms for the sports fields for male and female patients with viewing benches

Prayer Room/Chapel

- Replacement Chapel

External Works

- Parking for minimum 19 standard vehicles and 1x Disabled bay
- Fencing around the precinct and dedicated fencing around the Combicourt and swimming pool. Access control is required to prevent unauthorised access, particularly by children or absconding patients. The recreation area is to be supervised at all times. To match Office Park fencing so as to be transparent and to integrate into the vegetation. Clearvu type fencing required to at least 2,4m height
- Temporary fencing during construction
- Public Announcement (PA) and audio system.
- Perimeter lighting

5. 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 (FIDPM) 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

6. Required Multidisciplinary Team Composition

- Architect, including Principal Consultant and Principal Agent Services
- Civil/Structural Engineer/Technologist
- Quantity Surveyor
- Electrical Engineer/Technologist
- Construction Health and Safety Agent
- *Land Surveyor (To be appointed post award)*
- *Geotechnical Engineer/Technologist (To be appointed post award)*
- *Mechanical Engineer/Technologist (To be appointed post award)*
- *Environmental Specialist (To be appointed post award)*

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

The project brief to be supplied by the Department of Health is deemed to satisfy the requirements of FIDPIM Stage 1: Project Initiation and Prefeasibility. Therefore a successful professional service provider will be required to undertake FIDPM stages 2 to 7 i.e.

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

7.1. 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

7.2. Quantity Surveyor

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

7.3. Engineers/Technologists

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015.

7.4. 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.

7.5. Land Surveyor/Topographical Surveys

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.

7.6. Geotechnical Engineer/Technologist

The Lead Consultant shall confirm the detailed scope of work that will be required from Geotechnical Engineer/Technologist. The Geotechnical Engineer/Technologist 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/Technologists in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

7.7. Mechanical Engineer/Technologist

The Lead Consultant shall confirm the detailed scope of work that will be required from Mechanical Engineer/Technologist. The Mechanical Engineer/Technologist 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 Mechanical Engineers/Technologists in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

7.8. Environmental Specialist

The Lead Consultant shall confirm the detailed scope of work that will be required from Environmental Specialist. The Environmental Specialist 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 Environmental Specialists in the area with the lowest quotation being accepted. Should the Environmental Specialist recommend that an Environmental Impact Assessment be conducted, the cost will be compensated to the Lead Consultant from disbursements as well.

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

8.1. Extensive consultation is to take place over all construction stages which will include (but is not exclusive) consultation with:

- The Facility
- DOH District
- DOH Head Office
- DOH Mental Health
- National DOH
- Local authority
- Other Authorities
- Statutory bodies
- Other Departments

8.2. 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.

8.3. All additional required presentations to be done as may be required

8.4. All approvals to be acquired as may be required

9. 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	Completed
Stage 2: Concept & Viability Report	4 months
Stage 3: Design Development Report	4 months
Stage 4: Documentation & Procurement	5 months
Stage 5: Works	12 months
Stage 6: Handover	3 months
Stage 7: Project Close Out (including retention)	12 months
TOTAL PROJECT TIME	40 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.

10. 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

All documentation that is to be sent to the Client should be in both the required software package file type, as well as in a readable PDF format.

11. 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.

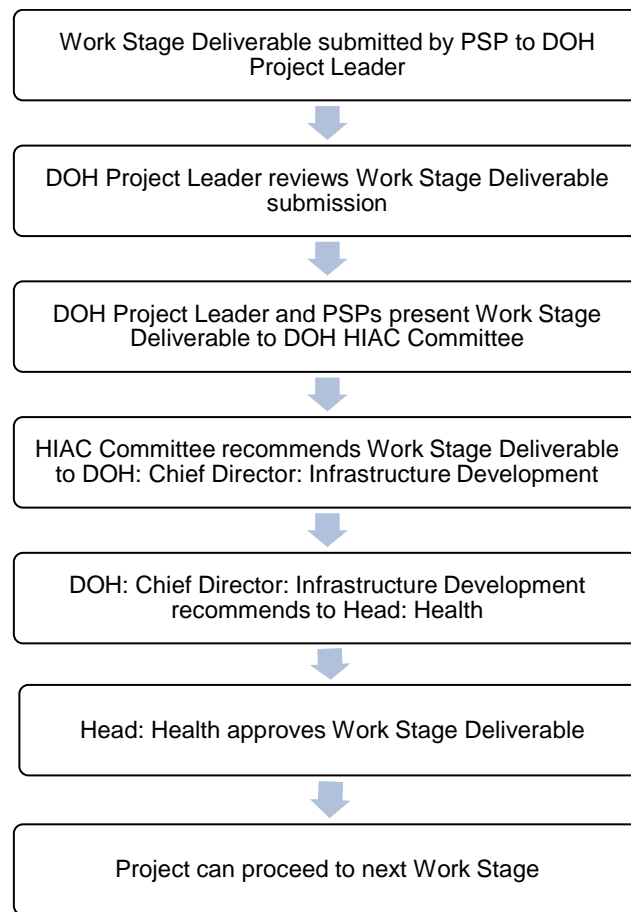
12. Co-operation with Other Service Providers and Affected Parties

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

13. Copyright

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

14. General Approval Process per Work Stage



15. 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.

16. 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.

17. Format of Communications

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

18. Key Personnel

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

19. Management Meetings

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

20. Forms for Contract Administration

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

21. 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.

22. Fee Claims and Apportionment of Fees

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 7 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 under point 27 and C2. PRICING DATA.

Should deliverables as referenced under the Scope of Services (Section G, Item 7) not be required, fees will be adjusted downwards to align with the reduced scope of work.

Payment of fees shall be apportioned to Project Stages (Stages 1-6) according to the tables below:

Architecture (Principal Consultant and Principal Agent)

Stage 2	15%
Stage 3	20%
Stage 4	30%
Stage 5	27%
Stage 6	8%

Civil/Structural Engineering

Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	10%

Quantity Surveying

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

Electrical Engineering

Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	10%

Construction Health and Safety

Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	10%

23. 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

24. 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.

25. Project Construction Cost

The estimated project works value is R 9 431 920.00 (Nine Million Four Hundred and Thirty One Thousand Nine Hundred and Twenty Rand excluding of 15% VAT).

26. 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. 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 Principal Consultant, 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**. All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in point 7 above).

Should deliverables as referenced under the Scope of Services (Section G, Item 7) not be required, fees will be adjusted downwards to align with the reduced scope of work.

27. Project Details

27.1. 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 (Only one will be the Principal Consultant/Principal Agent)
- Civil/Structural Engineer/Technologist
- Quantity Surveyor
- Electrical Engineer/Technologist
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer/Technologist (Appointed Post Award)
- Mechanical Engineer/Technologist (Appointed Post Award)
- Environmental Consultant (Appointed Post Award)

The relevant Guidelines are as per the following:

Structural, Civil & Electrical Engineers /Technologists	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 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
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

- 27.2. Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.
- 27.3. Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage. No full time supervision is required for the project and will not be compensated or remunerated for. The Lead Consultants are required to be on site as frequently as and when required per stage throughout the project.
- 27.4. 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.
- 27.5. 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.
- 27.6. You are requested to submit your bid using the FEE BASED QUOTE PROFORMA (Appendix A, Table 1), 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.

28. Conditions Of Appointment

- 28.1. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 27.1 above. Multiple Principal consultant and Architectural Services may be subcontracted as suited for the packages. However, Principal consultant and Architectural Services consortiums and joint venture documentation must be included in the bid submission. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, all outsourced subcontractors, as well as letters of agreement securing Professional Services for those professional disciplines to be provided by others. Failing to submit all documentation for the consortiums and joint ventures will lead to submission disqualification. 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. For the completion of the bid, only the Lead Architect firm will fill in their details as the main bidder. This information should also be reflected on Form A.
- 28.2. Upon project award, Consultants may only amend the list of the required Lead Professionals upon written replacement request to the Client. The replacement request will only be reviewed should the new Lead Professional be at the same level of qualification as the previously supplied name or better.
- 28.3. 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.

- 28.4. 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. 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 Appendix G)

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, as a minimum, consist of the following 5 people:
 - Professional Registered Architect (Lead Consultant/Principal Agent)
 - Professional Registered Civil/Structural Engineer/Technologist

WHERE ABOVE PROFESSIONAL LEAD MUST HAVE A MINIMUM OF SIX (6) YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE.

- Professional Registered Quantity Surveyor
- Professional Registered Electrical Engineer/Technologist

WHERE ALL ABOVE PROFESSIONAL LEADS MUST HAVE A MINIMUM OF THREE (3) YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE.

- Professional Registered Construction Health and Safety Agent

WHERE THE ABOVE PROFESSIONAL LEAD MUST HAVE A MINIMUM OF ONE (1) YEAR POST PROFESSIONAL REGISTRATION EXPERIENCE.

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. All Registered Professionals must be in good-standing with their respective council and their membership must be valid.

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 listed values below:

- Architecture: R 3,0 million
- Civil, Structural Engineering: R 3,0 million
- Electrical Engineering: R 1,0 million
- Quantity Surveyor: R 1,0 million
- Health and Safety: R 1.0 million
- Other: R 0,5 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.

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

Eligibility criteria	Eligible value (not to be completed by bidder)	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 Civil/Structural Engineer/Technologist <p>with a minimum of SIX (6) years post professional registration experience.</p> <ul style="list-style-type: none"> Registered Professional Quantity Surveyor Registered Professional Electrical Engineer/Technologist <p>with a minimum of THREE (3) years post professional registration experience.</p> <ul style="list-style-type: none"> Registered Professional Construction Health and Safety Agent <p>with a minimum of ONE (1) year post professional registration experience.</p>	<p>Arch: ___ yrs</p> <p>Civ/Str: ___ yrs</p> <p>QS: ___ yrs</p> <p>Elect: ___ yrs</p> <p>OHS: ___ yrs</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.</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"> Architecture: R 3,0 million Civil, Structural Engineering: R 3,0 million Quantity Surveyor: R 1,0 million Electrical Engineering: R 1,0 million Health and Safety: R 1,0 million Other: R 0,5 million 	<p>Arch: ___ mil</p> <p>Civ/Str: ___ mil</p> <p>QS: ___ mil</p> <p>Ele: ___ mil</p> <p>OHS: ___ mil</p> <p>Included? ___</p>	<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>		

1. Eligible Y/N: _____
 2. Functionality points: _____/100
 2.1 Above 60% threshold Y/N: _____
 3. Bid value: _____

Quality/Functionality Criteria

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

The column on the right **is not required to be completed by the bidder**. It is for scoring purposes during the Bid Technical Evaluation.

Evaluation criteria	Documentation to be provided	Points allocated
<p>1. Bidder to demonstrate Technical Competency and relevant Experience relating to construction of general building, sport and recreation facilities with a value of over R6 million in the past 7 years per discipline (i.e. Architecture, Civil Engineering, Structural Engineering, Quantity Surveying, Electrical Engineering, Construction Health and Safety)</p>	<p>TAB LABEL: H-1</p> <p>1.1 Bidder to complete one (1) Curriculum Vitae (CV) for the allocated Lead Professionals per discipline. The required CVs may be from different firms, one firm allocated per one or more 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. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>1.1.2. CVs to be provided for the Lead Professionals per discipline for a MINIMUM total of 6 CVs. Each Lead Professional's experience must align to their allocated discipline.</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 the Lead Professional per discipline for their past project experience (Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV). Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>1.2. Contractor award letters OR signed final account summaries OR signed reference letters from the client; clearly stating the project value, project start date and end date MUST be provided to prove value of projects. Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV). Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>Documents requested in 1.1.4 and 1.2. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>Only the first 3 stated past projects per professional CV will be</p>	<p>75 points</p> <p><u>a. Complete CVs:</u></p> <p>Arch:___ of 3 points</p> <p>QS:___ of 3 points</p> <p>Civ/Stru:___ of 3 points</p> <p>Elec:___ of 3 points</p> <p>OHS:___ of 3 points</p> <p>a. Sub-total: = ___ of 15 points for CVS</p> <p><u>b. Project Exp. (12 points per project)</u></p> <p>Architect: __+ __+ __ =___ of 36 points</p> <p>Civil/Struct: __+ __+ __ =___ of 36 points</p>

Evaluation criteria	Documentation to be provided	Points allocated
	<p>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 per CV submitted.</p> <p><u>Allocation of points will be as follows:</u></p> <p>- 3 points will be awarded per completed compliant CV per discipline for each Lead Professional.</p> <p>- 0 points will be awarded for incorrectly completed, incomplete or no CV submitted on the required template and project experience that does not meet the above experience submission criteria.</p> <p><u>AND</u></p> <p>- 12 points will be awarded per past project that is of a general building, sport and recreation facilities, is greater than R6 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 6 points will be awarded per past project that is of a general building, sport and recreation facilities and is between R4 million and R6 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 3 points will be awarded per past project that is of a general building, sport and recreation facilities and is between R3 million and R4 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 0 points will be awarded for per past project that is less than R3 million in value, incomplete or no past project experience documentation submitted, and projects that do not meet the above experience submission criteria</p>	<p>QS: $_ + _ + _$ $= _ \text{ of } 36$ points</p> <p>Elec: $_ + _ + _$ $= _ \text{ of } 36$ points</p> <p>OHS: $_ + _ + _$ $= _ \text{ of } 36$ points</p> <p>b. Sub-total: $= _ \div 3$ $= _ \text{ of } 60$ points for project exp.</p> <p>TOTAL: $_ \text{ of } 15 \text{ pts}$ $+$ $_ \text{ of } 60 \text{ pts}$ $=$ $_ \text{ of } 75$ points for CVs and project exp.</p>
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 falls 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. Five individual organograms must be provided, 1 for each Professional Discipline i.e. Architectural, Civil/Structural Engineering,</p>	<p>25 points</p> <p><u>c. Team Organogram:</u></p> <p>c. Sub-total: $= _ \text{ of } 5$ points for team org</p> <p><u>d. Discipline organograms:</u> Arch: $_ \text{ of } 4$ points</p>

Evaluation criteria	Documentation to be provided	Points allocated
	<p>Quantity Surveying, Electrical 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"> - 5 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"> - 4 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions. - 2 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>Civil/Struc: __ of 4 points</p> <p>QS: __ of 4 points</p> <p>Elec: __ of 4 points</p> <p>OHS: __ of 4 points</p> <p>d. Sub-total:</p> <p>= __ / 20 points for discipline organograms</p> <p>TOTAL: __/5 + __/20 = ____/25 points team organogram and discipline 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.

30. General conditions

30.1. The following preference point system are applicable to this bids:

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

30.2. Points for this bid shall be awarded for:

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

30.3. 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

30.4. 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.

30.5. 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.

31. 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;

32. 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

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

Where

- P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 P_{\min} = Price of lowest acceptable bid

33. Points Awarded for BBEE 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 BBEE status level of contribution in accordance with the table below:

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

Bid Declaration

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

BBEE 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.

34. Sub-Contracting

Will any portion of the contract be sub-contracted?

(Tick applicable box)

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

34.1.1. 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		NO	
-----	--	----	--

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		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

35. Declaration with regard to Company/Firm

35.1. Name of company/firm:

.....

35.2. VAT registration number:

.....

35.3. Company registration number:

.....

35.4. 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

35.5. Describe principal business activities

35.6. 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.

35.7. 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 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 5027/2022-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE REPLACEMENT OF SPORT AND RECREATION FACILITIES IN TOWNHILL HOSPITAL
Date:	10 August 2022
Time:	10:00
Venue:	35 Hyslop Road, Townhill Office Park (inside Townhill Hospital) – Block 1 Boardroom, Townhill, Pietermaritzburg, 3200

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:

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 (based on the PRICE only) 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 as stipulated in Table 1 but shall be claimed and paid on a PROVEN COST BASIS ONLY. The Land Surveyor, Geotechnical Engineer/Technologist, Mechanical Engineer/Technologist and Environmental Specialist costs will be paid from the disbursement allowance. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- The estimated Value of Work for Fees is an estimate and not the final value. The tendered PERCENTAGE will be based on the actual project works value determined upon project completion.
- Table below is NOT to be modified by Tenderer

TABLE 1

Value of Work for Fees	R 9 431 920.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 510 000.00
Sub-Total	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

DATE:

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.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
2.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
3.	Declaration that information on central supplier database is correct and up to date		
4.	Declaration of interest by Consultant – SBD 4		
5.	Official Briefing Session / Site Inspection Certificate *		
6.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
7.	Authority To Sign A Bid		
The following documents are to be submitted under Appendix: G			
8.	Proof of Registration with Companies and Intellectual Property Commission (CIPC)		
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 – Architecture: R 3.0 million Civil, Structural Engineering: R 3,0 million Quantity Surveyor: R 1,0 million Electrical Engineering: R 1,0 million Health and Safety: R 1,0 million Other: R0,5 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
12.	CVs per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
13.	Organograms for entire team and one 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.

* A letter indicating which discipline's firm attended the brief meeting on behalf of which Lead Architect firm should be appended to the Briefing Session Certificate. The letter should be signed by both the attendee and Lead Architect.

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 the REPLACEMENT OF SPORT AND RECREATION FACILITIES
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.
5.5	The Service Provider is required to obtain the Employer's prior approval in writing before taking any of the following actions:

Clause	
	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> <p>.....</p>
5.4.1	<p>Tendering on the project:</p> <p>.....</p>

Clause	
	<p style="text-align: center;">..... (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>Signature: _____</p> <p>Capacity: _____</p>
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>

Clause		
Name	Principal employed professional(s) and/or	Specific duties
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
7.2	A Personnel Schedule is not required.	
	If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose	

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 all travelling expenses will not be paid for separately except for attending off-site meetings (outside of Townhill Hospital and Townhill Office Park) at the request of the employer where only travelling costs (mileage only) shall be claimable in accordance with the rules set out in C2.1.6.3. Please note that no travelling time and subsistence charges are claimable for any trips taken by the Consultants.

The site must be visited as often as the works require for the execution of all duties on the Project. The Service Provider must be available at 24 hours’ notice to visit the site if so required. All costs in this regard will be deemed to be included in the tendered fees as stated in C2.1.1.1

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, when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific off-site 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 related to trips to the site shall not be claimable and will be deemed to be included in your tendered professional fee. Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than **50km** (one way) from the Service Provider's office.

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.

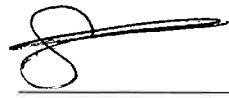
APPENDIX D: PROJECT BRIEF



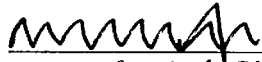
PROJECT BRIEF

TOWNHILL HOSPITAL REPLACEMENT OF SPORT AND RECREATION FACILITIES

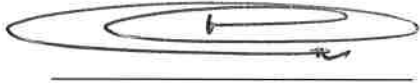
Drafted by: S. KATSIKOYIANNIS
 Project Leader

Signed: 
 Date: 14/03/2022

Recommended by: M DE GOEDE
 Director: Planning
 Infrastructure Development

Signed: 
 Date: FOR MS DE GOEDE.
 14.03.2022

Approved by: MR B G GCABA
 Chief Director: Infrastructure
 Development

Signed: 
 Date: 14/3/2022

Document Control

Revision Number	Date	Initials

Contents

1. Acronyms	5
2. Project Details.....	5
2.1. The Facility	5
2.2. Location	5
2.3. The Project details.....	5
2.4. Oversight Team	6
2.5. Project Background	6
2.5.1. A Short History	6
2.5.2. Situation today	6
2.5.3. Current Services offered at Townhill Hospital	7
2.6. The Site:	8
3. Strategic Background	12
3.1. Strategic Impact or Objective	12
3.2. Project Outcome.....	13
3.3. Project Output.....	13
3.4. Project Actions.....	13
3.5. Project Input	14
3.5.1. Project Team	14
3.6. Statutory Requirements.....	15
3.6.1. Legislation.....	15
4. Clinical Brief.....	18
4.1. Situational Analysis	18
4.2. Scope of the Project	20
4.2.1. Brief overview of the Project Scope	20
4.2.2. Brief conditional assessment.....	21
4.2.3. The Proposed Service Profile.....	24
4.2.4. Division of Care	24
4.2.5. Functional Areas.....	25
4.2.6. Bed distribution	25
4.2.7. Phasing, Decanting and Incubation Strategies	25
5. Technical Brief.....	25
5.1. Detail Scope of Work.....	25
5.1.1. External Circulation to site.....	25
5.1.2. Entrance Design	26

5.1.3.	Security and Access control	26
5.1.4.	Orientation and Rational Planning Principles	27
5.1.5.	Building and Engineering Services	28
5.1.6.	Green Building Initiatives	29
5.1.7.	Accommodation schedule	29
5.1.8.	Unit Configuration Principles	31
5.1.9.	Critical departmental relationships:	31
5.1.10.	Space requirements	32
5.1.11.	KZN-DOH Area requirement and related costing guidance	32
5.1.12.	Standard specifications for the use of materials in the building	32
5.1.13.	Branding/aesthetic design preferences and requirement	32
5.2.	Comparative Examples	32
6.	Project / Programme Management and Cost control	33
6.1.	Project Management	33
6.1.1.	IDMS guidelines	33
6.1.2.	Project Management Plan / Resource Management	33
6.1.3.	Project Risk Plan	34
6.1.4.	Occupational Health and Safety Baseline plan	35
6.2.	Communication Plan	35
6.3.	Project Milestones	36
6.4.	Project Cost Breakdown	37
6.4.1.	Construction estimated cost	37
6.4.2.	Health Technology estimated cost	37
6.4.3.	Commissioning estimated cost	37
6.4.4.	Operations estimated cost or additional cost	37
6.4.5.	Current financial year cashflow	38
6.4.6.	Project duration cashflow	38
7.	Procurement	39
7.1.	FIDPM Procurement gates	39
7.2.	Procurement Strategy	41
7.2.1.	Formulation Process	41
7.2.2.	Primary and Secondary Objectives	42
7.2.3.	Delivery Management Strategy	42
7.2.4.	Updating and Revising the Delivery Management Strategy	43
8.	Expanded Public Works Programme and Community Participation Goal	44
9.	Health Technology Services	45
10.	Commissioning	49

11.	Organisational Development.....	53
11.1.	History.....	53
11.2.	Programme.....	53
11.3.	Current situation	53
11.4.	Facts	53
11.5.	Additional Staffing Requirements	53
11.6.	Change Management.....	53
12.	External Appointments	54
12.1.	Appointment of External Service Providers.....	54
12.2.	Appointment of Contractors or Suppliers	54
12.3.	Implementing Agent.....	54
12.4.	Roles and Responsibilities of the Department of Health.....	55
13.	Contact Numbers.....	56
14.	Signatures	57

1. Acronyms

- AMAFA : Amafa Heritage AkwaZulu Natali
- KZN : KwaZulu-Natal
- KZN-DOH : KwaZulu-Natal Department of Health
- IPC : Infection Prevention Control
- CIDB : Construction Industry Development Board
- MHCU : Mental Health Care User

2. Project Details

2.1. The Facility

- Facility Name: Townhill Hospital
- Facility Number: F002329
- Facility Type: Hospital – Psychiatric
- Facility Owner; Government provincial
 - Portion: REM of 301; ERF 631; REM OF ERF 502
 - Deeds Description: SV 42 FOL 88; SV 73 FOL 61; SV 337 FOL69
 - Title Deed Number:T53/1878; T944/1910; T944/1910

2.2. Location

- Province: KwaZulu- Natal (KZ)
- District Municipality: Umgungunglovu (DC22)
- Local Municipality: Msunduzi (KZN 225)
- Ward: 25
- Cadastral description:
 - Latitude: 30 22' 00" E
 - Longitude:29 35' 07"S
- Street address (or directions): 35 Hyslop Road, Pietermaritzburg
- Postal address: PO Box 400, Pietermaritzburg, 3200
- Telephone number: (033) 341 5500

2.3. The Project details

- Project Name: Townhill Hospital Replacement of Sport and Recreation Facilities
- KZN-DOH Project Number: TOWN018
- Project Code:31010180
- Project Details / Scope: Replacement of swimming pool, 2 x combi court, soccer field, clubhouse, prayer room, recreational area, parking and fencing
- Project Type: Infrastructure Development – Projects
- Budget Programme Number: Programme 8
- Budget Programme Name: Health Facilities Management
- Sub-programme: Psychiatric Hospitals
- Infrastructure Programme Name: N/A
- Nature of Investment: Upgrading and Additions
- Nature of Investment Sub- status: Upgrading

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: Mr B G Gcaba (Chief Director Infrastructure Development)
- Project Control Group:
 - Infrastructure Development
- Project Approver: Mr B G Gcaba
- Project Verifier: Ms M De Goede (Director: Infrastructure Planning)
- National Health: N/A

2.5. Project Background

- Facility Management: Townhill Hospital

2.5.1. A Short History

Townhill Hospital is Southern Africa's first purpose built Psychiatric Hospital, built in 1880. However, a temporary facility had been constructed as early as 1868. Dr James Hyslop, MB, CM was appointed as the first resident surgeon in 1882 and was a respected mental specialist in South Africa. He was a believer in the benefits of "moral therapy" and all patients were involved in gardening and fieldwork. This was an alternative to the view of "asylums" of the time to a facility that was surrounded by grounds and trees the grounds and sportsgrounds were developed which were the finest of any Mental Health Care facility in South Africa. By 1935 this treatment philosophy was realised "le traitement moral" (moral treatment) that redirection of the patient's thoughts and emotions could facilitate recovery. By the early twentieth century, patients socialised with picnics, bowls, cricket and croquette.

This vision began to be eroded by the construction of the "new" Grey's Hospital and encroaching urbanised growth. The only remaining recreation areas were internalised; the cricket field, soccer field and surrounding putt putt course, pool, clubhouse and chapel.

The pastoral sports precinct feel of the Hospital has been fragmented by the construction of the Townhill Office Park on the cricket oval. This removed some of the open space from the institution and made the existing awkward to use due to their proximity to the Office Park.

2.5.2. Situation today

Town Hill hospital is a Level 3 psychiatric specialised Hospital in uMgungundlovu (Pietermaritzburg) The institution is licenced for 425 beds but 280 beds are usable.

The following is the bed allocation of the Hospital

TABLE 1: BED ALLOCATION

WARD NAME	WARD TYPE	Bed allocation	
		Male beds No.	Female beds No.
UITSIG A	Psychogeriatric		
UITSIG B	Predischarge	18	0
UITSIG C	Psychogeriatric	0	16
UITSIG E/F	Predischarge	0	18
UITSIG G/H	Predischarge	24	0
WARD O	Neuropsychiatry	10	10
HILLSIDE B	Acute	22	0
HILLSIDE C	Acute	22	0
HILLSIDE D	Psychosocial rehab	24	0
HILLSIDE E	Psychosocial rehab	24	0
PEACEHAVEN	Midterm	CLOSED	
IMPALA G	Acute	0	19
IMPALA H	Psychosocial	0	21
SINOTANDO	CAU	4	4
NORTHPARK	psychotherapy	8	12
TOTAL		180	100

Table 1: Source Townhill Hospital Management

Only cases which cannot be managed at district hospital level should be referred to Townhill Hospital. The following services are offered:

1. A booked outpatient service for assessment by psychiatrists and/or psychologists of referred Mental Health Care Users.
2. High care inpatient wards for clients with serious psychiatric disorders such as schizophrenia and other psychotic states, major depression and bipolar disorder.
3. Psychotherapeutic wards for the voluntary admission of referred MHCUs needing intensive psychotherapy.
4. Psycho-rehabilitation wards with stays of up to 6 months for MHCUs with recurrent relapses on outpatient treatment. (Females only at present).
5. The transfer of Mental Health Care users under the age of 18 should be discussed with the consultant on call.
6. A psycho-geriatric service where elderly clients either in residential care or from families that can take them back may be admitted for 6 to 8 weeks for assessment and stabilization of psychiatric problems.
7. Neuro-psychiatric services.

2.5.3. Current Services offered at Townhill Hospital

Clinical Services

- Child and Adolescent Psychiatric Services
- Psychiatry
- Psychology
- Pharmacy
- Occupational Therapy
- Social Work

Tertiary Services

- First episode psychosis
- Dual diagnosis
- Psycho geriatric
- Neuropsychiatry
- Child and Adolescent unit
- Community liaison and outreach
- HIV and psychiatry
- Northpark psychotherapy unit
- ECT

2.6. The Site:

2.6.1.1. Strategic location of site:



Photo 1: Site location on Aerial View Source: Google Earth

The Town Hill Hospital site is located centrally within Pietermaritzburg, so as to be accessible, but is not within the CBD. The site also near the N3 highway, which is accessible to those accessing the Facility from out of town. Therefore the office is primly located. However, this activity has compromised the Hospital internal activities.

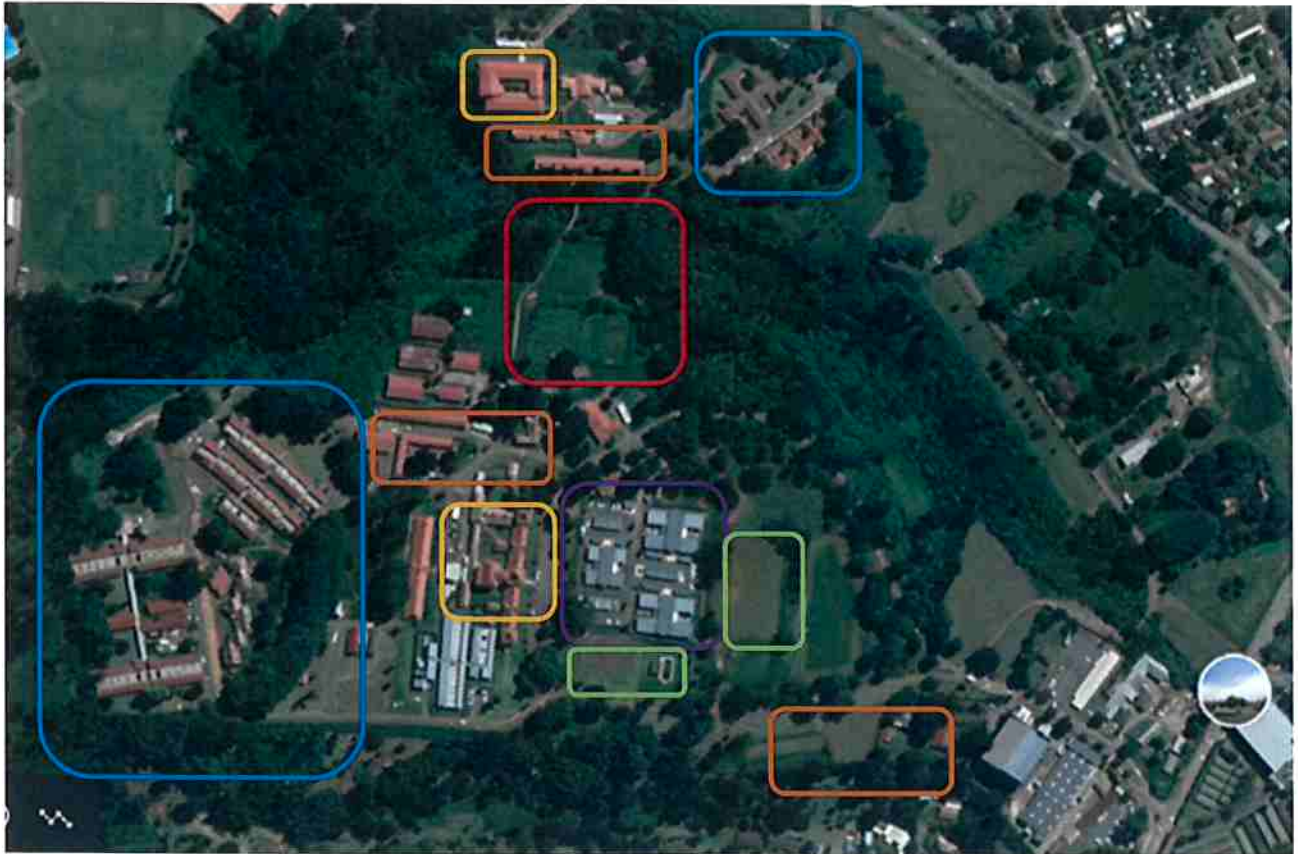


Photo 2: Townhill Office Park within Townhill Hospital Source; Google Earth

- PROPOSED NEW RECREATION AND SPORT
- MENTAL HEALTH CARE USER WARDS
- ADMINISTRATION
- STAFF HOUSING
- OFFICE PARK
- EXISTING SPORTSFIELDS

The site chosen for the new Hospital Recreation area, by the Hospital, is completely separated from the Office Park and is relatively enclosed by trees and can be reached from the wards on foot. The land is relatively flat and the trees create a recreation environment. The site is primarily on 2 levels. The upper level used to be bowling greens, but is since overgrown and therefore is already levelled flat as Sport field.



Photo 3: Path through site to Staff accommodation



Photo 4: Ex bowling grounds upper level



Photo 5: Lower level of site from bridge
SOURCE: BRIEF AUTHOR



Photo 6: Lower level of site from bowling greens

- **Restrictions:**

- **Planning As per zoning**

- Planning – All Other Uses (apart from residential) Max Bulk Factor or units per hectare 1, Max Coverage Factor 1/2, max height
 - no part of a Building or structure shall project above or beyond a line drawn towards the Land containing the Building or structure at an angle of 60o to the horizontal from any point on that street boundary which is opposite the street boundary of the Land concerned, such line being aligned so as to be at right angles to the street boundary of the Land concerned;
 - if a Building or structure occupies a Site at the corner of two intersecting streets of unequal widths, that part of the Building extending for a distance of 15m back from the corner into the narrower street is regarded, for the purposes of this Clause, as fronting on a street equal in width to the wider street;
 - for the purposes of this Clause any street having a surveyed width of less than 4,5m shall be regarded as having a width of 4,5m.
 - General – As per the Msunduzi Municipality Town Planning Scheme – Expressly Permissible Development or Uses of Land or of Buildings
 - Dwelling
 - Institution
 - Place of Instruction
 - Place of Worship
 - Development or Uses of Land or Uses of Building permitted by Special Consent
 - Boarding House
 - Dwelling

Outbuilding
Residential Building
Special Building

- **General**
None

- **Land use definition**

Institutional

- **Heritage components**

The Townhill site is a National Monument. For this reason the entire Town Hill Site is considered as a sensitive heritage site. All planning and decisions must be viewed in the context of the overall heritage conservation of the facility and AMAFA to be contacted for any land use decisions. These will be new buildings so AMAFA will not be required to be consulted in order to provide a permit to construct the new structures

- **Survey of the site**

A very basic survey of the site is available for general planning, however a formal survey will be required in order to prepare documentation to be included in the project scope.

- **Geo-technical information**

Study will be required to be included in the project scope.

- **Traffic impact study**

Not required

- **External circulation**

- **Access to the site:** The site is accessible on foot as well provision for parking to be included in the scope
- **Access to Public transport:** Townhill Hospital is accessible to public transport by minibus taxi, however the users of the recreation facilities will be resident on the Townhill Hospital grounds.
- **Pedestrian routes:** The recreation facilities would only be accessed by people within the Hospital. There is no need for persons outside the Hospital to access the facilities.
- **Roads:** Townhill Hospital is serviced by ring road systems, with small side lanes.
- **Walkways:** there are no formal pathways, but it is comfortable to walk along the roads within the grounds
- **Parking:** there is enough land, on grade to create a parking area adjacent the sports precinct.

- **Climatic conditions**

- General Climate: Warm and temperate
- Temperature: February minimum temperature: 16.9 degrees Celsius maximum temperature: 27.6 degrees Celsius; June minimum temperature: 4.2 degrees Celsius maximum temperature: 21.6 degrees Celsius
- Rain fall: June – 12mm, January – 140mm
- Wind direction: Prevalent wind direction is East North East

Source: Climate-Data.Org

The high temperatures in summer will require that seating areas are shaded, with shaded veranda areas for onlookers to gather and socialise. These are also to provide protection from rain.

- **Aviation**

N/A

- **Seismic activity**

N/A

- **Radio towers**

N/A

- **Site orientation**

The site is oriented on the North South Axis

- **Security and access control**

The sports precinct is to be fenced and locked to control unauthorised access. The pool in particular is to be controlled as it is not always under observation and there are children resident on the grounds in the staff housing. The stored audio visual and public announcement equipment to be protected with alarm system with electronic key pad.

- **Flood plain risks**

None – as the water course is far below the finished ground level.

- **Existing infrastructure**

There are telephone lines across the site that will have to be moved

There are also a few structures that would have to be demolished

- **Bulk services (Services required is discussed in detail later in the document):**

- Sewerage: Connect to Townhill Hospital supply
- Water: Connect to Townhill Hospital supply
- Electricity: Connect to Townhill Hospital supply
- Storm water: Connect to Townhill Hospital system. There is enough area for stormwater attenuation.

3. Strategic Background

3.1. Strategic Impact or Objective

According to the ***Mental Health Care Act of 2002*** each Mental Health Care User is entitled to:

8. Respect, human dignity and privacy

(2) Every mental health care user must be provided with care, treatment and rehabilitation services that improve the mental capacity of the user to develop to full potential and to facilitate his or her integration into community life

Townhill Hospital has engrained in its history the use of recreation and outdoor activity as a therapeutic tool. The Townhill Office Park has interrupted this existing services to patients.

3.2. Project Outcome

- The weekly and Sports days events for Mental Health Care Users which were stopped in 2015 can be reinstated to the Townhill Hospital calendar.
- Recreational events improve the quality of life of the Mental Health Care Users and makes their stay at the Hospital as pleasant as possible.
- Recreation activities facilitate appropriate social activities as part of the rehabilitation programme and therapeutic care.
- There are ethical issues with the sports field in view of the office park. the Mental health care users should not be visible to any members of the public should they wish their stay at Townhill Office Park to remain confidential. Therefore the site should provide privacy without being observed.
- The Mental Health Care Users should be encouraged to have fun and noise and announcements from the PA system should not be adjacent to the Office Park. The project outcome is that this activity will be kept away from the Office Park.
- The wards have access to swimming equipment, soccer balls, netballs, basketballs, tennis equipment from the Occupational Therapy Department. The facility will give the wards the opportunity to engage in any sporting and recreational activity for therapeutic activity.
- The current clubhouse serves as a training venue and multtpurpose space. These activities will be conducted within the privacy of the Hospital.

Source: letter to AMAFA by Chief Occupational Therapist, Townhill Hospital, Ginette Potgieter

3.3. Project Output

- Improved therapy and activities for the patients at Townhill Hospital that is private and designed for safety
- A recreation area for the staff of Townhill Hospital to provide recreation areas to improve morale and to discourage industrial action
- Support employee Health and wellness Support group for staff struggling with high BMI's and low physical fitness levels
- Hospital training and gathering within the privacy of the Hospital grounds, not observed by and intermingling with the Office Park workers, visitors and vehicles.
- The creation of physical separation between the Hospital and the Office Park so that the 2 entities can operate autonomously with clear areas of responsibility and functionality. This will be further re-enforced by the extended fencing of the Office Park to include and absorb the current sportsfields, which will executed in another concurrent Contract.

3.4. Project Actions

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

- *Stakeholder engagement with the Hospital and clinicians at initiation stage and construction stage*
- *Stakeholder engagement with facility, the district and provincial and national programmes*
- *Investigations in land use, zoning restrictions*
- *Land Survey*

- *Project Planning*
- *Designs, specifications, etc*
- *Documentation*
- *Tender process*
- *Construction*
- *Commissioning*

3.5. Project Input

The resources that are 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

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	Level 11: Architect
Civil/Structural Engineer	Level 12: Chief Engineer
Quantity Surveyor	Level 11: Quantity Surveyor
Electrical Engineer	Level 11: Electrical Engineer
Mechanical Engineer	Level 11: Mechanical Engineer

3.5.1.2. KZN Department of Health – General

Team Member	Skill level required
Security Services	Must have knowledge of national, provincial and departmental policies re security, level of security required
Townhill Hospital Management	Must have knowledge of the specifications of maintenance Contracts in order to appoint service providers to maintain the new sports complex.

3.5.1.3. Implementing Agent - Infrastructure Development

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	University degree, Professional registration and 6 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional registration and 6 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 and 3 years post registration experience in the health field
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience in the health field

3.5.1.4. External Resources required

Team Member	Skill level required
Project Leader	Professional registration and 6 years post registration experience in the health field
Architect	University degree, Professional registration and 6 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional registration and 6 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 and 3 years post registration experience
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience
Land Surveyor	University degree, Professional registration and 3 years post registration experience
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
General building contractor	CIBD 8GB

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:

- Combicourt installation by specialist
- Swimming pool installation by specialist
- Fencing Installation by Specialist

3.6. Statutory Requirements

3.6.1. Legislation

The infrastructure programme of the Department is largely governed by the following primary legislation (including any subsequent amendments):

- National Health Act, Act No. 61,2003
- Public Finance Management Act, Act 1 of 1999
- Government Immovable Assets Management Act, Act 19 of 2007
- Division of Revenue Act, Act 10 of 2015
- Construction Industry Development Board Act, Act 5 of 2000:
- Spatial Planning and Land Use Management Act, Act 16 of 2013 and Regulations
- Medicines and Related Substances Act, 101 of 1965
- Hazardous Substances Act, 15 of 1973
- Occupational Diseases in Mines and Works Act, 78 of 1973
- Pharmacy Amendment Act, No. 1 of 2000 (as amended)

- Health Professions Act, Act 56 of 1974 (as amended)
 - National Policy for Health Act, Act 116 of 1990
 - Choice on Termination of Pregnancy Act, Act 92 of 1996 (as amended)
 - Sterilisation Act, Act 44 of 1998
 - Tobacco Products Control Amendment Act, Act 12 of 1999 (as amended)
 - National Health Laboratories Services Act, Act 37 of 2000
 - Mental Health Care Act, Act 17 of 2002
 - Nursing Act, Act No. 33 OF 2005
 - Child Care Act, Act No. 74 of 1983
 - Occupational Health and Safety Amendment Act, Act No 181 of 1993
 - National Archives and Records Service of South Africa Act, Act No 43 of 1996 (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
 - Broad-Based Black Economic Act No. 53 of 2003
 - Council for the Build Environment Act, Act No 43 of 2000
 - Architectural Profession Act, Act No 44 of 2000
 - Engineering Profession Of South Africa Act, Act 46 of 2000
 - Quantity Surveying Profession Of South Africa Act, Act 49 of 2000
 - Project and Construction Management Professions Of South Africa Act, Act 48 of 2000
 - Kwazulu-Natal Planning and Development Act, No. 6 of 2008
- **Policies:**
 - Regulations Regarding Communicable Diseases 2008
 - Emergency Medical Services Regulations 2015
 - Construction Regulation 2014
 - Infrastructure Unit Support Systems (IUSS) Health Facility Guides
 - National Core Standards for Health Establishments in South Africa National Department of Health 2011
 - Ideal Facilities
- **Norms and Standards: Minimum applicable Norms and Standards**
 - SANS10400 Buildings Regulations
 - Infrastructure Unit Support Systems (IUSS) Health Facility Guides
 - South African Sports and Recreation Norms and Standards
- **Other requirements:**
 - None
- **Statutory Permissions Required**
 - Land: N/A
 - Acquisition: N/A
 - Leases:-N/A
 - Consolidations/Subdivisions: The Townhill Erfs are being consolidated by the Department of Public Works as part of a greater initiative
 - Applications
 - Planning and Development Act: N/A

- Environmental Impact Assessment: N/A
- AMAFA approval: N/A
- Municipal Approval: Plans to be submitted to the Msunduzi Municipality
- Access to Provincial /National Roads: N/A
- Other: N/A

4. Clinical Brief

4.1. Situational Analysis

4.1.1.1. Overview of Townhill Hospital Staff and Mental Health Care Users

At present the Hospital recreation facilities are directly adjacent the Office Park. Only the soccer field is used regularly and the pool, putt-putt and combi-court are not used for therapeutic use. The construction of the Office Park has interrupted activities significantly. The Townhill Hospital occupational therapy has been reporting on the annual sports days and therapeutic events until 2015 which is when construction on the Office Park commenced.

The events and activities held included the following

- Putt putt for the elderly and more frail MHCUs for a relaxing passive activity
- Pajama race, potato and spoon race, polystyrene board race and sack race – activities with a fun element.
- Apart from being a clubhouse for staff relaxation and socialisation, the clubhouse building also functions as a training venue for the training of staff of psychiatric programmes.

The safety and, privacy and confidentiality of the user cannot be compromised as per the Mental Health Care act No. 17 of 2002.

The current situation with the recreation areas adjacent to the Office Park has generated the following implications:

- Recreation activities must be encouraged to remain noisy and music and announcements to be provided
- Office buildings may distraction to the Mental health Care Users
- The behaviour of Mental health Care users is unpredictable which raises the concern that aggressive and violent users may gain access to the offices buildings and assault people
- If Mental health care users are in contact with the general public they may ask unsuspecting office workers for a lift out of the Hospital.
- There may be the opportunity for the Mental health Care users to interact with outsiders who might provide Mental Health care users with contraband substances.

4.1.1.2. Demographic Profile

The demographic profile of the Mental Health Care Users at Townhill Hospital are as following:

DEMOGRAPHICS	TOWNHILL HOSPITAL DEMOGRAPHIC PROFILE							REASON FOR ADMISSION	CO-MORBIDITY IF ANY
	SOCIO ECONOMIC				HIGHEST LEVEL OF EDUCATION - NO MATRIC	HIGHEST LEVEL OF EDUCATION - MATRIC	HIGHEST LEVEL OF EDUCATION - TERTIARY QUALIFICATION		
AGE	EMPLOYED	UNEMPLOYED	INSURED	UNINSURED					
MALE									
0 - 14	None	N/A	NO	4	NO MATRIC	PRIMARY EDUCATION	NA	Behavioral disorders, neuropsychosis and GMC	GMC, HIV/AIDS
15 - 18	None	N/A	NO	1	NO MATRIC	PRIMARY EDUCATION	N/A	Behavioral disorders, neuropsychosis and GMC	GMC, HIV/AIDS
19 - 40	None	N/A	NO	106	Not known	Not known	Not known	Schizophrenia, Bipolar, Psychosis, substance abuse etc.	GMC, HIV/AIDS
41 - 60	None	N/A	NO	10	Not known	Not known	Not known	Schizophrenia, Bipolar, Psychosis, substance abuse etc.	GMC, HIV/AIDS
60 +	None	N/A	NO	1	Not known	Not known	Not known		GMC, HIV/AIDS
FEMALE									
0 - 14	None	N/A	NO	4	NO MATRIC	PRIMARY EDUCATION	N/A	Behavioral disorders, neuropsych and GMC	GMC, HIV/AIDS
15 - 18	None	N/A	NO	1	NO MATRIC	PRIMARY EDUCATION	N/A	Behavioral disorders, neuropsych and GMC	GMC, HIV/AIDS
19 - 40	24	24	NO	24	3	MATRIC x 21	Not known	Schizophrenia, Bipolar, Psychosis etc.	GMC, HIV/AIDS, neuropsychosis
41 - 60	30	45	NO	10	5	MATRIC x 71	Not known	Schizophrenia, Bipolar, Psychosis etc.	GMC, HIV, neuropsychosis
60 +	9	9	NO	9	Not known	Not known	Not known	Various Psychogeriatrics	GMC (General medical conditions)

TABLE 1: DEMOGRAPHIC PROFILE TOWNHILL HOSPITAL: SOURCE TOWNHILL HOSPITAL

The ratio of male to female is roughly ¼ female to male 3/4. It is noted that the 86% of the males are between the ages of 19 and 40 years old. The majority of patients are therefore mostly uninsured, unemployed young males who could benefit from physical exercise and occupational therapy.

4.1.1.3. Socio-economic Profile

None of the patients currently at Townhill Hospital are insured and none of the males are employed. Approximately half of the females are employed. None of the males have a matric education while most of the females have a matric.

Therefore the socio economic status of the males appear to be more vulnerable in terms of education and employment.

4.1.1.4. Epidemiology

Currently the reasons for admissions to the Hospital is as follows:

- Up to the age of 18 the reasons for admissions are behavioural disorders and neuropsychosis.
- 19 to 60 years old Mental Health Care Users are admitted for schizophrenia, bipolar and psychosis.
- After the age of 60 admissions are for various psychogeriatric.

Townhill Hospital responds with the following programmes and treatment:

Townhill Hospital provides comprehensive care package for a multitude of conditions, including Major Depressive Disorder, Bipolar Mood Disorder, Anxiety Disorders, Personality Disorders, and Women's Health Disorders (eg. PTSD due to trauma/abuse, Depression, Anxiety)

The 6 Week Psychotherapy Programme consists of

1. Individual therapy, i.e. one-to-one sessions with the therapist twice weekly, depending on the needs of the patient
 2. Group therapy, ie. bi-daily sessions which include 1 psychotherapy and 1 lifeskills group; as well as weekly occupational therapy groups
 3. Daily reviews and psychoeducation sessions by the medical team and the allocated nursing staff members.
 4. Individual Occupational Therapy and Social Worker assessments and interventions
- The North Park Psychotherapy Programme offers a patient:

- Life skills training.
- Anger management.
- Problem solving skills.
- Healthy living skills.
- Medication adjustment and revision.
- Coping skills to return to work.
- Discharge planning for re-integration back into the community.
- Complimentary therapies (Sleep Hygiene, Exercise and relaxation).
- Insight orientation (illness and medication).

Referrals from clinics and hospitals are accepted, as well as, all members of the medical community ie. GPs, Psychiatrists, Psychologists, Social Workers, Occupational Therapists and Nurses

In addition to the reasons for admissions, the following co morbidities are reported: General Medical Conditions (GMC) and HIV/AIDS.

Physical activity, such as sports and exercise, has many positive influences on overall mental health. Some of the mental health benefits of regular exercise include, but are not limited to, the production of opioids such as endorphins as well as release of serotonin which has a similar effect as antidepressants. Other benefits include boosting ones mood, alleviating anxiety, self-esteem and cognitive stimulation. As many sports often take place in a group setting, this group environment also provides many benefits for mental health care users through practicing of appropriate social skills and behaviours.

4.2. Scope of the Project

4.2.1. Brief overview of the Project Scope

Outdoor areas and fields

- Soccer field (can also be used as general sports field for track events or lawn games; i.e. lawn bowls/croquet) x 1
- Multipurpose sports court (soccer, netball, basketball, volleyball and tennis) x 2
- Putt-putt course (9-hole)
- Swimming pool (25m length with shallow and deep end; deep end not to exceed 2m depth; to include steps/adaptations for the disabled/elderly for easy access)
- Volleyball court with soft surface such as grass

- Grandstand areas for seating for supporters in close proximity to soccer field and multipurpose courts
- Water points/water fountains in close proximity to all sporting areas
- Undercover shelter area with concrete floor and a minimum of 8 picnic tables with benches underneath to seat at least 6 persons
- Braai area in close proximity to clubhouse
- Sufficient concrete bins in close access to all sporting areas and clubhouse

Clubhouse (Multipurpose Hall)

- Bathrooms to include a minimum of 3 toilets each for males and females (with 1 catering for disabilities); i.e. 6 toilets in total. Bathrooms to also have at least 2 basins each.
- Kitchenette to include a double basin/wash area with counter space for food preparation for large numbers of people and sufficient plug points.
- To have at least one large size multipurpose area for meetings/serving of food with sufficient plug points (this is to be in close access to entrance of clubhouse and to have a large glass/roll up window for serving of food to people standing outside.
- Building to also serve as a training venue for Townhill Hospital staff to upgrade skills for psychiatric programmes
- Alarm and electronic key pad to audiovisual and Public announcement areas

Patient changerooms

- Changerooms for the sports fields for male and female patients with viewing benches

Prayer Room/Chapel

- Replacement Chapel

External Works

- Parking for minimum 19 standard vehicles and 1x Disabled bay
- Fencing around the precinct and dedicated fencing around the Combicourt and swimming pool. Access control is required to be prevent unauthorised access, particularly by children or absconding patients. The recreation area is to a supervised at all times. To match Office Park fencing so as to be transparent and to integrate into the vegetation. Clearvue type fencing required to at least 2,4m height
- Temporary fencing during construction
- Public Announcement (PA) and audio system.
- Perimeter lighting

4.2.2. Brief conditional assessment

EXISTING COMBICOURT

The surfacing of the existing combicourt is worn, cracked and uneven with the fencing rusted and collapsing on one side. The conditions are a risk as staff have injured themselves by falling on the uneven surface. The edges are overgrown with vegetation and in general the court is not maintained thereby actually rendering the Combicourt not suitable for use. This area is to be converted into parking under another Contract and a new Court constructed on the new site under this project.



Photo 5: Existing Combicourt
SOURCE: BRIEF AUTHOR

POOL

The pool was rendered not unusable due to a cut waterline during the construction of the Townhill Office Park. The pool requires cleaning and is awkwardly positioned with full view from the Office Park and therefore no longer supports therapeutic use. This pool will be absorbed into the Office Park under another Contract and a new pool will be constructed on the site under this project.



Photo 6: Existing Pool

SOURCE: BRIEF AUTHOR

CLUBHOUSE, CHAPEL AND ABLUTIONS

The existing clubhouse is in excellent condition, however it is extremely awkwardly positioned relative to the new Office Park in such a manner that it does not afford any privacy or entertainment area. Furthermore it no longer has any relationship to any recreation activity. These buildings to be converted into parking under another Contract and a clubhouse and multiuse spaces to be constructed on the new site under this project.



Photo 7: Existing Clubhouse



Photo 8: Ablutions



Photo 9: Existing Chapel



Photo 10: Existing Clubhouse from ring road

SOURCE: BRIEF AUTHOR

PUTT PUTT COURSE

The existing Putt Putt course requires some cleaning and painting. It is not a used resource and is awkwardly positioned with full view from the Office Park and therefore no longer supports therapeutic use.



Photo 11: Putt Putt course

SOURCE: BRIEF AUTHOR

SOCCER FIELD

The existing soccer field is well used. However, its use is threatened due to the planned new IT store which will encroach on the parking area for this field. The field also does not have any lines and marking for play of any associated change or rest facilities. New field to be constructed on the new site.



Photo 12: Soccer field

SOURCE: BRIEF AUTHOR

4.2.3. The Proposed Service Profile

The list of clinical services currently offered by Townhill Hospital has been described elsewhere and will not be amended with this project.

4.2.4. Division of Care

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

Table 1: Division of Care

Type of Service	Service Area	Security grading	
SPORTS AND RECREATION FACILITIES	Clubhouse	Multipurpose	High security
	Chapel	Multipurpose	Medium security
	Sports Management Building	Administration	Medium security
	Pool	Therapy	High security
	Combicourts	Therapy	High security
	Soccer field	Therapy	Medium security
	Putt Putt	Therapy	Medium Security
	Volley ball	Therapy	Medium Security

4.2.5. Functional Areas

Table 2: Functional Areas

N/A

Table 3: Clinical Areas Subdivisions

N/A

4.2.6. Bed distribution

N/A

4.2.7. Phasing, Decanting and Incubation Strategies

- Phasing

N/A

- Decanting

N/A

- **Contingencies**

N/A

- **Redundancies**

The construction of the new recreation facilities will duplicate these services on another part of the Townhill Hospital grounds. The duplicated facilities will be absorbed into the Office Park for the use by Townhill Office staff.

5. Technical Brief

5.1. Detail Scope of Work

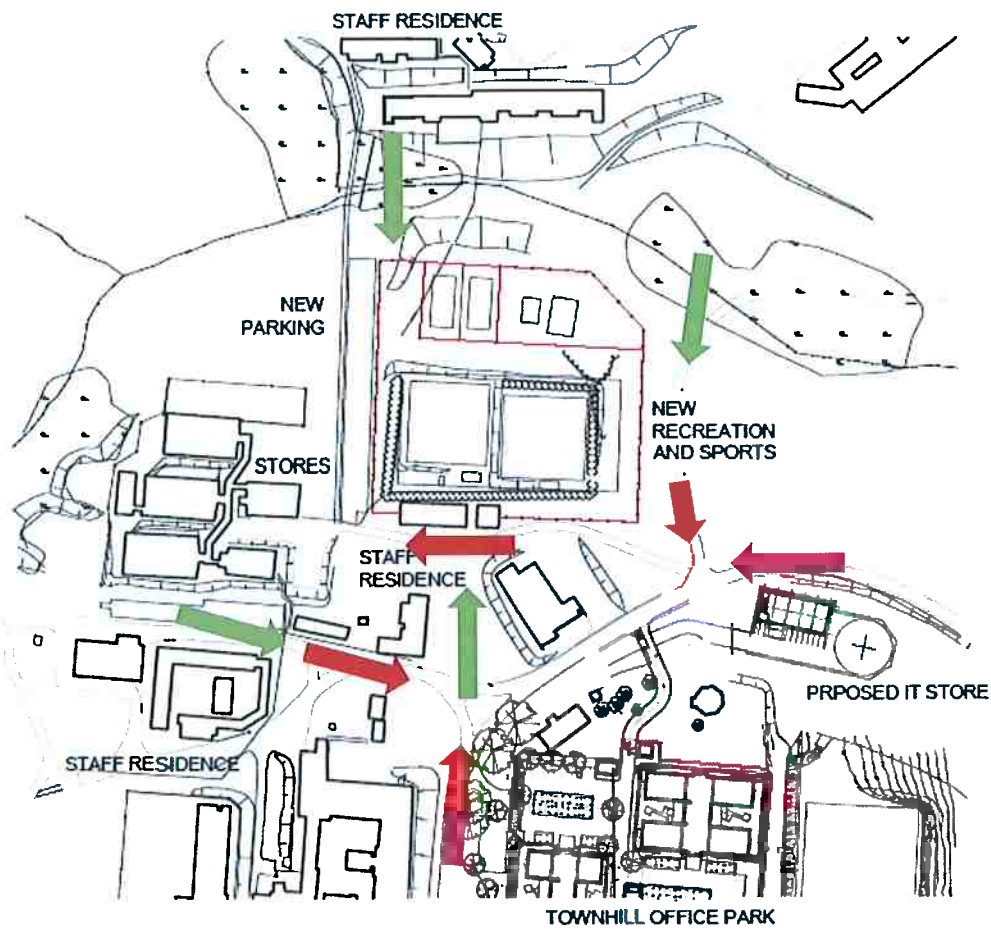
5.1.1. External Circulation to site

Entrances

The site is accessible from within the Townhill Hospital grounds as it for patients and staff that for the most part will be resident within the Facility. It is situated adjacent the staff housing and staff residences.

Vehicular and Pedestrian Access and Parking

There will be no defined route to the recreation area and it is accessible from every point in the Hospital on foot. Vehicular access is possible with a driveway which is currently for the staff housing. This route is to be tarred and formalised. Parking area to be provided.



PEDESTRIAN ROUTE (ALL) 

VEHICULAR ROUTE (ALL) 

Figure 1: Circulation and movement of public, staff, patients, and visitors

5.1.2. Entrance Design

The entrance design will be through pedestrian gates in the fencing around the whole complex. These entrances to be padlocked when not use. The pool to be separately fenced gated with padlock as there are resident children in the staff housing and every precaution to be taken for the pool not to be assessable. There is to be only 1 entry point to the complex for control.

5.1.3. Security and Access control

Gates to complex fence to be access controlled with padlocks. Keys to be strictly managed by staff and security only. This area to be guarded by Hospital security in order to prevent loitering around this area as well as to be vigilant for patient abscondment and unsupervised children. Audiovisual and PA equipment to be stored adequate locking specification.

5.1.4. Orientation and Rational Planning Principles

Architectural Character

The new clubhouse to be the same facebrick and architectural character of the existing Townhill hospital buildings

Respond to the climate and the ventilation requirements

The clubhouse to have the maximum fenestration in order to observe games and have an indoor/outdoor relationship. Fenestration and orientation to be designed so as to maximise temperature control and facilitate covered outdoor use with a verandah.

Appropriate space norms and room design

- All sports facilities to conform to Department of Sports and Recreation norms and standards
- Clubhouse to accommodate the norms and standards of Townhill hospital and is to accommodate norms for staff recreation and events and training.
- Chapel to accommodate the norms and standards of Townhill hospital and is to replace the existing dimensions
- Universal design and disabled accessibility to be applied throughout

The design of a building that is appropriate for the functions intended to be carried out within the spaces designed

The new clubhouse will be the heart of the new recreational precinct and should therefore function as a multifunctional space, that allows for privacy. The current structure is too close to the office park and positions at an angle which is not an efficient use of the area and neither benefits the hospital or the office park.

An ergonomically safe and risk-free work and healing environment

By moving the sports facilities and clubhouse away from the Office park providing optimum care to the Townhill hospital. The new pool, courts and fields will be designed with safety as design criteria.

Compliance with quality assurance principles

All norms and standards for Sports and Recreation as well as Patient safety to be adhered to.

Design that balance requirements for clinical need and capital, and recurrent budget considerations

The primary consideration is to provide optimum Health Care to the hospital. By organising the parking and the adjacent facilities, interference with the Hospital activities is minimised.

Designing close relationships with nature

The recreation facilities to be designed with the natural environment as the primary design driver.

Design with enviro-friendly efficiency as primary goal

All design will be enviro-friendly so that there are minimal earthworks and removal of trees. The parklike environment to be maintained.

Design that is flexible and adaptable to future change

There enough site area to expand the sports facilities, if required.

Ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met

All building finishes to match those of the existing hospital. All outdoor structures and furniture to be specified so as to be exposed to the elements. Finishes to take into account that some mental health Users are frail and elderly so as to be less harsh if there are falls and to be non slip and comfortable to traverse. Universal design to be considered for the less able bodied. The reduction of self harm also to be considered in the design.

Use of latest technology and innovations to aid in healing

All fencing and protection to be clearvue type fencing so as to have a clear separation between the Mental Health Care users and the office uses and to allow for clear visibility of the fenced Sports area.

Courts and fields to be marked with lines and play finishes that require low maintenance and that provide safety to the players.

Public announcement and audio equipment to be installed to provide music and announcements for events.

5.1.5. Building and Engineering Services

- Mechanical Services
 - Medical Gas: N/A
 - Bulk O2 : N/A
 - Medical Air : N/A
 - Vacuum : N/A
 - HVAC : to multi purpose clubhouse/training centre
 - Lifts: N/A
- Electrical Services
 - Electricity – to be connected to existing Townhill Hospital supply
 - Backup/Emergency Systems Not required
 - UPS and
 - Emergency Generator
 - High Tension Substations (HT) Not required
 - Low Tension Substations (LT) Not required
 - Lightning Protection – to be included in building design
 - Boiler: Not required
 - P/A audio system
 - Perimeter lighting
- Civil Engineering
 - Water - to be connected to existing Townhill Hospital supply
 - Potable water
 - Fire Water
 - Sewer - to be connected to existing Townhill system
 - Storm water - to be connected to existing Townhill system
 - Grey water – water from pool to be used for landscaping purposes
- Other Bulk Services
 - ICT - network and cabling – Network point to club house and office

- Telecommunications – telephone point to clubhouse office x points
- IT Communication – Network point to club house and office: TV point in clubhouse

5.1.6. Green Building Initiatives

Green initiatives must be considered

Solar – N/A

Grey water – Water from pool to be used for landscaping

Water harvesting – Jojo tank stormwater collection

Energy efficiencies – Stormwater control to be surface managed to facilitate landscaping maintenance

5.1.7. Accommodation schedule

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

Table 2: Proposed accommodation schedule

Req	No	No of persons	Size m ²	Total m ²	Area
OUTDOOR AREAS AND FIELDS					
√	1	25	5400	5400	Soccer field 45 X 120m)
	2	15	261	522	Multipurpose Sports Court (Size of doubles tennis court 23.77 x 10.97)
	1	20	2300	2300	9 hole putt putt course
	1	12	162	162	Volleyball court (18 X 9m) on grass
	1	20	625	625	25m Pool (with adaptations for geriatric and disabled accessibility - with shallow and deep end; deep end not to exceed 2m depth; to include steps/adaptations for the disabled/elderly for easy access)
	3	25	20	60	Grandstands
	1	48	100	100	Picnic area (8 x tables for 6 people)
	1	2	10	25	Braai area
	1	0	10	10	Bin area
				1381	Circulation 15%
TOTAL EXTERNAL AREA				10585	
BUILDINGS AND STRUCTURES					
CLUBHOUSE/TRAINING/MULTIPURPOSE					
	2		80	160	Multipurpose room for 30 people training
	1		160	160	Multipurpose room for 60 people divided into 2 rooms with folding doors to divide the room
	1		20	20	Resource Centre
	1		20	20	Library with 2 x workstations
	1		20	20	Training Storeroom with shelving
	1		20	20	Storeroom for clubhouse
	1		25	25	Kitchen
	1		60	60	Dining/recreation lounge

Req	No	No of persons	Size m ²	Total m ²	Area
	1		10	10	Reception lobby
	3		15	45	Offices
	1		12	12	Male toilet
	1		12	12	Female toilets
	1		4	4	Disabled toilets
				83	Circulation 15%
TOTAL AREA				640	
PATIENT CHANGEROOMS					
	1	12	50	50	Patient Male Changeroom and toilets (disabled accessibility)
	1	12	50	50	Patient Female Changeroom and toilets (disabled accessibility)
				15	Circulation 15%
TOTAL AREA				115	
SPORTS MANAGEMENT BUILDING					
	1	1	6	6	Staff toilet male
	1	1	6	6	Staff toilet female
	1	1	4	4	Disabled toilet
	1	1	20	20	Equipment Store
	1	1	20	20	General Store
	1	2	15	30	Office
				13	Circulation 15%
TOTAL AREA				100	
CHAPEL					
	1	50	130	130	Chapel hall
	1		12	12	Male toilets
	1		12	12	Female toilets
	1		4	4	Disabled toilets
	1		20	20	Store
				27	Circulation 15%
TOTAL AREA				105	
TOTAL EXTERNAL AREA				10585	
TOTAL BUILDING AREA				960	
PARKING				847	19 Standard bays, 1 x disabled bay
TOTAL AREA LAND REQUIRED				11545	2,4HA

5.1.8. Unit Configuration Principles

The following are the spatial layout for the Sports Recreation Precinct.

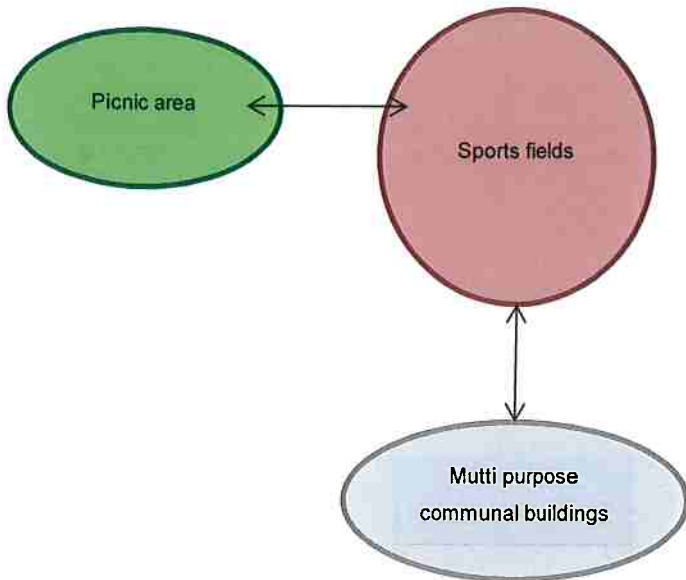


Figure 2: Unit Configuration

5.1.9. Critical departmental relationships:

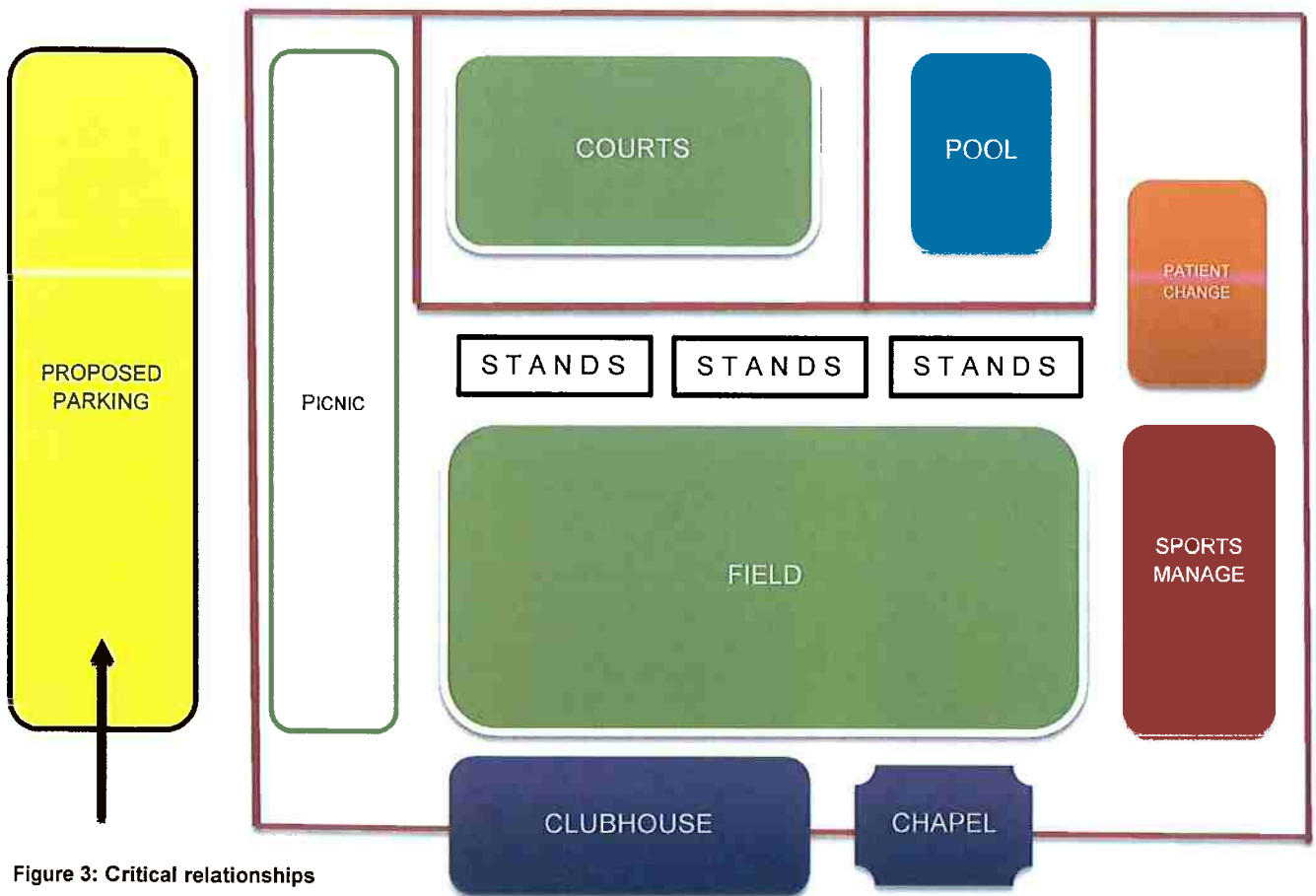


Figure 3: Critical relationships

5.1.10. Space requirements

- The space requirement will be determined by the standard metric sizes for sportsfields and courts.
- The ancillary buildings will be replacement buildings and therefore will replace the areas lost
- Ablutions and changerooms to be determined by the National Building Regulations SANS 10400 Part P

5.1.11. KZN-DOH Area requirement and related costing guidance

N/A

5.1.12. Standard specifications for the use of materials in the building

The use of materials to match the existing hospital as much as possible. Field surfaces to be hardwearing and suitable and safe for non able bodied persons with clear lines and colours.

5.1.13. Branding/aesthetic design preferences and requirement

Facebrick and roof profile styles to match the surrounding hospital

5.2. Comparative Examples

Sterkfontein Psychiatric Hospital

A similar facility was completed in May 2018 at the Sterkfontein Psychiatric Hospital donated by the SAME Foundation for Occupational Therapy and Sports Facilities



Photo 4 : Sterkfontein Psychiatric Hospital Picnic area



Photo 5 : Sterkfontein Psychiatric Hospital clubhouse



Photo 4 : Sterkfontein Psychiatric Hospital Tennis Court
SOURCE: samefoundation.org.za



Photo 5 : Sterkfontein Psychiatric Hospital serving area

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 / PREFEASIBILITY

Stage 1 A

- Deliverable Initiation report OR Prefeasibility study approved

Stage 1 B

- Deliverable Project brief approved

Stage 2 CONCEPT / FEASIBILITY

- Deliverable Concept and viability report, OR Feasibility 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 4: Proposed Project Plan

ITEM	ELEMENTS
Needs Assessment/Analysis:	It is recommended that KZN Health act as Implementing Agent as per decision of the KZN department of Health in January 2021. Furthermore, it is not expected that the Implementing Agent will have the necessary skills to undertake this project in-house and therefore it is envisaged that Professional Service Providers will be appointed.
Brief:	The Implementing Agent is required manage the implementation of the project (as per the current SLA) to successful completion within time, cost and to the required specification and to manage <u>all</u> project associated risks for minimum impact.
Consultancy Brief:	The Consultant team:-

ITEM	ELEMENTS
	<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 x 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 5: Risk Log

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
The Implementing Agent, the KZN Department of Health is delayed in appointing consultants and a contractor	DOH	HIGH	MEDIUM	DOH Project Leader to continuously engage with DOH SCM to ensure that appointments are prioritised.
The Hospital to be without services for the duration of the planning and construction period	DOH	HIGH	HIGH	Hospital and Office staff to be sensitive to the patients during project development. DOH project leader to facilitate.
Securing the site from absconding patients	DOH	HIGH	HIGH	Site to be fenced at all times. Temporary fence to be provided as part of tender documentation to protect the site during construction.
The site is in a concealed position. Access with earth moving and building equipment may be awkward	DOH	MEDIUM	LOW	Site establishment to be discussed and signed off by the Hospital.
Risk to Hospital during construction.	DOH	MEDIUM	LOW	The construction activity will be bring noise, trucks and materials into the Hospital.

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
				Health and safety risks to be discussed with the Hospital and mitigation strategies agreed prior to the commencement of construction.

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 if 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.
- 6.1.4.5. Health & Safety constraints must be included in the project risk log (Table 7)

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 District UMgungundlovu
- Facility
- Consultant team

Communication is expected to take place between:

- KZN-DOH District UMgungundlovu and Community
- KZN-DOH ID and IA
- IA and Consultants
- IA and Facility
- IA and Contractor/s
- Between Consultants

6.3. Project Milestones

Table 6: MILESTONES and TASKS

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	18/12/2019	0%
Stage 1	Stage 1A Stage 1B	PRE-FEASIBILITY/ BRIEF	31/10/2021	3%
		TENDER CONSULTANTS	31/04/2022	
Stage 2	Stage 2	FEASIBILITY	31/07//2022	10%
31	Stage 3 Stage 4	DESIGN	31/07/2023	30%
		TENDER	31/01/2023	40%
Stage 5	Stage 5	CONSTRUCTION	29/02/2024	81%
		Construction 0 - 25%	31/05/2023	51%
		Construction 26 - 50%	31/08/2023	61%
		Construction 51 - 75%	30/11/2023	70%
		Construction 76 - 100%	29/02/2024	81%
		PRACTICAL COMPLETION	29/02/2024	81%
	Stage 6	HANDED OVER	30/04/2024	84%
	Stage 5	WORKS COMPLETION	30/05/2024	91%
Stage 6	Stage 7	FINAL COMPLETION	28/02/2025	96%
		CLOSE OUT	31/07/2025	100%

6.4. Project Cost Breakdown

The project cost is made up of the following elements:

- Infrastructure component
 - Building and related infrastructure bulk services
- 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		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R14,807,009.00	19 December 2019
Pre-tender escalation	R859,059.00	0,4% per month
Post-tender escalation	313,110.00	0,4% per month
Estimated Fees	1,703,461.00	13 % of construction cost
Contingency	1,084,671	10% provision
Estimated Building Cost (incl. VAT)	R14,807,009.00	
Estimated Building Rate per m² (incl. VAT)	R2815,00	

6.4.2. Health Technology estimated cost

R684,910.36 for sports Equipment
R614,000.00 for training equipment

Total estimated cost: R1,298,910.36

6.4.3. Commissioning estimated cost

N/A

6.4.4. Operations estimated cost or additional cost

This information is not available from the Hospital. Please find comment from the Hospital attached. It is noted that this is a replacement of existing facilities so usage is not anticipated to increase.

Annual Operating Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Salaries	No change	No new staff required
Electricity, water, medical gases, fuels	As per prior usage	
Food, catering services	N/A	
Rates & taxes	No change	
Lease costs	N/A	
Legal	N/A	
Consumables	N/A	
Estimated Annual Operating Cost (incl. VAT)		

6.4.5. Current financial year cashflow

Table 7: Estimated Monthly Cashflow (AIP)

Estimated Cashflow for current year (Total Construction cost + Fees, incl VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00	R0.00

6.4.6. Project duration cashflow

Table 8: Projected Annual Cashflow

MTEF and beyond	Fees	Construction	Total
Prior years			
Yr 19/20	R0.00	R0.00	R0.00
Yr 20/21	R0.00	R0.00	R0.00
Yr 21/22	R1,261,000.00	R8,439,000.00	R9,700,000.00
Yr 22/23	R0.00	R0.00	R0.00
Yr 23/24	R0.00	R0.00	R0.00
Beyond MTEF	R0.00	R0.00	R0.00
TOTAL	R1,261,000.00	R8,439,000.00	R9,700,000.00

7. Procurement

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.

The following Procurement gates are applicable to the project:

- **Procurement Gate 1 (PG1): Obtain permission to start with the procurement process.**
The KZN Department of Health; Infrastructure Development will use the approved stage 1B brief to determine the parameters of the work for the appointment of consultants who will prepare tender documentation for the procurement of a contractor. Stage 2 -4 documentation will be approved by the KZN Department of Health HIAC Committee.
 - Establish and clarify what needs to be procured.
 - Prepare broad scope of work for procurement.
 - Ascertain a title for the procurement for the purposes of project identification.
 - Estimate financial value of proposed procurement and contract for budgetary purposes, based on the broad scope of work.
 - Confirm the budget.

PG 1 is complete when a decision to proceed/not to proceed with the procurement based on the broad scope of work and the financial estimates.
- **Procurement Gate 2 (PG2): Approval for procurement strategies that are to be adopted**
The implementing Agent, the Department of Health will tender for a general Contractor, will a CIDB grading as required by the final project estimate, for a Contract managed by the JBCC contract.
 - Decide on procurement strategies.

- Establish opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code.
- Establish contracting and pricing strategy comprising of an appropriate allocation of responsibilities and risks and the methodology by which contractors are to be paid.
- Establish procurement procedures.

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

- **Procurement Gate 3 (PG3): Approval for procurement documents**

- Prepare procurement documents that are compatible with the approved procurement strategies.

PG 3 is complete when the procurement document is approved.

- **Procurement Gate 4 (PG4): Confirmation of cash flow**

- Confirm sufficient cash flow to meet contractual obligations.
- Establish control measures for payment of contractors within the time period provided for in the contract.

PG 4 is complete when cash flow is approved

- **Procurement Gate 5 (PG 5): Solicit tender offers**

- Invite tender offers.
- Receive tender offers.
- Record tender offers.
- Safeguard tender offers.
- Prepare a report on tender offers received.

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.
- Determine whether or not tender offers are complete.
- Determine whether or not tender offers are responsive.
- Evaluate tender submissions.
- Perform a risk analysis.
- Prepare a tender-evaluation report.

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

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

- Notify successful tenderer and unsuccessful tenderers of outcome.
- Compile contract document.
- Formally accept tender offer.

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

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

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

7.2. Procurement Strategy

A Procurement Strategy is prepared by the Department of Health as part of the annual Infrastructure Programme Management Plan (IPMP). 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) during the ensuing 3 year period.

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. Information is obtained from the Project Initiation Report, the Concept Report and so on
- Step 2:** Collect available CIDB data for contractors in terms of their classifications, grading, ownership and availability within the project area

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
- 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

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:** Define the parameters for the procurement of technical and/or professional services
- Step 2:** Define the mechanism for the appointment and whether it is to be in-house or external
- Step 3:** Define the most suitable Contracting Strategy
- Step 4:** Establishing the strategy to secure financial offers and to remunerate the services
- Step 5:** Identify the appropriate Form of Contract for the provision of these services

NOTE: For further detail on the process and information used in formulating the Procurement Strategy refer to the relevant IPMP which can be found on the F drive

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:

For this project the primary objective is e.g. procure and deliver the required output/s within budget, to the required standard and within the specified timeframe to provide optimum healthcare to the Mental Health Care Users at Townhill Hospital.

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 extracted from the IPMP for this project is a follows.

7.2.3.1. Professional Services

The project team should be made up of the following disciplines possessing adequate experience in the specific field:

Discipline	Experience / Special Requirements
Project Leader	Professional registration and 6 years post registration experience in the health field No specific experience required. Preferred experience in sports field design
Architect	University degree, Professional registration and 6 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional registration and 6 years post registration experience in the health field

Dicipline	Experience / Special Requirements
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience in the health field
Electrical Engineer	University degree, Professional registration and 3 years post registration experience in the health field
Land Surveyor	University degree, Professional registration and 3 years post registration experience in the health field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience in the health field

The Contracting Arrangements contained in the IPMP are as follows: **Compiler to source from IPMP**

Contracting Arrangements for Professional Services				
Professional services needed	Procurement Strategy / Type of Appointment	Contracting strategy	Pricing Strategy	Form of Contract
Full service	Traditional Separate	Design by Employer	Gazetted Fee	DOH New

7.2.3.2. For Works

The Strategic Arrangements contained in the IPMP are as follows: **Compiler to source from IPMP**

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	15,000,000.00	Design by Employer	BOQ	JBCC	Public Open Tender	April 21	Identified

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 at xxx for further information.

7.2.4. Updating and Revising the Delivery Management Strategy

Factors emerging during the development of a project may lead to a revision of the Procurement Strategy that was set out in the IPMP.

NOTE: Where a revision is recommended an in-principle-agreement must be provided by the Project Leader (DOH) and the revision must be highlighted and explained at the next end-of-stage submission (refer IDMS) and must align with the methodology described in the IPMP

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 SIPDM 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 documentation
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

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). 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:

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

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

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

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

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

Minimum HTS list:

SPORTS AND RECREATION

General requirements for sports grounds

- Soccer goal posts
- Netball poles with hoops
- Basketball poles with hoops
- Volleyball poles with net
- Tennis poles with net

Equipment requirements per sport

- Soccer balls (size 5, Fifa inspected)
- Practice cones
- Soccer referee kit - Whistle (on lanyard), red and yellow cards
- Soccer linesman flags x 4 sets
- Shin pads (for soccer)
- Goalkeeper protective wear x 3 sets

- Tennis racquets x 6
- Tennis balls x 10 bottles of 3 balls
- Netballs x 6
- Basketballs x 6
- Volleyballs x 4
- Putt-putt clubs x 12
- Golf balls x 10 boxes of 3 balls
- Swimming kicking boards x 12
- Lifesaving ring x 2
- Pool noodles x 12

TRAINING EQUIPMENT

Training rooms

- Stackable chairs x120
- TV display as projector, wall mounted with wireless connectivity x 2
- First aid box, wall mounted x1
- Stackable Desk 600 x 800mm x 120

Meeting room

- Boardroom table,
- Chairs x 20
- Microphone
- TV display as projector, wall mounted with wireless connectivity.

Kitchen

- Fridge/freezer 336 liter x 2
- Microwave x2

Dining lounge

- Dining table x 10
- Chairs stackable x 40
- Pool table
- Dart board

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:

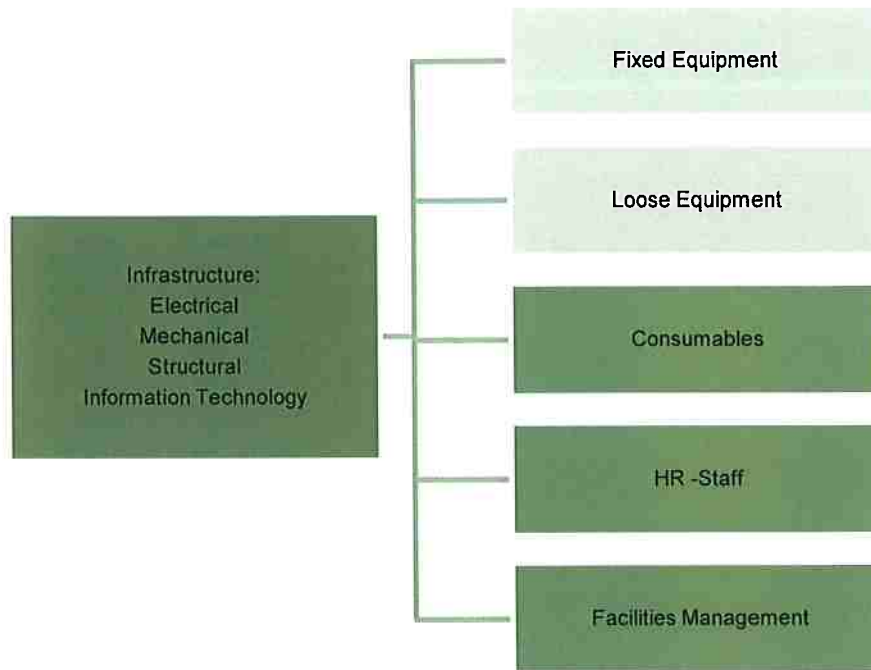
- Designed
- Installed
- Tested
- Operated and
- Maintained, according to the operational requirements of the owner.

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



Example above

Figure: 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.

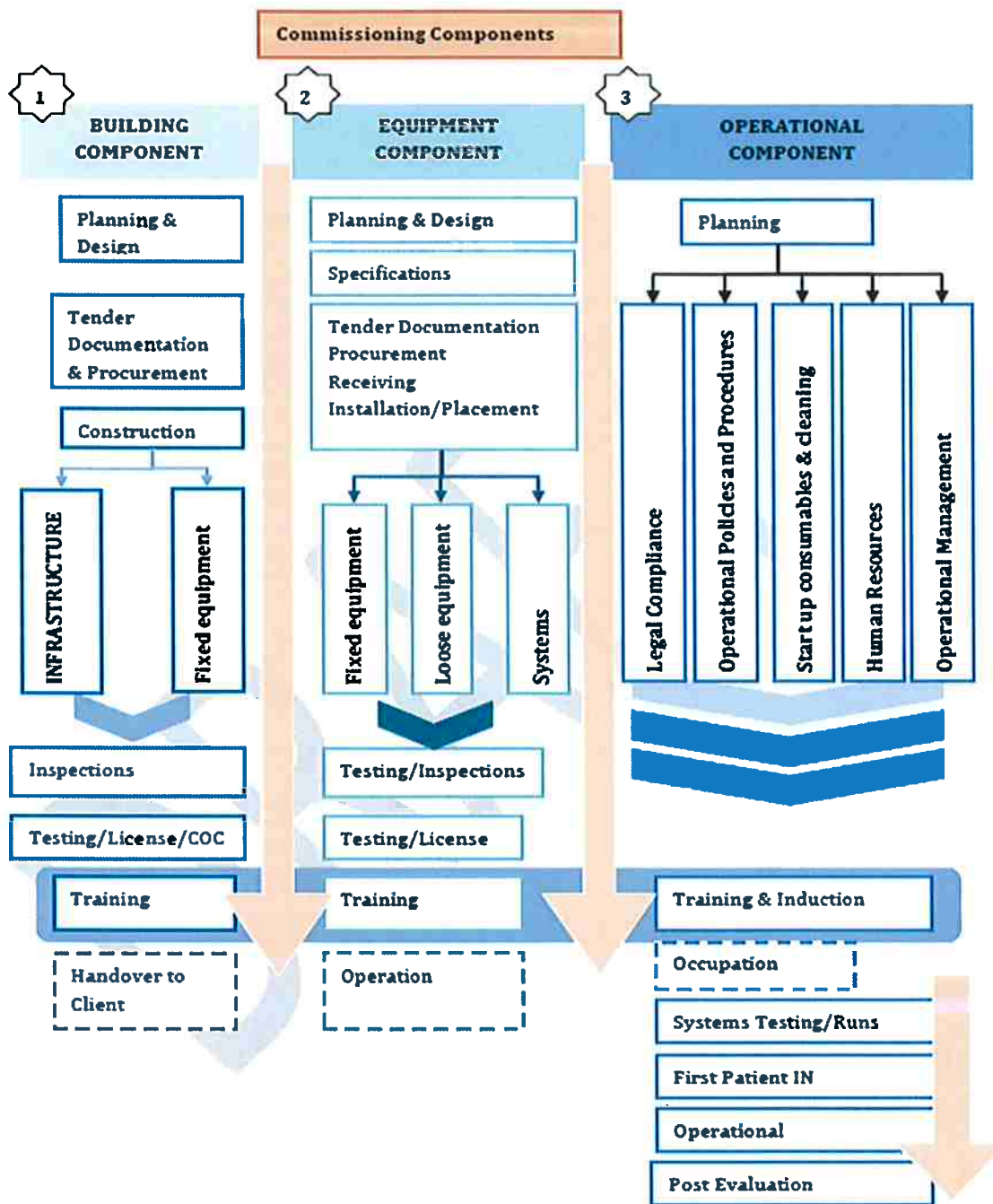


Figure 4; Commissioning Health Facilities Draft 1.4 April 2014

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 IUS document.

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

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

11. Organisational Development

11.1. History

N/A the project replaces existing facilities

11.2. Programme

N/A

11.3. Current situation

N/A

11.4. Facts

N/A

11.5. Additional Staffing Requirements

N/A

11.6. Change Management

The hospital will continue with their therapeutic programmes, however some change management will be required for the Townhill Office Staff. With new facilities such as a pool and spaces, training is required to explain the rules of using these facilities so that these facilities are not misused. Safety training is also required in order to prevent sport injury and drowning.

12. External Appointments

Delete what is not applicable and elaborate where required

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)
- Other (?)

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
- Other (?)

12.3. Implementing Agent

KZN-DOH will act as the Implementing Agent. the following expectations by KZN-DOH as 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)
- Other (?)

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

13. Contact Numbers

Stakeholder	Authority	Contact Person
Department of Health	Infrastructure Development Project Leader: S. Katsikoyiannis Tel: (033) 940 2613 Mobile:082 970 0423 Email: Tia.Kats@kznhealth.gov.za	
Department of Health	Townhil hospital Tel: (033) 341 5625 Mobile: Email: Reginald.Hadebe@kznhealth.gov.za	Mr R. Hadebe
District	Umgungundlovu Health District Tel Mobile Email	Mrs S.W Mbambo : Acting District Director (033) 897 1000 thobile.hadebe@kznhealth.gov.za
Special Services	Corporate Management Services Tel Mobile Email : priyaneshree.maharaj@kznhealth.gov.za	Director: Priya Maharaj
Other:	Risk Management Services Tel: Email:	Director: Ms TC Mngqithi
	(033) 328 4018 thembeka.mngqithi@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:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

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 Mr NR HADGEE
Designation CEO of TOWN HILL HOSPITAL
Date: 22/10/2021

Signature: R. Hadgee

Name _____
Designation _____
Date: _____

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 Consultant)					
• Lead Professional:					
• Support Professional/Candidate:					
Civil/Structural Engineering 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: 					
Quantity Surveying Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> 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
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



Please note: DO NOT CHANGE THE FORMAT OF THE TABLES. DOING SO WILL LEAD TO 0 POINTS BEING AWARDED.

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
CIVIL/STRUCTURAL ENGINEER
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

**REGISTERED PROFESSIONAL
QUANTITY SURVEYOR 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 CIVIL/STRUCTURAL ENGINEER/TECHNOLOGIST CV

**LEAD CIVIL/STRUCTURAL
ENGINEER/TECHNOLOGIST 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 ELECTRICAL ENGINEER/TECHNOLOGIST CV

**LEAD ELECTRICAL
ENGINEER/TECHNOLOGIST 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**

TEAM ORGANOGRAM

ARCHITECTURE DISCIPLINE ORGANOGRAM

CIVIL/STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM

QUANTITY SURVEYING DISCIPLINE ORGANOGRAM

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM