KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

PROJECT NO. : ZNB 5525/2023-H

DESCRIPTION OFSERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR KING EDWARD HOSPITAL: RENOVATIONS TO MATERNITY POST NATAL WARD 'O3'

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

SECTION A
INVITATION TO BID

DESCRIPTION:
APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR KING EDWARD HOSPITAL: RENOVATIONS TO MATERNITY POST NATAL WARD 'O3'

Project Number : ZNB 5525/2023-H
Closing Date : 1st September 2023
Closing Time : 11:00

Compulsory Briefing: Yes
Date : 8th August 2023
Time : 10:00
Venue : King Edward Hospital: Jubilee Hall

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, 2022, 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 : Mrs Z. Docrat
Tel : 060 843 4772
E-mail address : Zakiyah.Docrat@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
BIDDERS DISCLOSURE – SBD 4

1. PURPOSE OF THE FORM

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

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

2. Bidder's declaration

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

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

Full Name	Identity Number	Name of State institution

[1] the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the

deciding vote or power to influence or to direct the course and decisions of the enterprise.

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

2.2.1 If so, furnish particulars:

_____

_____

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract?

YES / NO

2.3.1 If so, furnish particulars:

_____

_____

3. DECLARATION

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

3.1 I have read and I understand the contents of this disclosure;
3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[2] will not be construed as collusive bidding.
3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

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

3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

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

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

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: KING EDWARD HOSPITAL: RENOVATIONS TO MATERNITY POST NATAL WARD 'O3'

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 multidisciplinary team with an Architect as lead alongside other Consultancy Services, inclusive of value added tax, is

R (in figures)

.....

and,

.....

Rand (in words)

.....

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

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

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

and who is (if applicable):

Trading under the name and style of:

.....

and who is:

.....

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

.....

In his/her capacity as:

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

4. Signed for the bidder:

.....

Name of representative

.....

Signature

.....

Date

5. Witnessed by:

Name of representative

Signature

Date

6. Domicilium Citandi Et Executandi

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

Street address::				
	Code:			
Postal address				
	Code:			
Telephone:	Code:		Number:	
Cell phone :	Code:		Number:	
Facsimile number:	Code:		Number:	
E-mail address:				

Banker:

Branch:

7. Acceptance

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

8. The terms of the Contract

The terms of the Contract are contained in:

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

and;

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

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

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

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

9. Signed for the Employer:

Name of representative

Signature

Date

Street address:

Code:

Telephone: Code: Number:

Facsimile number: Code: Number:

10. Witnessed by:

Name of representative

Signature

Date

11. Schedule of Deviations

1 Subject ……

Details ……
……
……
……

2 Subject ……..

Details ……
……
……
……

3 Subject ……

Details ……
……
……
……

4 Subject ……

Details ……
……
……
……

5 Subject ……

Details ……
……
……
……

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

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

SECTION G
SPECIFICATIONS, SCOPE, EVALUATION

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

1. Project Description:

KING EDWARD HOSPITAL: RENOVATIONS TO MATERNITY POST NATAL WARD 'O3'

2. Project Background and Specification

The revamp of Ward O3/ Maternity 2was identified during the Nursery Upgrade project at King Edward Hospital, initiated in 2013, and was included in the scope of the project at a late stage in the project. The scope of the revamp was limited to maintenance issues and making good the existing ward. Compliance issues were not addressed.

Initially it was resolved that after the completion of the Nursery, Maternity Ward 1, OTO, and the Labour Ward, Patients from Ward 03 (also known as Maternity 2) – would be accommodated in Maternity 1 (Antenatal Ward) – after which the contractor would commence with renovations to Ward 03.

However, the contractor conducting the works refused to take on the additional scope of works, citing that the additional works was not financially feasible. The Ward has since been vacant since March 2022.

Given the above history, the Ward 03, now remains vacant and has resulted in a gross reduction in low risk postnatal beds. The Ward, however non-complaint to national norms and standards, historically housed a total of 70 beds.

At present, post-natal patients are being split between St Aiden's Hospital (20 patients) and King Edward Hospital (30 patients). Post Natal patients at King Edward are being accommodated in the Male Medical Ward, further placing stress on other services at the facility.

Given the above, there has therefore been a reduction of 20 patient beds. The impact of delivering maternal and gynaecological care to an unchanged patient load with reduced bed numbers have been negative both in terms of Patient Experience of care and the reduced capability of Kind Edward to assist with sister hospitals in the Durban Functional Region (DFR) when they are at capacity or tertiary/ regional care assistance.

Furthermore, the reduced number of beds have a significant effect on the operations of the Obstetric theatres, as there have been instances where recovery rooms, and Wards are to fully capacity with caesarean sections less than 24 hours post operation. This has resulted in delayed elective and emergency caesarean.

In some instances, patients who have recently delivered have had to wait on chairs in order to receive patients from theatre, so as to minimise theatre blockage.

The above discussions illustrate the dire need in addressing the current shortfall of beds for Post Natal care – relative to the service demographic the hospital is tasked to manage. Measures to limit adverse effects of shortfall of beds have been implemented, but with limited effect.

3. Detailed Project Scope of Work

The Site:
King Edward VIII Hospital is located in Congella, Durban on the corner of Sydney and Rick Turner

Figure 1: King Edward VIII Hospital Location

Land Owner:	Provincial Government			
Street Address (or directions):	Corner of Sydney and Rick Turner (Francois), Congella, Durban, 4013			
Postal Address:	Private Bag X02 Congella 4013			
Telephone Number:	+27 (031) 360 3111			
Hospital Acting CEO:	Dr. N. Khuzwayo			
Cadastral Description:	Latitude:	-29.8822222	Longitude:	30.98950733
Zoning:	Government			
Planning restrictions:	AMAFA Building			
Existing Infrastructure	Face brick and temporary ad hoc structures			

Figure 2: King Edward VIII Hospital Location Information

On a macro level, King Edward VIII Hospital is located in the EThekwini South Central region, in the Durban Bay area. It is located at the border between residential, educational and industrial zones. The site is found alongside the R102, a primary corridor route into the city. The area is characterised by industrial warehouses servicing the Durban port to the South East, and heritage, residential and educational buildings to the North West and inland.

The hospital is located in a Peri-Urban area on the fringes of the city, positioned as part of the apartheid spatial planning legacy to treat 'Non-European'/ Black citizens on the periphery of the city. The hospital was opened on the 3rd of December 1936. Original infrastructure within the complex reflects this history, with many buildings enduring a great deal of dilapidation. The apartheid legacy of the buildings legacy of the building bleeds through the original infrastructure, as designed spaces did not cater for patient dignity. This is most notable in design of patient ablutions and cramped bed layouts.

Figure 3: Location of Maternity Unit within King Edward VII Hospital Complex

Figure 4: Location of Maternity units and Ward 03 – Proposed Post Natal

4. Project Purpose:

The purpose of the project is to renovate the identified Ward O3 (Obstetrics 3) for clinical purpose of accommodating Post Natal and KMC patients. This to address the shortfall of beds within the hospital and relieving the compromised services which have had to make adjustments in order to accommodate post-natal patients in the interim.

The implementation of the project will assist in the Kwazulu Natal Department of Health strategic alignment in the following ways:

- Provide improved care to Post Natal and KMC patients, in line with the strategic alignment for King Edward VIII Hospital to provide sustainable, comprehensive, co-ordinated and integrated maternity care services within the District Health System of eThekwini and the province
- Provide enhanced platform for continued specialist training within the discipline of obstetrics and gynaecology
- Provide postnatal patients with a facility that underscores the courtesy and consideration which is integral to our maternity care delivered in King Edward VIII Hospital
- Ensure the delivery of KMC care within the hospital which would reduce the need for admission of certain neonates to the NICU/ nursery which would improve the efficient utilisation of the neonatal and postnatal facilities
- Provide support for sister hospitals in Durban Functional Region (DFR) when they are at capacity or require tertiary/ regional care assistance.

5. Project Objectives:

The measurable objectives are:

- Habitable and compliant infrastructure for patients and staff
- Improvement of service delivery
- Meet the operational requirements of the end user
- Deliver the project in time, on budget and compliant to specifications
- Reduced infectious morbidity in postnatal population from improved facilities e.g. provision of IPC prescribed taps, ablution facilities and waste disposal facilities
- More efficient utilisation of NICU/ Nursery facilities
- Improved bed utilisation rate of gynae and antenatal ward with appropriate patients with postnatal patients repatriated to the allocated ward
- Improved bed utilisation in postnatal ward
- Improved capacity of King Edward VIII Hospital to assist other hospitals in the Durban Functional Region with managing more tertiary/ regional level hospitals when they are at capacity

6. Project Success Criteria:

The success criteria will be that the project will assist the Department to address the impact of increase life expectancy and the three outcomes of universal health coverage, improved client experience of care and reduced morbidity and mortality.

7. Scope of Works of the Construction Project:

7.1. Scope of works

The scope of work is to include the following:

1. Gut and renovate Ward O3 for the clinical purpose of accommodating Post Natal Ward
2. Design spaces in accordance with the required accommodation schedule to effectively perform clinical objectives
3. Utilise R158 as a basis of bed spacing – given spatial constraints IUSS guidelines will not be used
4. Post Natal Ward design to include the following categories of patients –
    a. Maternity inpatients – post natal
    b. KMC patients
    c. Well – baby nursery – to be excluded
5. Design options are to investigate extension of ward into adjacent courtyard, as space may allow
6. Project must include the replacement of roof (including truss system) as recommended by previous conditional assessments carried out
7. Walkway connecting new nursery to Ward O3is to be included in the upgrade project

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

8. 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
Standards:	Standard for Infrastructure Procurement and Delivery Management; Framework for Infrastructure Delivery and Procurement Management and All applicable standards, regulations and/or specifications of KZN Department of Health
Policies:	All applicable policies of KZN Department of Health
Other Requirements:	Relevant SANS codes All applicable standards, regulations and/or specifications of KZN Department of Health

9. Required Multidisciplinary Team Composition

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

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

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

10.1. Architect

South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015

10.2. Engineers

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015. For the scope of the Mechanical Engineer it is deemed to be inclusive of wet services, HVAC, Fire Engineering Services etc.

10.3. Quantity Surveyor

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

10.4. 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.

10.5. Land Surveyor

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

10.6. 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/Technologist in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

10.7. Environmental Specialist

The Lead Consultant shall confirm the detailed scope of work that will be required from the 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. No additional fees shall be due to the Lead Consultant in respect of this service.

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

11.1. 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 Clinical Services
- National DOH
- Local authority
- Other Authorities
- Statutory bodies
- Other Departments

11.2. 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.

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

11.4. All approvals to be acquired as may be required

12. Planning and Programming

The Employer is desirous that the project follows 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 2: Concept & Viability Report	8 months
Stage 3: Design Development Report	2 month
Stage 4: Documentation & Procurement	9 month
Stage 5: Works	15 months
Stage 6: Handover	3 month
Stage 7: Project Close Out	6 months
TOTAL PROJECT TIME	**43 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. The programme should factor in the 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 2, 3, 4 and 6) of the relevant gazettes as stated in point 9 above and corresponding FIDPM Stages (2 to 7),

13. 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.

14. 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.

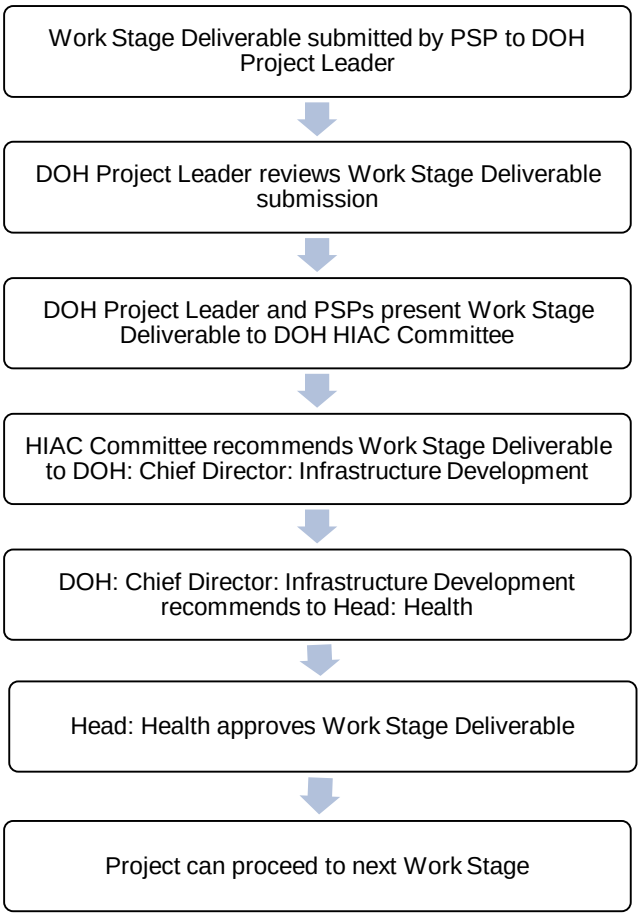
15. Co-operation with Other Service Providers and Affected Parties

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

16. Copyright

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

17. General Approval Process per Work Stage



18. 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.

19. 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.

20. Format of Communications

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

21. Key Personnel

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

22. Management Meetings

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

23. Forms for Contract Administration

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

24. 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.

25. 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 10 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 in accordance with the National Department of Public Works, Rates for Reimbursable Expenses. Further clauses relating to the claiming and payment of fees and disbursements are stated in under point 30 and C2. PRICING DATA.

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

Architect (Principal Consultant and Principal Agent)

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

Civil Engineering

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

Structural Engineering

Stage 2	20%

Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Electrical Engineering

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

Mechanical Engineering (including Fire and Wet Services Engineer)

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

Quantity surveyor

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

Construction Health & Safety Agent

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

26. 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

27. 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.

28. Project

The estimated project works value is R 20,000,000.00 (Twenty million Rand only, Exclusive of 15% VAT).

29. 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 lead consultant, prior to any further payments. Disputes relating to the apportionment of total fees are to be resolved by the Professional Team.

The tendered lump sum 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 10 above).

30. Project Details

30.1. 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 (Principal Consultant and Principal Agent)
- Civil Engineer
- Structural Engineer
- Quantity Surveyor
- Electrical Engineer
- Mechanical Engineer
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer/Technologist (Appointed Post Award)
- Environmental Specialist **(**Appointed Post Award)

The relevant Guidelines are as per the following:

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

30.2. Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.

30.3. 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.

30.4. 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.

30.5. 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.

30.6. 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.

31. Conditions of Appointment

31.1. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 30.1 above. Lead Consultant and Architectural Services cannot be outsourced and must be provided by in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional assigned to the project for each service.

31.2. Upon project award, Consultants may only amend the list of the required Lead Professionals upon written replacement request to the Client prior to the signing of the project contract. 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.

31.3. 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.

31.4. 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.

32. 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 consist of:
    - Registered Professional Architect (Lead Consultant/Principal Agent)
    - Registered Professional Civil Engineer
    - Registered Professional Structural Engineer
    - Registered Professional Quantity Surveyor
    - Registered professional Electrical Engineer
    - Registered professional Mechanical Engineer
    - Registered Professional Construction Health and Safety Agent

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professional Leads must be Registered Professionals. All Registered Professionals and Candidates must be in good-standing with their respective council and their membership must be valid. Proof of good-standing will be required to be submitted for all Professionals and Candidates **prior to the signing of the contract**. Failure to provide this proof will result in the award being withdrawn.

- All Professional Leads (with the exclusion of Construction Health and Safety) must have a **minimum of 6 years** post professional registration experience.
- The Professional Lead for Construction Health and Safety must have a **minimum of 3 years** post professional registration experience.

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

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:
    - Architect: R 10,0 million
    - Structural Engineer: R 5,0 million
    - Civil Engineer: R 5,0 million
    - Quantity Surveyor: R 5,0 million
    - Mechanical Engineer: 3,0 million
    - Electrical: R 3,0 million
    - Health and Safety: R 2,0 million
    - Other: R 1,0 million

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

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

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

Eligibility criteria	**Documentation to be provided**
1. The professional multi-disciplinary team must consist of: • Registered Professional Architect (Lead Consultant/Principal Agent) • Registered Professional Structural Engineer • Registered Professional Civil Engineer • Registered Professional Quantity Surveyor • Registered Professional Electrical Engineer • Registered Professional Mechanical Engineer all with a **minimum of 6 years** post professional registration experience. • Registered Professional Construction Health and Safety Agent with a **minimum of 3 years** post professional registration experience.	**TAB LABEL: G-1** 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. Completed Form A (Appendix E)
2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below: • Architect: R 10,0 million • Structural Engineer: R 5,0 million • Civil Engineer: R 5,0 million • Quantity Surveyor: R 5,0 million • Mechanical Engineer: 3,0 million • Electrical: R 3,0 million • Health and Safety: R 2,0 million • Other: R 1,0 million	**TAB LABEL: G-2** 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

ELIGIBILITY SUMMARY TABLE

NB: For Evaluation Committee use only

			Specific Project Eligibility Criteria			
			Professional Registration		**Indemnity Insurance**	
			Number of Years Post Registration Experience	Eligibility **(Yes/NO)**	Indemnity Amount Provided (R million)	Eligibility **(Yes/NO)**
Project Multi-disciplinary Team	1	Registered Professional Architect (Lead Consultant/Principal Agent)				
	2	Registered Professional Structural Engineer				
	3	Registered Professional Civil Engineer				
	4	Registered Professional Quantity Surveyor				
	5	Registered Professional Electrical Engineer				
	6	Registered Professional Mechanical Engineer				
	7	Registered Professional Construction Health and Safety Agent				
Comments:						

Quality/Functionality Criteria

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

Evaluation criteria	Documentation to be provided	Points allocated
1. Bidder to demonstrate Technical Competency and relevant Experience relating to Healthcare design of a value of over R 20 million in the past 10 years per discipline (7 disciplines i.e., Civil Engineering, Structural Engineering, Architecture, Quantity Surveying, Electrical Engineering, Mechanical Engineering, Construction Health and Safety)	**TAB LABEL: H-1** 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: 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. 1.1.2. CVs to be provided for the Lead Professionals per discipline for a MINIMUM total of 7 CVs. Each Lead Professional's experience **must** align to their allocated discipline. 1.1.3. CVs provided must align with the information submitted in Form A (Appendix E). 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).** 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).** Documents requested in 1.1.4 and 1.2. are compulsory and are to be inserted under the provided cover pages as Appendix I. **Only the first 3 stated past projects per professional CV** will be evaluated as per the CV template. Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded per CV submitted.	**84 points** (see scoring table below for the point breakdown)

Evaluation criteria	Documentation to be provided	Points allocated
	Allocation of points will be as follows: - 2 points will be awarded per completed compliant CV per discipline for each Lead Professional. - 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. **AND** - 10 points will be awarded per past project that is of a healthcare facility, is greater than R 20 million in value and has been completed in the past 7 years, provided proof of value is submitted. - 5 points will be awarded per past project that is of a healthcare facility and is between R10 million and R15 million in value and has been completed in the past 10 years, provided proof of value is submitted. - 3 points will be awarded per past project that is of a general building, sport and recreation facilities and is between R8 million and R10 million in value and has been completed in the past 10 years, provided proof of value is submitted. - 0 points will be awarded for per past project that is less than R8 million in value, incomplete or no past project experience documentation submitted, and projects that do not meet the above experience submission criteria	
2. Organogram of Resources Proposed for the Project per Professional Discipline	**TAB LABEL: H-2** 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: 2.1. One team organogram to be provided 2.2. Seven individual organograms must be provided, 1 for each Professional Discipline I.e. Architectural, Civil Engineering, Structural Engineering, Quantity Surveying, Electrical Engineering, Mechanical Engineering and Construction Health and Safety. 2.3. Organograms must be inserted under the provided cover page as Appendix I	**16 points** (see scoring table below for the point breakdown)

Evaluation criteria	Documentation to be provided	Points allocated
	Allocation of points will be as follows: - 2 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. **AND** - 2 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions. - 0 points will be awarded for no submission and irrelevant submissions.	

FUNCTIONALITY SCORING TABLE

NB: For Evaluation Committee use only

			Specific Project Functionality Criteria									
			CV's		Project Experience (Max. of 3 projects)				Multi-disciplinary Team Organogram		Individual Discipline Organogram	
			Maximum Points	Points Allocated	Maximum Points per project	Max Weighted Points	Points Allocated per project	Allocated Weighted Points	Maximum Points	Points Allocated	Maximum Points	Points Allocated
Project Multi-disciplinary Team	1	Registered Professional Architect (Lead Consultant/Principal Agent)	2		10 10 10	30 x 7 /3			2		2	
	2	Registered Professional Structural Engineer	2		10 10 10						2	
	3	Registered Professional Civil Engineer	2		10 10 10						2	
	4	Registered Professional Quantity Surveyor	2		10 10 10						2	
	5	Registered Professional Electrical Engineer	2		10 10 10						2	
	6	Registered Professional Mechanical Engineer	2		10 10 10						2	
	7	Registered Professional Construction Health and Safety Agent	**2**		10 10 10						**2**	
	Sub-Total 1 Points		**14**			**70**			**2**		**14**	
	Sub-Total 2 Points		**...../84**						**...../16**			
	TOTAL SCORE		**...../100**									

1. Eligible Y/N: _____
2. Functionality points: _____/100
3. Above 60% threshold Y/N: _____
4. Bid value: (Rands)_____

- 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 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

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1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2 **To be completed by the organ of state**

(*delete whichever is not applicable for this tender*).

a) The applicable preference point system for this tender is the 90/10 preference point system.

b) The applicable preference point system for this tender is the 80/20 preference point system.

c) Either the 90/10 or 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

(a) Price; and

(b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

	POINTS
PRICE	
SPECIFIC GOALS	
Total points for Price and SPECIFIC GOALS	**100**

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

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

2. DEFINITIONS

(a) **"tender"** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

(b) **"price"** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;

(c) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

(d) **"tender for income-generating contracts"** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and

(e) **"the Act"** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20 **or** **90/10**

$$Ps = 80\left(1 - \frac{Pt - P\,min}{P\,min}\right) \text{ or } \qquad Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20 **or** **90/10**

$$Ps = 80\left(1 + \frac{Pt - P\,max}{P\,max}\right) \text{ or } \qquad Ps = 90\left(1 + \frac{Pt - P\,max}{Pmax}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.*)**

The specific goals allocated points in terms of this tender	Number of points allocated (90/10 system) (To be completed by the organ of state)	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (90/10 system) (To be completed by the tenderer)	Number of points claimed (80/20 system) (To be completed by the tenderer)

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm……

4.4. Company registration number: ……...

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

……
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: ……..
DATE: ……

ADDRESS: ……

……

……

……

SECTION H
OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 5525/2023-H
Service:	THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT FOR KING EDWARD HOSPITAL: RENOVATIONS TO MATERNITY WARD O3
Date:	8th August 2023
Time:	10:00 Am
Venue:	King Edward Hospital, Jubilee Hall

This is to certify that

.....

(name)

On behalf of

.....

Visited and inspected the site on

.....

(date)

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

Signature/s of Bidder/s	Departmental Representative
(Print Name)	(Print Name)
	Departmental Stamp (Optional)
Date:	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, 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 20,000,000.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 1 000 000.00
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	**R**

COMPANY STAMP:

TABLE 2 – APPORTIONMENT OF FEES

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

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.	Bidders Disclosure – 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 ownership in the form of printouts from CSD or CIPC clearly indicating ownership details to receive Preference Points for Specific Goals		
10.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement letter from Ward councilor 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:			
11.	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)		
12.	Proof of the relevant professional Indemnity Insurance – • Architect: R 10,0 million • Structural Engineer: R 5,0 million • Civil Engineer: R 5,0 million • Quantity Surveyor: R 5,0 million • Mechanical Engineer: 3,0 million • Electrical: R 3,0 million • Health and Safety: R 2,0 million • Other: R 1,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
13.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
14.	Organogram for each Professional Discipline Team		

BIDDERS TO NOTE

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

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

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	
	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. Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
	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 King Edward Hospital: Renovations to Maternity Post Natal Ward 'O3'
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	Period of Performance shall be sub dividable in separate target dates according to the programme to be submitted in terms of SECTION G part 12 hereof. 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.
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	Indemnification of the Employer I, the undersigned, being duly authorized by the Service Provider, in terms of the completed resolution ..... (Name of authorized person) hereby confirm that the Service Provider known as: ..... (Legal name of entity tendering herein)
5.4.1	Tendering on the project: .....

<table>
<tr><td>Clause</td><td colspan="3"></td></tr>
<tr><td></td><td colspan="3">.....
(Name of project as per Form of Offer and Acceptance)

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,

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.

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.

I confirm that the Service Provider renounces the benefit of the *exceptionis non causa debiti, non numeratae pecuniae* and *excussionis* or any other exceptions which may be legally raised against the enforceability of this indemnification.

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.</td></tr>
<tr><td></td><td colspan="3">Name:

.....
Signature:

.....
Capacity:</td></tr>
<tr><td>7.1.2</td><td colspan="3">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.

The Key Persons and their jobs / functions in relation to the Services are:</td></tr>
<tr><td></td><td>Name</td><td>Principal and/or employed professional(s)</td><td>Specific duties</td></tr>
</table>

Clause			
	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 (greater than 50km one way from the office of the service provider) 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 authorized 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) according to the relevant stated tariff of fee guide as stated in *Section G,* of 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, or

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 (only upon prior 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 apart from the Construction Health and Safety Agent fee. 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/Technologist
No separate payment shall be made for assuming the leadership of an Employer specified joint venture, consortium or team of consulting engineers/technologists. 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.

C2.1.4 Set off
The Employer reserves the right to set off against any amount payable to the Service Provider, any sum which is owing by the Service Provider to the Employer in respect of this or any other project.

C2.1.5 Typing, printing and duplicating work

C2.1.5.1 Reimbursable rates
The costs of typing, printing and duplicating work in connection with the documentation which must of

necessity be done, except those which must in terms of the relevant Manual or other instructions be provided free of charge, shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: *: http://www.publicworks.gov.za/* under “Documents”; “Consultants Guidelines”; item 1.

C2.1.5.2 Typing and duplicating

If the Service Provider cannot undertake the work himself, he may have it done by another service provider which specializes in this type of work and he shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him confirming that the tariff is the most economical for the locality concerned subject to the maximum tariffs per A4 sheet as set out in Table 1 in the “Rates for Reimbursable Expenses".

If the Service Provider undertakes the work himself, he shall be paid in respect of actual expenses incurred subject to the maximum tariffs per A4 sheet as set out in Table 1 in the “Rates for Reimbursable Expenses".

Typing and duplicating expenses shall only be refunded in respect of the final copies of the following documents namely formal reports, formal soil investigation reports, specifications, feasibility reports, bills of quantities, material lists, minutes of site meetings and final accounts. The cost of printed hard covers shall only be paid in respect of documents which will be made available to the public such as bills of quantities and specifications or where provision of hard covers is specifically approved.

The typing of correspondence, appendices and covering letters are deemed to be included in the value based fees and time based fees paid.

C2.1.6 Travelling and subsistence arrangements and tariffs of charges

Notwithstanding the ruling in C2.1.1.5 above (regarding disbursements and travelling expenses which will not be paid separately), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer’s offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.

C2.1.6.1 General

The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.

As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the tariff applicable at the time of the expenditure.
Where journeys and resultant costs are in the Employer’s opinion related to a Service Provider’s mal- performance or failure, in terms of this Contract, to properly document or co-ordinate the work or to manage the Contract, no claims for such costs will be considered.

C2.1.6.2 Travelling time

No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs

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. Travelling costs will be paid in the form of a disbursement for mileage only.

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 Gazette 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.

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE
INFRASTRUCTURE

Postal Address: Private Bag X9051 Pietermaritzburg, 3200
Physical Address: Block 1, Townhill Office Park, Townhill hospital, 35 Hyslop Road, Pietermaritzburg
Tel: 033 940 2611 Email address: michelle.degoede@kznhealth.gov.za
www.kznhealth.gov.za

PROJECT BRIEF

KING EDWARD HOSPITAL

RENNOVATIONS TO MATERNITY POST NATAL WARD 'O3'

Document Approval Control				
Approval Type	Name	Designation	Signature	Date
Submitted by	*Mrs Z. Docrat*	*Architect: EThekwini Maintenance Hub KwaZulu-Natal Department of Health*		01-24-2023
Supported by	*Mrs G Masondo*	*Director: EThekwini Management Hub KwaZulu-Natal Department of Health*		26/01/2023
Approved by	*Mr S T Mhlongo*	*Acting Chief Director: Infrastructure Development KwaZulu-Natal Department of Health*		28/02/23

Revision no	01. Revisions as per HIAC comments	Date	24.12.2022

Contents

1. ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ACH	Acetylcholine
ASHRAE	American Society of Heating, Refrigerating and Air-Conditioning Engineers
ARV	Antiretroviral
BUR	Bed Utilisation Rate
BDQ	Bedaquiline
CSIR	Council for Scientific and Industrial Research
CEO	Chief Executive Officer
COHSASA	Council for Health Service Accreditation of Southern Africa
COVID	Coronavirus
CHW	Community Health Worker
CHC	Community Health Centre
CCMDD	Central Chronic Medicines Dispensing and Distribution
DHIS	District Health Information Software
DOH	Department of Health
DST	Drug-susceptibility Testing
DR	Drug resistant
ENT	Ears, Nose and Throat
EDR	Electronic Drug-Resistant
HIV	Human Immunodeficiency Virus
HEPA	High-Efficiency Particulate Air
HTS	Health Technological Services
ICT	Information and Communication Technology
IALCH	Inkosi Albert Luthuli Central Hospital
IPC	Infection Prevention Control
IUSS	Infrastructure Unit Support Systems
ISO	International Organization for Standardization
IT	Information Technology
KZN	KwaZulu-Natal
KDHC	King Dinuzulu Hospital Complex
LPA	Low Pressure Air
MDR	Multi Drug Resistant
NDP	National Development Plan
NCS	Nerve Conduction Study
NHI	National Health Insurance
NGO	Non-Governmental Organization
OPD	Out Patients Department
OT	Occupational Therapy
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PPSD	Provincial Pharmaceutical Supply Depot
PMMH	Prince Mshiyeni Memorial Hospital
PVC	Polyvinyl Chloride
SDG	Sustainable Development Goals
SASSA	South African Social Security Agency
SCM	Supply chain Management
SANS	South African National Standard
TB	Tuberculosis

TV	Television
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
UNAIDS	United Nations Joint Programme on HIV/AIDS
UVGI	Ultraviolet Radiation Germicidal Irradiation
UVA	Ultraviolet rays A
UVB	Ultraviolet rays B
XDR	Extreme Drug Resistance
UN	United Nations
UPS	Ubiquitin-proteasome System
WC	Water Closet

2. PROJECT CHARTER

2.1. Project Name

King Edward: Renovations to Maternity Post Natal Ward 'O3'

2.2. The Facility

- Facility Name King Edward Central Academic Hospital
- Facility Key 010262
- Facility Type Hospital- Academic
- Facility Owner Provincial Government of KwaZulu-Natal

2.3. Location

- Province KwaZulu-Natal
- District Municipality eThekwini
- Local Municipality eThekwini
- Cadastral description
    - Latitude -29.8822222
    - Longitude 30.98950733
- Street address Physical Address: Corner of Sydney and Rick Turner (Francois) road, Congella
- Postal address P/Bag X02 Congella 4013
- Telephone number +27 (0) 31 360 3111

2.4. High-Level Scope

The scope of the project is to renovate and restore the identified ward as a Post Natal and KMC ward and ensure it its fit for purpose and safe for use.

2.5. High-Level Risks

The following risks are identified:

- Continued deterioration of the existing building which currently stands as a health and safety risk to staff and the general public alike
- Impeded service delivery
- Redundancy in project planning. Parallel maternity project is noted as part of the hospital master plan.

2.6. Summary Milestone Schedule

FIDPM Stage	PPO Milestone	Tasks	Months / Task	Months / Stage
1B	**Project Brief**	**Project Brief** • Project Identification and Scope of work • Draft Brief for stakeholder approval	2	3
		HIAC Presentation • Approval &/ Revisions	1	
Implementing Agent Appointed – Department of Public Works				
2	**Feasibility/ Concept**	**Appointment of Consultants – Tender** • Bid Specification Committee approval (BSC) • Bid Adjudication Approval (BAC) • Advert date • Tender close • Adjudication • Bid Evaluation Committee approval (BEC) • Bid Adjudication Approval (BAC) • Award • Appeals • Award confirmed • Tender conditions met • Contract signed	5	8
		Concept Design Report and estimate • Cost Estimate • Concept Report	2	
		HIAC Presentation • Concept Report Approvals/ Revisions	1	
3	**Design**	**Design Development** • Sketch plans & Specifications • Estimate • Design Development Report	1	2
		HIAC Presentation • Design Development Report Approvals/ Revisions	1	
4	**Documentation & Procurement**	**Design Documentation Report** • Working drawings & specifications complete • Bills of Quantities complete • Draft Tender Documentation complete • Draft Design Documentation Report complete	3	9
		HIAC presentation • Design Documentation Report Approved/ revised	1	
		Tender (tender process as illustrated in Stage 2)	5	
5	**Construction**	**Construction 0-100%**	12	15
		Snag Lists and Works Completion	3	
6	**Handover**	**Record Information Report** • Training complete • Documents handed over • Handover record report approved	3	3
7	**Close Out**	**Final Account and Close Out Report Approval** • Final Completion certificate • Final Account Complete and Signed • Final Fee accounts Approved and Paid • Record information Archived • HIAC approval of Closeout Report	6	6

2.7. Summary Budget

The project will be financed from the Health Facility Revitalisation Grant and is expected to cost R 20 000 000

2.8. Stakeholders

The following stakeholders have been identified:

- Provincial Department of Health
- District Health Services
- Head of Clinical Department: Obstetrics and Gynaecology : Dr Neil F Moran
- eThekwini District
- King Edward vii Academic Hospital
- eThekwini Local Authority

2.9. Project Approval Requirements

The project will be implemented utilising the Infrastructure Delivery Management System (IDMS) and the Framework for Infrastructure Delivery and Procurement Management (FIDPM).

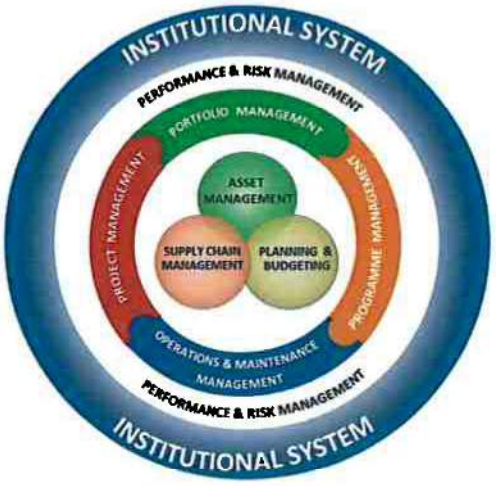


Figure 1: IDMS

Responding to the FIDPM, the approval process will be managed through the Health Infrastructure Approval Committee (HIAC) as spelled out in the Policy and Procedure document.

Furthermore, the following approvals have been identified:

(i) Spatial Planning and Land Use Management Act (SPLUMA) and KZN Planning and Development Act
(ii) Approval by Local Authority

2.10. Name and Authority of Sponsor

Acting Deputy Director General: District Health Services: Dr TD Moji

3. PROJECT SCOPE

3.1. Project Definition

3.1.1. Project Background

The revamp of Ward O3/ Maternity 2 was identified during the Nursery Upgrade project at King Edward Hospital, initiated in 2013, and was included in the scope of the project at a late stage of the project. The scope of the revamp was limited to maintenance issues and making good the existing ward. Compliance issues were not addressed.

Initially it was resolved that after the completion of the Nursery, Maternity Ward 1, OTO and the Labour ward, Patients from Ward O3 (also known as Maternity 2)- would be accommodated in Maternity 1 (Antenatal Ward) - after which the contractor would commence with renovations to Ward O3.

However, the contractor conducting the works refused to take on the additional scope of works, citing that the additional works was not financially feasible. The Ward has since been vacant as of March 2022.

Given the above history, the Ward O3 now remains vacant and has resulted in a gross reduction in low risk postnatal beds. The Ward, however non-compliant to national norms and standards, historically housed a total of 70 beds.

3.1.2. Situation Today

At present, Post natal patients are being split between St Aiden's hospital (20 patients) and King Edward vii Hospital (30 Patients). Post Natal patients at King Edward are being accommodated in the Male Medical ward, further placing stress on other services at the facility.

Given the above, there has therefore been a reduction of 20 patient beds. The impact of delivering maternal and gynaecological care to an unchanged patient load with reduced bed numbers have been negative both in terms of Patient Experience of Care and the reduced capability of King Edward to assist with sister hospitals in the Durban Functional Region (DFR) when they are at capacity or require tertiary/regional care assistance.

Furthermore, the reduced numbers have had a significant effect on operations of the Obstetric theatres, as there have been instances where recovery rooms, and Wards are full to capacity with caesarean sections less than 24 hours post operation. This has resulted in delayed elective and emergency caesarean sections.

In some instances, patients who have recently delivered have had to wait on chairs in order to receive patients from theatre, so as to minimise theatre blockage.

The above discussions illustrate the dire need in addressing the current shortfall of beds for Post Natal care- relative to the service demographic the hospital is tasked to manage. Measures to limit adverse effects of the shortfall of beds have been implemented, but with limited effect.

3.1.3. Project Purpose

The purpose of the project is renovate the identified Ward 'O3' (Obstetrics 3) for the clinical purpose of accommodating Post Natal and KMC patients. This to address the shortfall of beds within the hospital and relieving the compromised services which have had to make adjustments in order to accommodate post natal patients in the interim.

3.1.4. Strategic Alignment

The implementation of the project will assist in the Department of Health- KZN strategic alignment in the following ways:

- Provide improved care to Post Natal and KMC patients, in line with the strategic alignment for King Edward Vii Hospital to provide sustainable, comprehensive, co-ordinated and integrated maternity care services within the District Health System of eThekwini and the Province
- Provide enhanced platform for continued specialist training within the discipline of obstetrics and gynaecology
- Provide postnatal patients with facility that underscores the courtesy and consideration which is integral to our maternity care delivered in King Edward viii Hospital
- Ensure the delivery of KMC care within the hospital which would reduce the need for admission of certain neonates to the NICU/nursery which would improve the efficient utilisation of the neonatal and postnatal facilities
- Provide support for sister hospitals in Durban Functional Region (DFR) when they are at capacity or require tertiary/regional care assistance

3.1.5. Measurable Objectives and Success Criteria

The success criteria will be that the project will assist the Department to address the Impact of Increase Life Expectancy and the three Outcomes of Universal Health Coverage, Improved Client Experience of Care and Reduced Morbidity and Mortality.

The Measurable objectives will be:

- Habitable and compliant infrastructure for patients and staff
- Improvement of Service delivery
- Meet the operational requirements of the end user
- Deliver the project in time, on budget and compliant to specifications
- Reduced infectious morbidity in postnatal population from improved facilities eg provision of IPC prescribed taps, ablution facilities and waste disposal facilities within the ward
- Reduced patient complaints regarding postnatal ward facilities
- More efficient utilisation of NICU/Nursery facilities
- Improved bed utilisation rate of gynae and antenatal ward with appropriate patients with postnatal patients repatriated to the allocated ward
- Improved bed utilisation in postnatal ward
- Improved capacity of King Edward viii Hospital to assist other hospitals in the Durban Functional Region with managing more tertiary/regional level hospitals when they are at capacity

3.1.5.1. Impacts, outcomes and Performance Indicators

Impact, Outcome/ Outputs	Indicator	Baseline	Target
Impact 1 Improved bed utilisation rate of all O&G wards esp as regards with appropriate patients	Inpatient Days, ½ day patients Inpatient bed days available	76-82% bed utilisation	75%
Impact 2 Improved client experience of care	Reduced number of complaints on patient care & total number of complaints		76.3%
Impact 3 Reduced morbidity	Reduced number if hospital care associated infections		
Impact 4 Reduce length of stay	Inpatient days, ½ day patients, inpatients separations total	3days	6 hours low risk NVDs 48 hours for low risk caesarean section patients 72 or more hours for high risk caesarean section patients Rest of data from FIO

3.2. Clinical Services Brief

3.2.1. Hospital Background

King Edward VIII Hospital is a tertiary level hospital providing tertiary services to the whole of KZN and part of Eastern Cape. The hospital has 852 beds with +/- 22 000 out patients monthly and is situated in ward 33 in eThekwini. King Edward VIII is a teaching hospital for the University of Kwa-Zulu Natal Nelson R. Mandela School of Medicine and has a Nursing College.

The story of King Edward VIII Hospital dates back to 1936, when it first opened its doors, for the sole use by black people. The physical structures and other facilities reflect this shameful legacy as much older white institutions are in better shape than King Edward. Built on a massive site of 42 acres, the hospital enjoys a rich heritage from both the Zulu and British royal families. The hospital was named after King Edward VIII, who abdicated the throne a week after the opening of the institution. This hospital is situated in what used to be one of King Shaka's residences.

SOURCE: KZN Department Of Health, http://www.kznhealth.gov.za/kingedwardhospital.htm

The following services are offered at King Edward vii Academic Hopsital:

- Arthritis Clinic
- Clinical Psychology
- Dermatology
- Dietetics
- Ear Throat & Nose (ENT)
- Emergency and Trauma Unit
- Full Radiology Unit
- General Medicine
- General Surgery
- GI Unit
- Haematology
- ICU
- Neonatal ICU
- Maxillo-Facial
- Medical Physics
- Laboratory Services
- Obstetrics & Gynae
- Occupational Therapy
- Orthopaedic
- Orthopaedics
- Paediatrics
- Pharmacy
- Physiotherapy
- Psychiatric services
- Social work
- Special clinic services
- Speech & Audio
- Theatres
- Urology

3.2.2. Obstetrics and Gynaecology services in KZN and eThekwini

The obstetric care services in eThekwini face a challenge of regional hospitals often being at capacity on a regular basis due to regional hospitals being overloaded with PHC, CHC and district level obstetric patients - which impair the capacity of these institutions to render appropriate services to regional and tertiary patients as the units have significant patient load which ideally should not be there. This impacts on health budgets of the institutions as more cost is expended on patients who should be managed at an appropriate level of care at a lower cost to the health system.

The reduction in inappropriate load would likely also reduce medical litigation in these institutions.
Some CHCs in Ethekwini need to be more optimally utilized as their delivery numbers are low relative to their staffing and infrastructure. However, increasing the deliveries at CHCs will increase the number of emergency transfers that will be required for problems that occur in labour, increasing the burden on an already inefficient EMS service, Alternatively, On-site midwife-run birthing units (OMBUs) need to be established on the site of regional hospitals, which will decongest the hospital labour ward and post-natal ward

As regards IALCH, this is a small obstetric unit and more tertiary obstetric services are needed to support the regional hospitals within the eThekwini District especially as regards gynae oncology and maternal-foetal medicine. Tertiary neonatal and Paeds Surgical Services can be improved by capacitation and commencement of these services at King Edward viii Hospital and will improve service delivery in the district within these specialities.

The current pattern for Obstetric care in eThekwini District is provided as follows:
CHCs which provide obstetric (delivery) service
KwaMashu, Kwa Dabeka, Cato Manor, Phoenix, Inanda C, Tongaat,Hlengisizwe) refer to their hospitals below.
District Hospital level care –
Wentworth, King Dinuzulu, Osindisweni and St Mary's Hospitals.
Regional Level Care
Addington, RK Khan, Mahatma Gandhi Memorial, Prince Mshiyeni Memorial **Tertiary Care**
IALCH
King Edward viii Hospital –
Maternity Services are delivered at the above institutions
Tertiary level care in obstetrics and gynaecology as load is too great for IALCH esp gynae oncology and maternal fetal medicine.
Accommodation for district and clinic level care must be found to assist with referrals from KEH once tertiary services fully commenced. capacitation esp at district level is needed. Load may be assisted by Pixle ka Seme Hospital - uncertain as to what level this hospital may be assisting as ward sizes are small and ability to support KwaMashu area fully need to be seen.

Source: King Edward Hospital Obstetrics

3.2.3. Strategic and Policy Directive at King Edward vii Maternity Obstetrics care

King Edward viii Hospital is the site for undergraduate medical student and midwifery training attached to the Nelson R Mandela school of Clinical medicine. The postgraduate students/registrars in obstetrics & gynaecology are attached to the latter medical school and train at King Edward viii Hospital in their final years of training especially for gynaecology surgery and obstetrics. The final year undergraduate students in obstetric & gynaecology are trained at King Edward viii hospital mainly by KEH obstetric and gynaecology specialists. The average number of final year students trained is 250 approximately. The following is in line with the strategic policy directive at King Edward vii with respect to Maternity and Obstetrics care:

- In line with providing tertiary level services for drainage area of KZN excluding uMgungundlovu(Greys Hospital) and Queen Nandhi Hospital drainage areas.
- Expanding centres of excellence for tertiary maternity care as well as gynaecological care esp. gynae oncology
- Provide training for undergraduate, postgraduate and subspecialty level at King Edward viii Hospital for KZN & RSA.

Source: King Edward Hospital Obstetrics

3.2.4. Clinical Service Profile:

King Edward vii Academic Hospital has the following Maternity and Obstetrics Service Profile:

- **Category of facility:** Tertiary
- **Catchment/ Population Served:** eThekwini District and Durban Functional Region
- **Model of Care provided:** Level 3 Services
    - All district and regional hospital functions
    - Specialist combined clinic, such as cardiac and diabetic pregnancy clinics
    - Advanced prenatal diagnosis
    - Management of extremely ill patients or difficult obstetric cases
    - Supervision and support for district and regional Hospitals
    - Responsibility for policy and protocols in the region serviced
- **Current Services Offered at King Edward vii Hospital are:**
    - Antenatal clinic for regional patients and foetal medicine services for antenatal scanning and management of tertiary level patients in and referral to IALCH as required (191 patients reviewed in last year). Also deliver triplets and fetal anaemia patients if required and extrauterine pregnancies managed at KEH
    - High risk obstetric care for complicated maternal medicine conditions such as complicated eclamptics and high risk maternal care even those requiring critical care (ICU), high care services in Labour ward high care
    - Labour ward theatre services for all obstetric surgical services
    - Regional obstetric level care for antenatal and postnatal patients

- Gynaecological services include gynae oncology (including staging laparotomies) and tuboplasties and tubal ligation reversal surgical services.
- Gynaecological Outpatient emergency (24 hours) and clinic services provided
- Regional level Gynaecology inpatient and outpatient services offered - ectopic pregnancies,
- Basic workup for infertility and well as tuboplasty offered for suitable patients
- Colposcopy clinic patients for precancerous lesion management

- **Tertiary services envisioned for King Edward vii Hospital are:**
  - *Gynae oncology* - including surgical, inpatient and outpatient services for gynaecological cancer patients of tertiary level - eg early stage Ca Cervix operations (Wertheims), Ca Ovary staging laparotomies, Ca Endometrium Staging laparotomies. Also complicated colposcopy services
  - *Maternal-Foetal Medicine* - Provide tertiary level foetal services such as complex foetal anomalies diagnosis and management , provide antenatal care for gastroschisis and omphalocele which require Paeds Surgical services and tertiary neonatology services for postnatal and post-surgical care, Management of Rhesus alloimmunization pregnancies, Complex tertiary level maternal problems esp cardiac disease in pregnancy, connective tissue disease in pregnancy (eg SLE), etc
  - *Urogynaecology Services*
  - *Reproductive Health Service* Possible in conjunction with IALCH
  - *Assist in Cerebral Palsy Centre of excellence* – Obstetrics & Gynaecology provides reproductive and gynaecological management and advice for the cerebral palsy patients when requested to do so – eg menstrual management, gynaecological ailment management. This is a newly launched initiative and gynaecological management is likely to be sporadic.
- **Other Hospital facilities providing maternity services in the same catchment area:**
  - Wentworth, King Dinizulu, St Mary's and Osindisweni Hospitals (District Level Care)
  - RK Khan, Addington, Mahatma Ghandi Memorial, Prince Mshiyeni Memorial Hospitals (Regional Level Care). Pixley ka Seme will imminently start providing regional obstetric Services
  - Inkosi Albert Luthuli Central Hospital- National Central Hospital
- **Number of deliveries at the facility:**
  - Currently King Edward VII hospital does 550 to 600 deliveries per month with a caesarean section rate of 52% (average of approx. 50% over last 3 years).
  - Performs approximately 6500 to 7000 deliveries per annum (over last 3 years)
  - Average Deliveries per day: 18-20
  - Average length of stay is 3 days in obstetrics and 5 days in gynaecology.

- For tertiary services the Caesar rate increases to 75% to 90% and length of stay likely to increase as well - to possibly 7-9 days
- Gynaecological stay likely may increase to 5 to 7 days on average

- **Hours of Operation:** 24 Hours

3.2.5. Clinical Design Assumptions

The most important drivers in determining the required size of the Proposed Post Natal Ward is the current delivery numbers and average length of stay

- Total Average Deliveries per day: 20
  - Average Vaginal Deliveries per day 10 (50%)
  - Average caesarean patients per day 10 (50%)
- Average length of stay:
  - Vaginal Deliveries- 1.5 days
  - Caesarean patients- 3.5 days

Post Natal Beds:

- Vaginal Deliveries- 10 x 1.5 days= 15
- Caesarean Deliveries- 10 x 3.5 days= 35

Required beds at 100% utilisation= 50
Required beds at target of 75% utilisation= 65

Kangaroo Mother Care (KMC):
Required KMC beds are 12- given the length of stay of KMC patients being 1 month or longer. KMC babies are to be roomed with their mothers

Given the above clinical design assumptions- the Post Natal ward should ideally cater for a total of **77 Postnatal beds, 12 of which are KMC beds.**

Well baby Nursery:

The Postnatal ward is to include a well-baby nursery with provision for 10% of 'Mother' Beds- as guided by Clinical Department: Obstetrics and Gynaecology KZN. Therefore the bassinets to the well-baby nursery is calculated as follows:
65 x 10% = 6, 5
The nursing staff complement for this area is to be provided for in staffing plans. Only well babies fit for discharge will be admitted to this area – ie those baby awaiting their mums or caregivers.

7 Bassinets is required clinically

3.2.6. Maternity Unit Services Provided:

At a tertiary level, the Maternity Unit services to be offered are as follows:

	Service	Comments
1	Inpatient antenatal care	Ante- Natal ward where 24-hour care is available
2	Dedicated obstetric theatre	A dedicated operating theatre for hospitals with less than 40 maternity beds
3	Delivery Unit	Also known as the labour ward or birthing unit
4	Well- baby Care	A nursery in the post natal ward area
5	Inpatient post natal Care	Postnatal ward where 24-hour service is available
6	Outpatient services	Antenatal and postnatal
7	Kangaroo Mother Care	Located in the postnatal ward
8	High Dependency unit for mothers	Adjacent to the delivery unit and antenatal ward

3.2.7. Maternity and Obstetric in Tertiary hospitals

These hospitals render specialist and sub-specialist care to a number of regional hospitals and serve as a platform for training of health care workers and research. They may also render some regional services. They may be called a central (or tertiary) hospital.

Functions

- All regional hospital functions.
- Specialist combined clinics, e.g. cardiac and diabetic pregnancy clinics.
- Advanced prenatal diagnosis such as chorion villus sampling and cordocentesis.
- Management of extremely ill or difficult obstetric patients.
- Supervision and support for district and regional hospitals.
- Responsibility for policy and protocols in the regions served. Staffing Advanced midwives, midwives, enrolled nurses, nursing assistants, full time medical officers and full time specialist obstetricians, including sub-specialty skills.

Facilities

- All the facilities required in level 1 district and level 2 regional hospitals.
- Specialised equipment for the management of very ill or difficult obstetric patients.

Source: Guidelines for Maternity Care in South Africa Fourth Edition 2015- National Department of Health

Approximately 60–70% of all women who use government facilities will require the services of a hospital at some stage during their pregnancies. About 10% of women will require the services of a specialist obstetrician at a regional or tertiary hospital (Department of Health, RSA, 2007).

3.2.8. Referral System:

It is essential to have a referral system in place, with clear protocols for management, referral, transport and responsibility that link the various categories of service. A well-coordinated referral system, with access to transport and facilities, is essential for the provision of optimal care to all pregnant women in the district (NDoH, 2007).8

Transport maternity units should be available from clinic level up to central hospital level, so that patients can be transferred between facilities where required.

The following referral system is defined for the King Edward Vii Academic Hospital:

REFERRAL PATTERNS FOR ETHEKWINI DISTRICT (region F) Revised 2012
KEH
W. WORTH
CATOR MANOR
Austerville
Bluff
Merebank
Lamontville
Clairwood
Montclair
Seaview
Yellowwood
Chesterville
Kwastimama
Umbilo
Glenwood
ADD HOSPITAL
City Clinics
Durban Central
Lancers Road
Addington PHCC
Greyville
Point
Albert Park
KGV
Newlands East
Newlands West
Fosa
Clare Estate
Sydenham
Redhill
Asherville
Primrose Service Centre
Sea Cow Lake
Overport
Westville
KMPC
Kwa Mashu B
Maplepheteni
Goodwins
Lindelani
MAHATMA GANDHI
PHOENIX CHC
Besters
Umhlanga
Stonebridge
Grove end
Cameside
Nhuzuma
Lindelani
Inanda
Newtown A
Inanda C
Phoenix
(CHC)
Amaoti
La Lucia
Ottawa
INANDA C
Amatikwe
Qadi
Sivananda
Amaoti
INANDA A
Inanda
Seminary
Nhuzuma
TONGAAT
Hambanathi
Molokoloo
Verulam
Terrace Park
Waterloo
Ottawa
OSINDISWENI
Ndwendwe
Oakford
Molokohlo
Ekukhanyeni
Mariannridge
Verulam
Tongaat
Tafamasi
Esikuleni
RDC
Ciermont
Molweni
Halley Stott
Ngcolosi
Zwelibomvu
KwaNdengezi
ST MARY'S
Pinetown
Tshelimnyama
Motala
Mpola
Kloof
Wyebank
New Germany
Halley Stott
Molweni
Waterfall
Msunduzi
Ngcolosi
Fredville
Nishongweni
Zwelibomvu
Hlengisizwe
Peacevale
Mpumalanga
Westville
Clairmont
KwaDabeka (CHC)
HALCH
RKK HOSPITAL
Bayview
Woodhurst
Shallcross
Queensburgh
Marianridge
Niagina
Northdene
Kleinwater
Township Centre Unit
Yellowwood Park
Kwa Ndengezi
Bobha's Hill
Hlengisizwe (CHC)
Kwa Dabeka
Mzamo
Lugunda
Welberdarch
Siyakha Private Clinic
PRINCE M.HOSPITAL
Umbumbulu
Folweni
Banyeni
Kwamatha
Inkweli
Odufini
Embo
Umlazi Clinic
Isipingo
Magabheni
Imfume
Umlazi
Amanzimtoti
Kingsburgh
Adams Clinic ((PVT)
Hbelimpila
Lamontville
Clairwood
Amawele Clinic
Umlazi AA
Umlazi G
Umlazi N
Umnini
Umkomaas
P SECTION
Umzomuhle
Ekuphilileni
V Section
N Section
G Section
K Section
MAKHUTHA
Adams
Danganya
Athlone
Toti
Illovo
Kingsburgh
U2N
Folweni
Odidini
Umbumbulu
Naimbini
AA
Q Section
Regional Hospitals / District Hospitals / Community Health Centers (CHC)

3.2.9. Categories of Maternity Care:

The care pathway includes three categories of care:

1. Antenatal care
2. The delivery Process
3. **Post Natal Care-** For which the scope of this project is limited to.

Figure 2 the Maternity Care Pathway (Source: IUSS: Maternity Care Facilities)

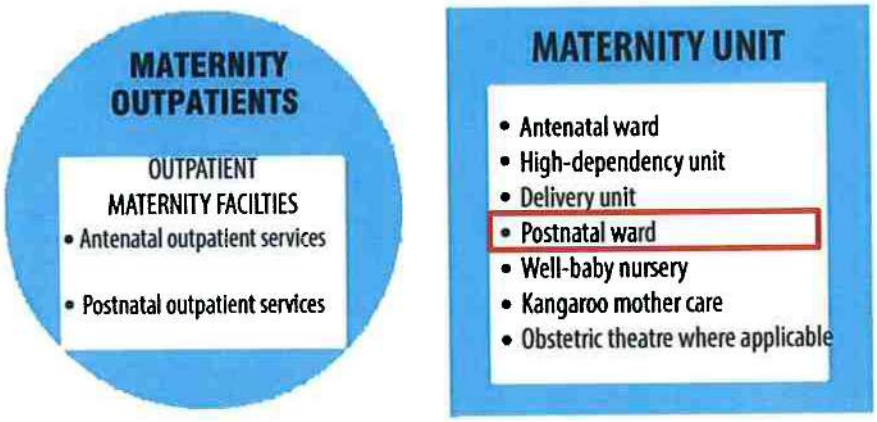


Figure 3 Two components of Maternity Care (Source: IUSS: Maternity Care Facilities)

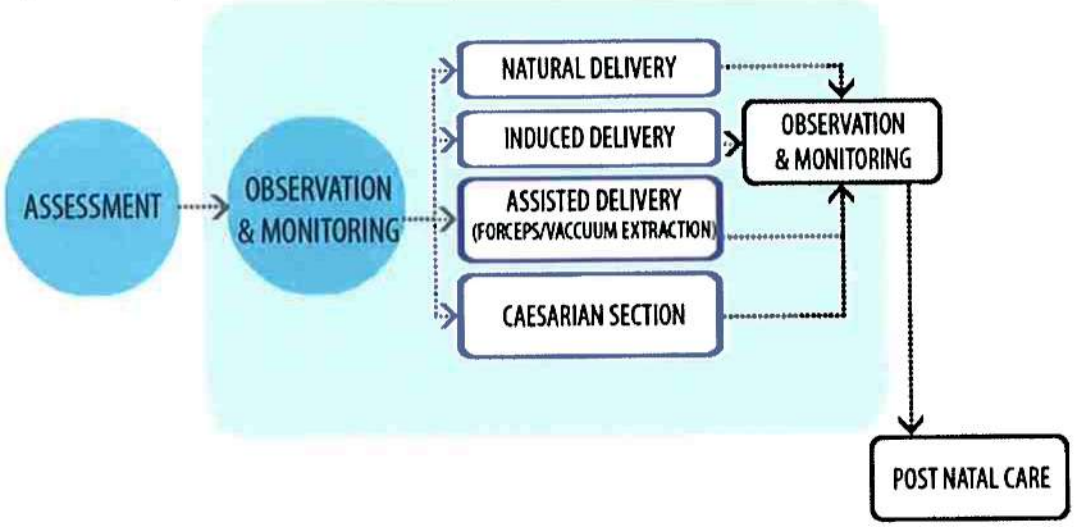


Figure 4 Process through the Delivery Unit

The above diagrams indicate how the Post Natal component of the clinical service being addressed fits within the Maternity and Obstetrics clinical Care Profile.

3.2.10. Post Natal Care Profile

The objective of postnatal care is to assist the woman to return to optimal health as soon as possible after delivery and to ensure the infant receives the care needed to achieve and maintain optimal health and development. It is important to ensure that the woman has all the information she needs to manage everyday situations with her new-born and family once she leaves the facility.

Mother care: The patient and baby are transferred to a postnatal inpatient ward once the patient is stable. She and her baby are further observed and monitored.
Patients who had undergone caesarean sections need to be accommodated in beds in the inpatient unit, as they are closely monitored after surgery.
Clinically unstable or ill mothers are managed in either the postnatal ward or high-care unit.

Kangaroo care: Babies who are well but underweight are nursed by the mother in a kangaroo mother care unit in the postnatal inpatient facility until the baby gains sufficient weight before discharge. Kangaroo mother care is provided at all levels of care.

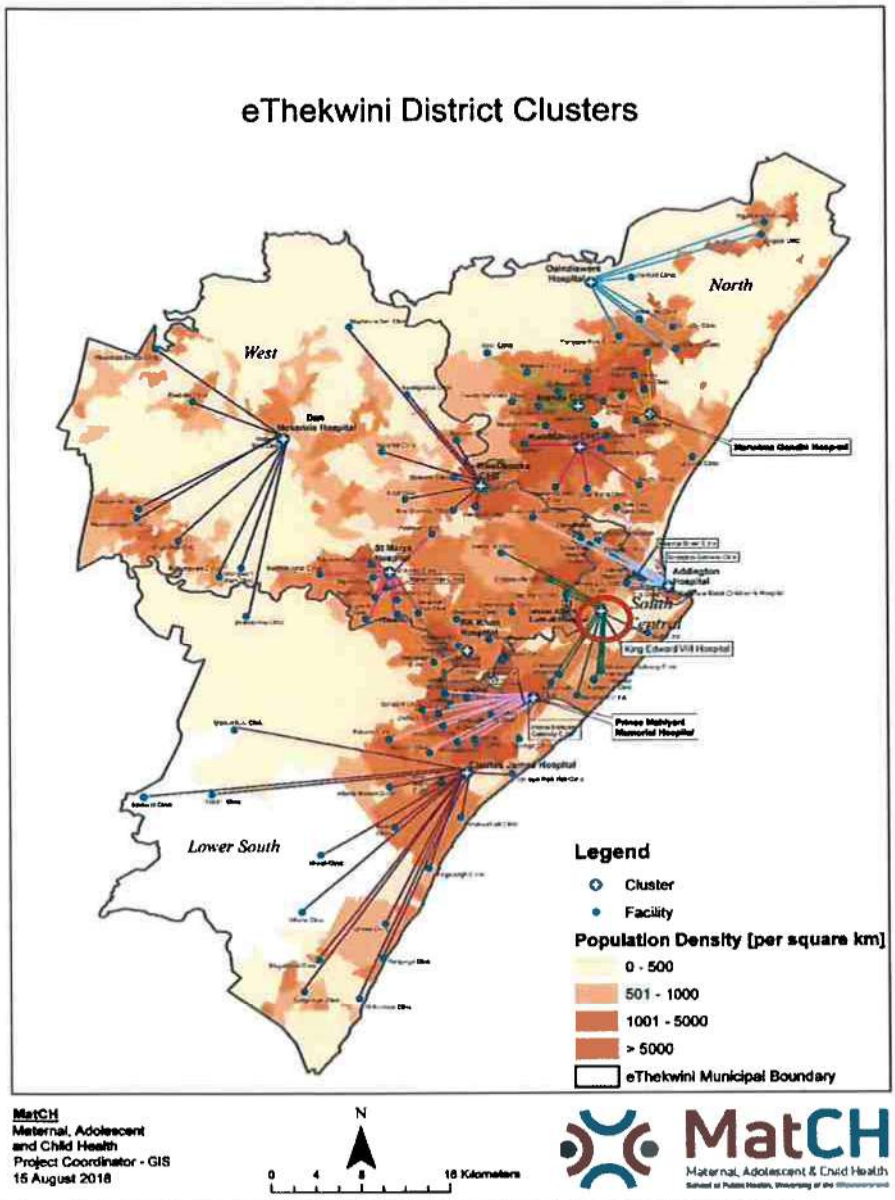
Baby care: Space needs to be provided adjacent to the mother's bed so that the newborn can be cared for alongside its mother. Babies are roomed with their mothers unless the mother is unwell or unable to care for the infant. To this end, a **well-baby nursery** (calculated at 10% of postnatal beds) should be provided in the hospital. This is adjacent to the inpatient postnatal facility. Incubators should be provided in the well-baby nursery for babies who are sick.
Neonates who require assisted life support at district hospitals should be transferred to regional or tertiary hospitals an placed under the care of a paediatrician. This could include admission to a neonatal unit or the neonatal intensive care unit.
Overall, it is important that facilities are designed for the appropriate use by the family, the patient and the staff providing the care. The main objective is to provide for the safe care of both mother and baby in a comfortable, relaxing environment that facilitates what is a normal physiological process, enabling self-management in privacy whenever possible (Department of Health, England, 2011a)10.

3.3. Site Location

3.3.1. The Site

On a macro level, King Edward Vii Academic hospital is located in the EThekwini South Central region, in the Durban Bay Area. It is located at the border between residential, educational and industrial zones. The site is found alongside the R102, a primary corridor route into the city. The area is characterised by Industrial warehouses servicing the Durban port to the southeast, and heritage residential buildings and educational buildings towards the northwest and inland.

The hospital is located in a Peri-Urban area on the fringes of the city, positioned as part of the apartheid spatial planning legacy to treat 'Non-European'/ Black citizens on the periphery of the city. The hospital was opened in the 3rd of December 1936. Original infrastructure within the complex reflect this history, with many buildings enduring a great deal of dilapidation. The apartheid legacy of the buildings bleed through the original infrastructures, as designed spaces did not care for patient dignity. This is most notable in design of patient ablution facilities and cramped bed layouts.



Map 1 Strategic Location of King Edward vii Academic Hospital within the EThekwini District

3.3.2. Site Information:

Restrictions:

- Planning: AMAFA building
- General:

It is important to note that renovations are limited to an existing Building footprint of Ward 'O3'. Bed spacing and Beds per ward is to comply at minimum with R158. Clinically required number of beds are therefore limited to physical space on site and may not achieve the clinically required bed numbers.

- Land use definition:
  Government

- Heritage components:
  The ward proposed for renovations is estimated to be built in the 50's and will be subject to AMAFA application

- Survey of the site:
  Survey of the site may be required.

- Geo-technical information
  Not required

- Traffic impact study
  Not required

- Climatic conditions
  - General Climate: Durban has a humid subtropical climate (Köppen climate classification Cfa), with hot, humid summers and warm, quite dry winters, which are snow and frost-free.
  - Temperature: With an average of 24.3 °C | 75.8 °F, February is the warmest month. July has the lowest average temperature of the year. It is 17.3 °C | 63.2 °F
  - Rain fall: The rainfall here is around 893 mm | 35.2 inch per year. The driest month is June. There is 30 mm | 1.2 inch of precipitation in June. With an average of 103 mm | 4.1 inch, the most precipitation falls in March.
  - Wind direction: Durban has two prevailing wind directions. The North Easter which brings sunny and hot weather, and the South Westerly which usually means cooler overcast or rainy weather with strong winds.
  - Any Severe events of concern: Proximity to the bay area is noted to be a concern, more especially in terms of deterioration of the building and materials. Further to this, mosquito and bird infestation is noted to be a concern and should be designed for.

SOURCE: https://en.climate-data.org/africa/south-africa/kwazulu-natal/durban-511/

- Aviation:
  Helipad is existing adjacent to the ward to be renovated. Design considerations must note proximity and ensure suitably fixed building components. Ceiling failures have been noted in the past, where ceilings have collapsed due to helicopters landing in close proximity.

- Seismic activity:
  None known

- Radio towers:
  None Known

- Site orientation:
  Ward orientated towards the north easterly direction

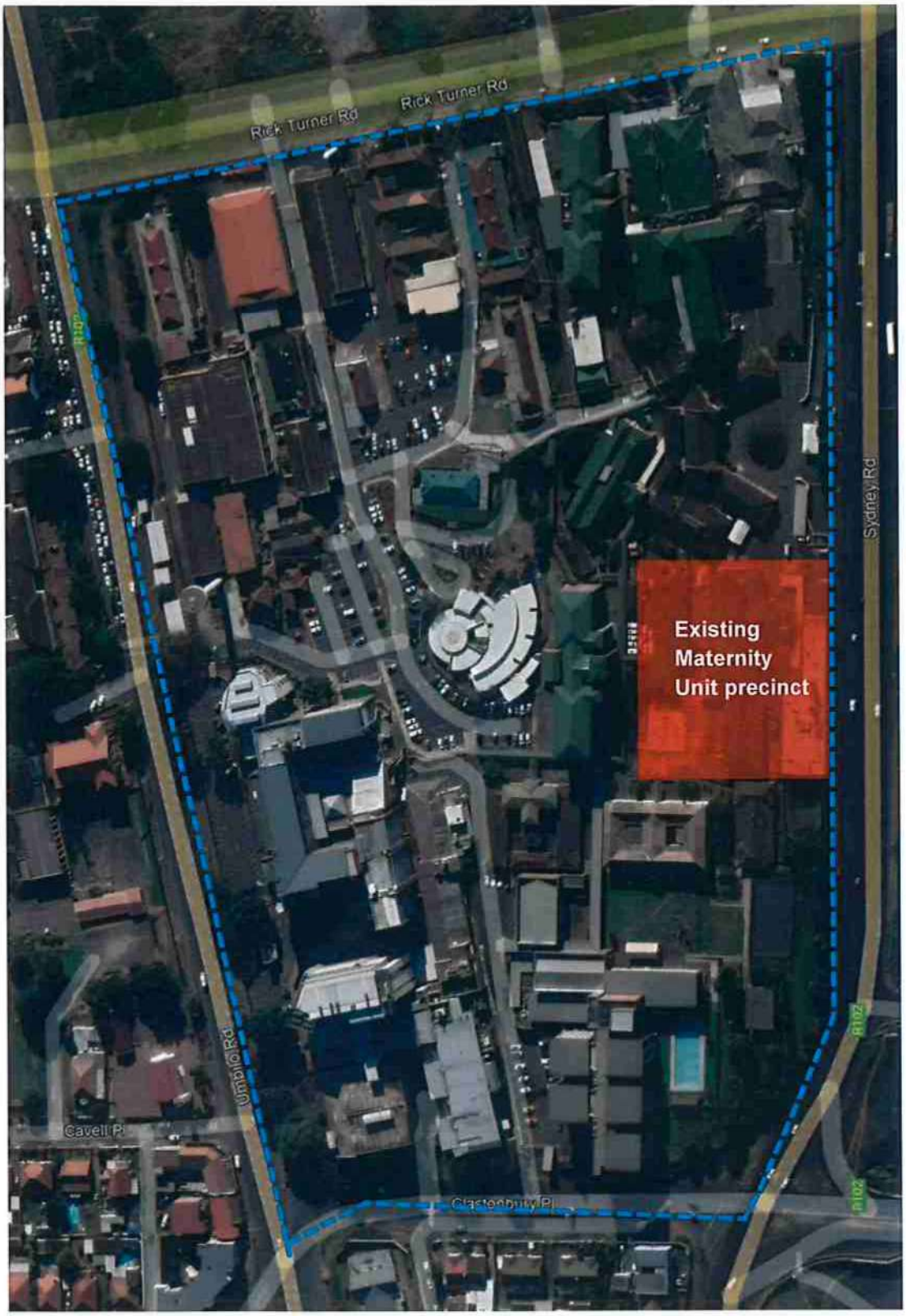
- Security and access control:
  Security and access control must be designed appropriately- noting patient dignity- more especially given that the ward is to house Post Natal Patients

- Flood plain risks:
  None Known

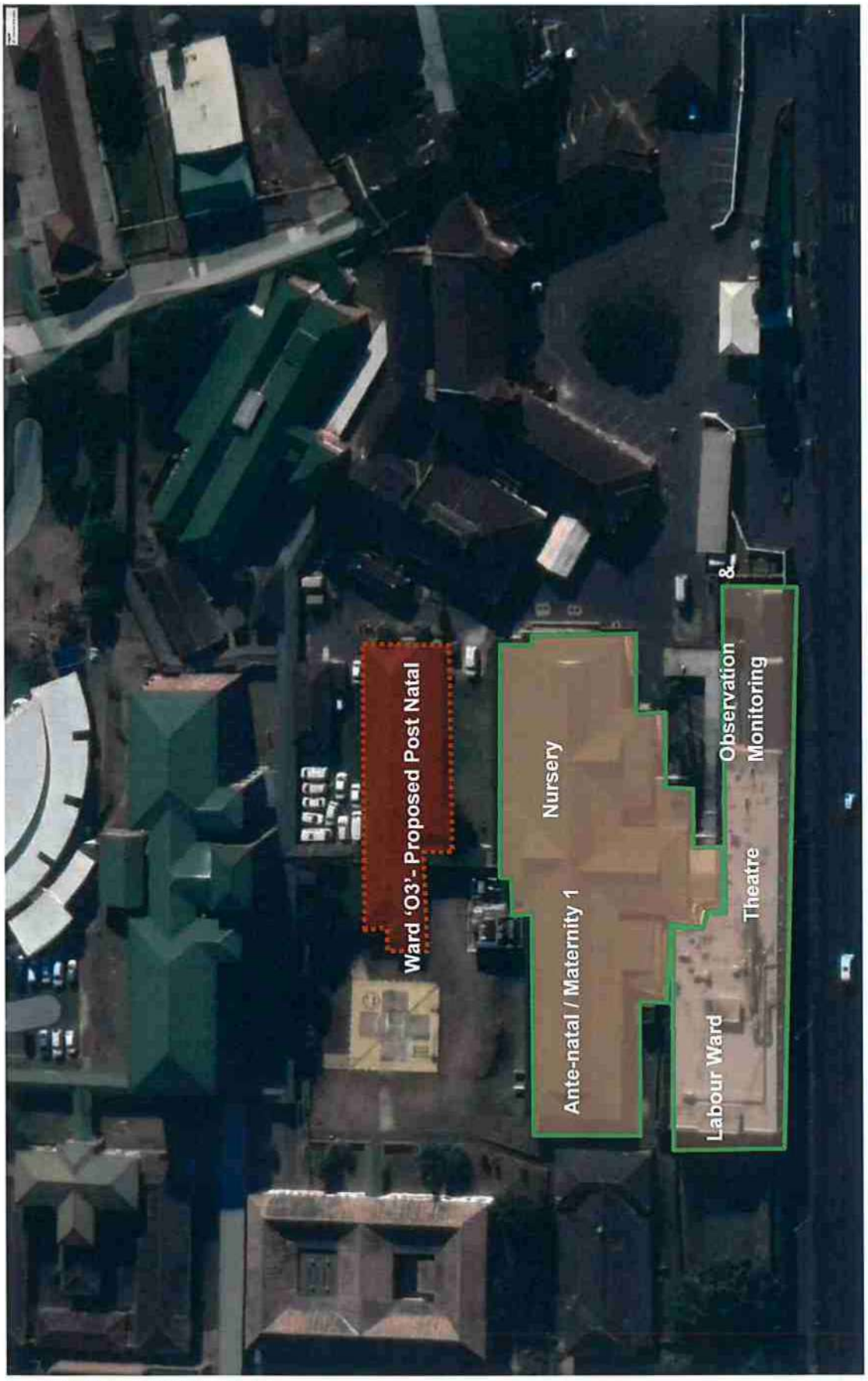
- Existing infrastructure:
  See conditional Assessment- Annexure A

- Bulk services (Services required is discussed in detail later in the document):
  Adequacy of Bulk services is to be investigated. Services to include:
  - Sewerage
  - Water
  - Electricity
  - Storm water

3.3.3. Site Context: Maternity Unit Infrastructure Profile within King Edward vii Academic Precinct



Map 2 Site Location of Maternity Unit within King Edward vii Academic Hospital Complex



Map 3 Maternity Unit Components

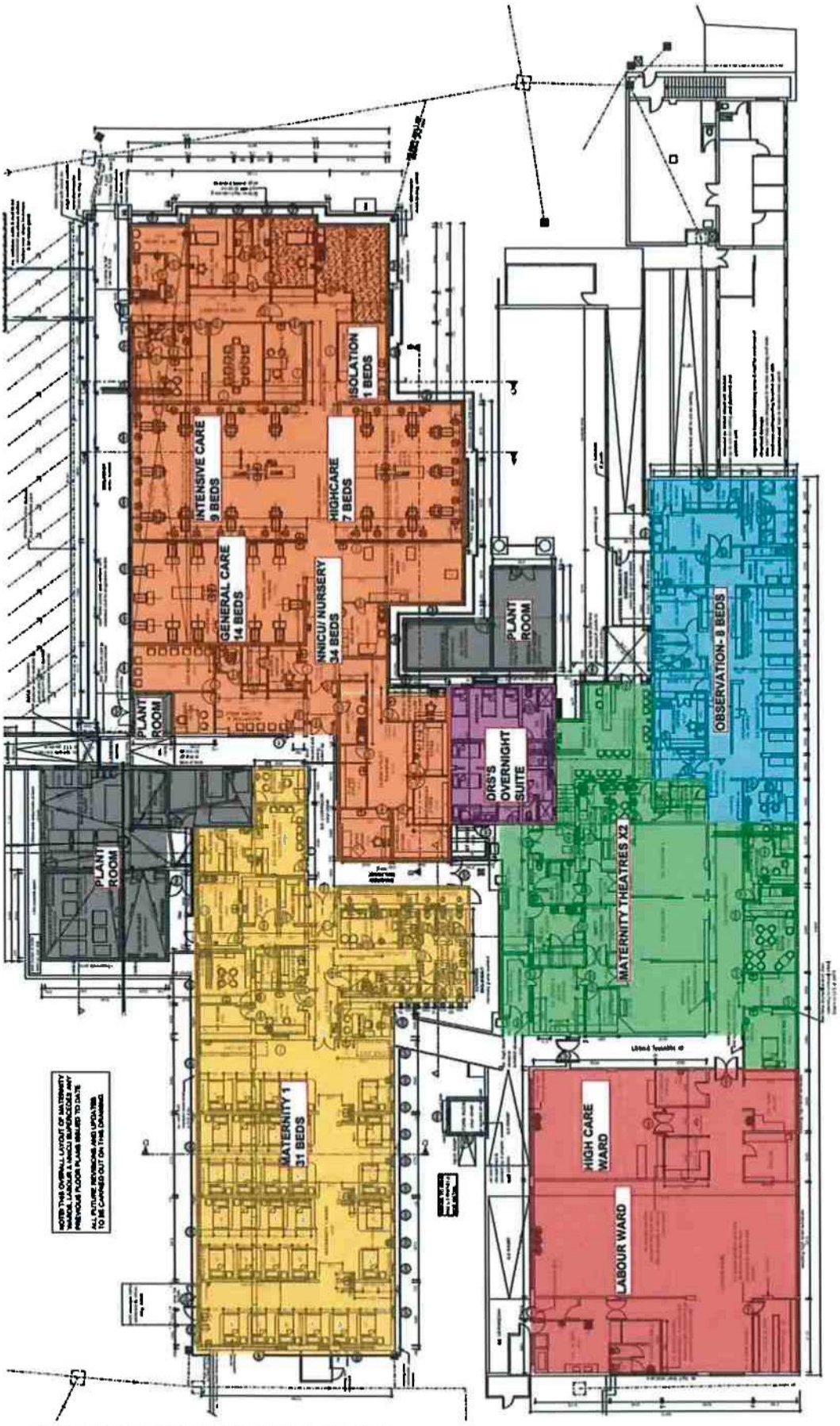


Figure 5 Existing Maternity Unit Infrastructure

3.3.4. Conditional Assessment

A full conditional assessment had of Ward 'O3' / Maternity 2 had been conducted by Sakhisizwe Architects, during the Nursery Upgrade project. See Annexure A, for full report. A summary of the conditional assessment is provided below:

Conditional Assessment summary:

- King Edward vii academic Hospital dates back to 1936, with the maternity buildings dating back to the 50's and 60's.
- The facilities and building state reflect the ages and wear the building has taken over time. It is also noted that facilities in such close proximity to the sea is subject to greater deterioration, as is the case with the ward being assessed.
- Maternity 2/ Ward O3 has an existing floor area of +- 575 sq., having historically accommodated 70 Post Natal beds- noting the historical context of accommodating 'non' European patients, of which patient dignity was not a concern.
- The building is a brick and mortar building with steel roof on original timber trusses, on a single floor, with approximate dimensions of 12.7m wide x 34.17 m
- The Ward includes a veranda space which is approx. 2.7m wide.
- Service spaces are separated from the ward, by means of a circulation passage. These areas are also found to be in a state of deterioration.
- Patient ablution facilities are dilapidated, and spatially inconsiderate of patients
- Walls are painted brick and plaster and paint in areas
- Floors are vinyl and terracotta tiles which require to be replaced- and is not IPC compliant
- Ceilings are gypsum ceilings which are collapsing due to roof leaks
- Medical wash hand basins are insufficient

The images below illustrate the state of the current facility.

Image 1 Entrance to Ward 'O3'

Image 2 Ward Interior Condition

Image 3 Circulation Passage

Image 4 Shower Facilities

Image 5 Shower Facilities

Image 6 Existing Sluice

Image 7 Ward Veranda

Image 8 Leaking Plumbing

Image 9 Existing Clinical WHB

3.3.5. Infrastructural constraints / limitations

Given the above site information and preliminary investigations, the following constraints and limitations which the project faces in achieving the required clinical objectives are known, have been brought to the attention of all stakeholders, and limited functioning accepted to which mitigating solutions are to be planned for by the facility:

1. The renovations are to be conducted to an existing building footprint- Ward O3. Therefore the area to accommodate clinical functions are limited to this space. A courtyard is located adjacent to this building to which the building may increase to a limited extent, as space may allow.
2. Given the space constraints of Ward 'O3', and in acknowledging that the infrastructure is an existing building- bed spacing is to revert to the minimum requirements as set out by the R158- as opposed to the model spacing as set out by IUSS.
3. As per the R158, A Nursing unit/ Ward is to be limited to a Maximum of 36 beds and an additional space of 1 m² per bed must be allowed for accommodation of infants rooming with their mothers in a post natal ward.
4. Achievable beds *will not meet* the clinical requirements of 77 Post Natal beds and 7 Well baby nursery bassinets. Achievable beds will therefore be determined by the available space- and

limited to a Maximum of 36- per R158 Nursing Unit guidelines. Revised bed numbers are to be agreed to by the facility.

5. Well baby nursery bassinets are to be calculated at 10% of achievable beds.
6. Infrastructure Development is currently underway with a concurrent project *King Edward VIII Hospital: Condition Assessment, Masterplan and Project Briefs*, which is noted to be in the planning stage- to which the Maternity Unit brief in relation to hospital designation and clinical needs are assumed to be addressed. It is anticipated that the project will be lengthy and cannot meet the immediate need of accommodating post natal patients. Therefore, the current proposed Post Natal Unit is to proceed- despite not being able to fulfil the full clinical bed requirements.

The facility will require to investigate mitigating strategies' to accommodate patients- given the shortfall of beds. To which the following strategies are to be investigated:

- Continued utilisation of ward N4B at King Edward viii Hospital
- Continued use of St Aidan's Hospital (20 beds)
- Non-inclusion of well-baby nursery in postnatal ward as this would further reduce bed capacity (Current capacity being reduced from 70 to 36 beds in project brief)
- Amendment of referral pattern with referral of obstetric and gynaecology patients from KwaMashu drainage area to be directed Pixley ka Seme Hospital & Mahatma Ghandi Hospital
- Cato Manor CHC to resume 24-hour maternity care services (which would reduce walk-ins from Cato manor area)
- Referral of district and lower level patients to district hospitals within the eThekwini area especially Wentworth Hospital & King Dinizulu Hospital

3.4. Technical brief

3.4.1. Overview of technical scope of work

The scope of the work is to include the following:

1. Gut and renovate Ward O3 for the clinical purpose of accommodating Post Natal Ward
2. Design spaces in accordance with the required accommodation schedule to effectively perform clinical objectives
3. Utilise R158 as a basis of bed spacing - given spatial constraints IUSS guidelines will not be used.
4. Post Natal Ward design to include the following categories of patients-
    a. Maternity Inpatients – Post Natal
    b. KMC patients
    c. Well- Baby Nursery – is to be excluded
5. Design options are to investigate extension of ward into adjacent courtyard, as space may allow.
6. Project must include the replacement of roof (including truss system) as is recommended by previous conditional assessments carried out.
7. Walkway connecting new nursery to Wad O3 is to be included in the upgrade project.

3.4.2. General Design Considerations

The planning of the maternity health facilities should support *salutogenic* (healing environment) planning principles to ensure a holistic healing environment with, where possible, clear external views, as much morning sun or light as possible and spaces that create a pleasant healing environment.
Design should provide the following:

- A clinically safe and effective patient environment for mothers and babies
- Ergonomically safe and risk-free work environment
- Appropriate space norms and room design
- Functional space design that accommodates all the relevant activities to take place in each room
- Design that reduces noise in the facility
- Compliance with quality assurance principles
- Communication and information systems that will support patient management and administration
- Layouts that reflect the service needs of the patients to be accommodated in the various areas in a maternity unit
- Adequate storage space for equipment
- Appropriate equipment and infrastructure to be provided to facilitate the required service

3.4.3. Access and Circulation

Access control is an important aspect in the design of a maternity unit. The design should limit public access to all clinical departments. Visitors should have limited access with a single point of entry, with a security checkpoint at this entrance to the unit.

3.4.4. Security and Access control

Security is an issue of importance for staff, mothers and babies (Department of Health, UK, 2011b). Babies born in hospital should be cared for in a secure environment to which access is restricted

- An effective system of staff identification is essential
- A robust and reliable baby security system should be enforced, such as baby tagging, closed-circuit television.
- Strict criteria for the labelling and security of the new-born infant are essential
- The number of entry and exit points to the unit should be reduced to a minimum. Public access and egress should be limited to one door, which should be in the vicinity of, and with good natural surveillance from the reception desk/staff communication base, although security should not solely rely on the presence of staff or observation. The use of centrally managed access control with one of the following systems should be considered essential: swipe card, proximity or biometric recognition. Where this is not possible, access/egress controls to wards should be operated at ward level.
- Overt and well-publicised CCTV cameras should be installed at all entrances to the unit. Where the unit is only one department within a larger health facility building, consideration should be given to installing CCTV at all exits from the building in order to maximise the opportunity for detecting, identifying and apprehending an abductor.
- An integrated security system should link the building/fire door alarm system to baby tags, and CCTV systems to an appropriate monitoring station.
- Signage should be displayed alerting users of the security systems in place, for example CCTV cameras and baby tagging systems.
- Security systems in place should not impede the movement of staff or the safe transfer of mother or baby in the event of an emergency.
- The need to provide system security to deter potential criminal behaviour and to reassure parents should be balanced with the need to create a welcoming atmosphere in the unit.

3.4.5. Infection Control

- The layout of the ward must facilitate the flow of clean and soiled goods and not only patients. The management of soiled and contaminated linen and waste removal should be planned to avoid contamination. There should be adequate ventilation to minimise airborne disease transmission. Patients and any unauthorised persons must not have access to areas where hazardous materials and waste from the facility are stored.
- Hospital-acquired infections must be prevented. Particular attention should be given to protocols for the caring of patients with infectious diseases (particularly TB), immuno-compromised patients and paediatric patients, as well as for healthcare workers.
- The following aspects contribute to effective infection prevention and control, and are relevant within the context of the inpatient unit:
- Hand hygiene facilities
- Provision for the separation of infectious patients
- Handling of linen
- Separation of clean and dirty work flows
- Storage
- Waste management
- Surface finishes
- All areas of the facility should be designed, constructed, furnished and equipped in keeping with infection control principles.

3.4.6. Way Finding

Way finding and signage should be considered from the inception of the design process. Universal signage for all the internal rooms should be provided as far as possible. Signage has to clearly identify

staff, patient and visitor areas, and draw attention to restricted areas. The preferred lettering style on signage directions should follow from the recently completed '*Nursery upgrade* project.

3.4.7. Patient satisfaction, privacy, dignity and respect

Patients must be attended to in spaces that offer privacy, dignity and respect, whether they are being examined and treated or merely speaking with the staff. This means that rooms need to be reasonably soundproof, well partitioned and screened from other activities in the facility.

3.4.8. Inclusive environments

A Post natal ward will have a high proportion of patients who are unable to function without some form of assistance. To ensure minimum patient dependence on staff and others, consideration should be given to designing for optimum patient independence and enhanced staff productivity.

3.4.9. Building and Engineering Services to Maternity Inpatient- Post Natal Ward

Bulk services are available at King Edward vii Academic Hospital. The Post Natal unit will connect into the existing services.
However all services must be tested and verified to ensure that the existing services are functional and sufficient to accommodate the extra load. If insufficient, provision must be made for upgrading. Services required (not inclusive) include:

- Mechanical Services

The following mechanical HVAC and Medical Gas services are required;

- HVAC:
  - Mechanical Ventilation and Air Conditioning to 24-26°C.
- Medical Gas Points
  - 1x Oxygen Point and 1x Vaccum Point for every 2 beds.
- Fire protection services- to comply with applicable standards

All to comply to applicable standards and KZN-DOH policy Documents

- Electrical Services
  - Electricity
  - Backup/Emergency Systems are to be investigated

- Other Bulk Services
  - ICT - network and cabling
  - Electronics - access control
  - Telecommunications
  - IT Communication
  - Sewerage- Sewerage upgrades will be required and is to be assessed. Bulk Sewerage is known to be problematic on site and is to be assessed and addressed.

3.4.10. Green Building Initiatives

Green initiatives suitable to the project context must be considered some of which may include the following:

- Passive ventilation strategies
- Energy and Water efficient design strategies'
- Solar initiatives where possible

3.4.11. Accommodation schedule

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

Table 1: Proposed accommodation schedule

Noting space limitations due to existing building footprint- Not all spaces may be achievable- Areas listed as priority should take preference

Priority	No	*Room/area*	*Size m²*	Total m²	Comments
Patient Area - 470 m²					
	1	*6 bedded KMC Unit*	*65*	65	
Yes	6	*6 bedded Maternity Inpatient*	*50*	300	Maximum 36 bedded Unit
	1	Well baby Nursery	35	35	4 bassinets – if spatially possible
Yes	2	Isolation Rooms	10	20	
	1	Treatment Room	10	10	
Yes	As required	Patients ablutions	40	40	As per R158 Guidelines
Staff Areas 26 *m²*					
	1	Duty Room	9	9	
	1	Nurses Station	4	4	To be planned for effective control of patient spaces
	1	Staff Toilet	4	4	May be allocated outside of patient zone
	1	Staff Room	9	9	May be allocated outside of patient zone
Support Areas 16 *m²*					
	6	Bay- Wash hand	1,5	9	1 per 6 beds
	2	Bay- Mobile Equipment	1,5	3	
	1	Bay- Resuscitation trolley	2	2	
	1	IT- if so required	2	2	
Cleaning 24 *m²*					
	1	Cleaners Room	6	6	
	1	Clean utility	6	6	
	1	Dirty Utility	6	6	
	1	Sluice	6	6	
Stores 26 *m²*					
	1	Clean linen	6	6	
	1	Equipment General	6	6	
	1	Medication	6	6	
	1	Ward Kitchen	8	8	
TOTAL			**562**		
		Circulation	196		Calculated at 35% of total estimated area
TOTAL ESTIMATED			**758**		**Estimated**

3.4.12. Critical departmental relationships:

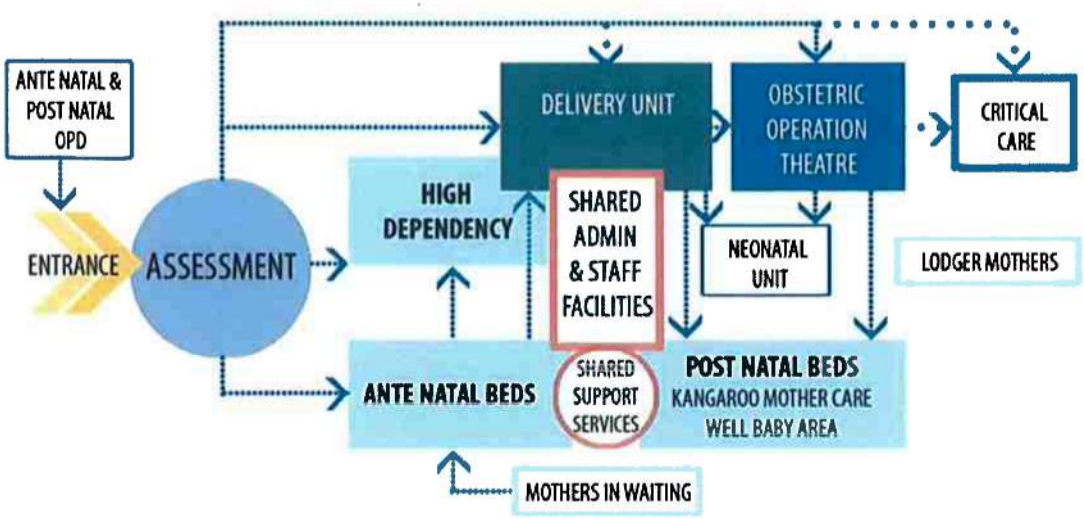


Figure 6 Relationship between various departments within the Maternity Unit

4. Overall Project Strategy

4.1.1.1. Project Management Life Cycle

The Project Management Life Cycle is a structure with a set of stages that will be required to transform the idea of the Post Natal and KMC unit into reality in an organised and efficient manner. The project will follow the Infrastructure Delivery Management System (IDMS) and the Framework for Infrastructure Delivery and Procurement management (FIDPM).

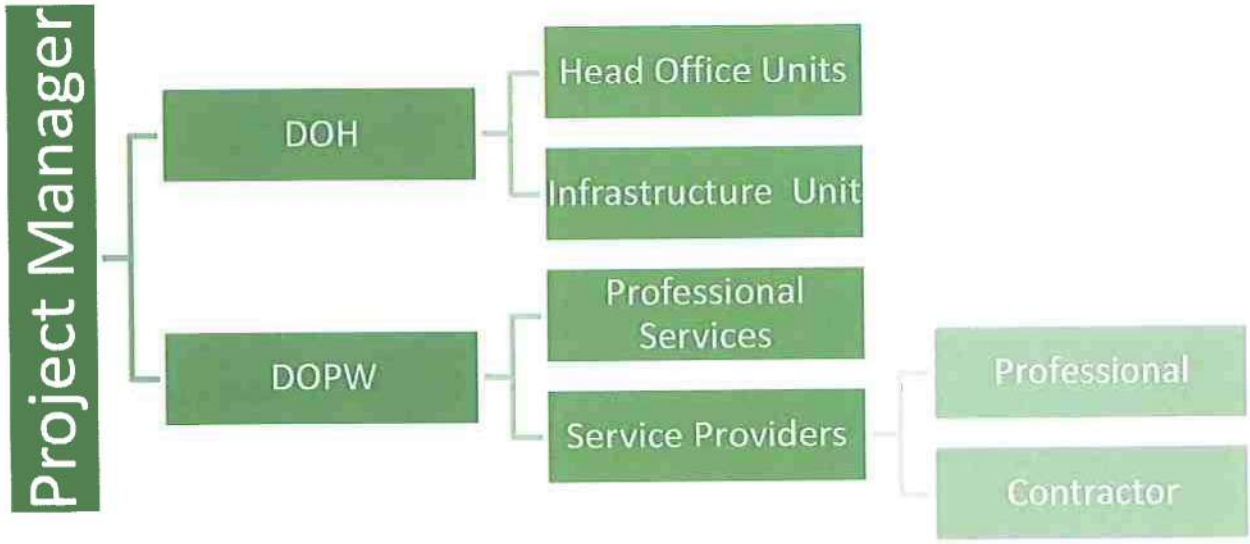
4.1.1.2. Project Logistics

Project logistics involve the managing of resources, which will have a bearing on the project finance, including the following:

- Project Team: the right mix of stakeholder, professionals, contractors and administrative resources that is required for the project;
- Physical Infrastructure: the best suited spaces for the office team to perform duties in relation to the project;
- Computing infrastructure: required integrated business management system for the project execution phase;
- Communication infrastructure: required communication systems and facilities to allow communication at all levels;
- Accessibility: required access to transport, housing, commerce (all related) and medical facilities
- Waste management: requirement for proper waste management; including sustainable practices

4.1.2. Project Organization

The project organization is structured to facilitate the coordination and implementation of project activities thereby creating an environment that fosters interactions among the team.
The following structure is proposed which need to be developed further:



4.1.3. Assumptions

The following assumptions have been made:

- Implementing Agent: KZN-DOPW - It is assumed that DOPW will implement this project by making all necessary resources available as set out in item 5.1.6.1 below;
- Supply Chain Management (SCM) - It is assumed that KZN-DOPW SCM will be responsible for the management of procurement processes and Contract Management; and will provide support in developing the necessary tender and contractual documentation;
- Department of Health Head Office - It is assumed that KZN-DOH Head Office staff, as identified under items 0 and 5.1.6.1 below, will be accessible to be able to provide input on designs quickly and respond to queries timeously;
- Hospital Management - It is assumed that Hospital Management will be accessible to be able to approve designs quickly and respond to queries timeously;
- KZN-DOH Infrastructure Unit - It is assumed that the required complement of staff will be available to provide project services as indicated in item 5.1.6.1 below;
- Operational budget - It is assumed that the required additional operational budget will be available to run unit after completion;
- KZN-DOH staff - It is assumed that the required complement of staff will be available to provide service and to manage the unit after completion of the infrastructure works; and
- Project funding - It is assumed that Project funding will be available to fund this project.

4.1.4. Constraints

The main constraints of the project is the existing building footprint and available area, which will not meet the full clinical requirement of 70 beds.
Time constraints are also noted, as a lengthy project period will continue to hinder service delivery.

4.1.5. Dependencies

The success of the project lies with efficient project management and stakeholder engagements.

5. Project Management and Controls

5.1.1. Project Integration Management

It is important that this project and the various processes be integrated and managed as a holistic whole. Project integration management is necessary so that the project team will work together seamlessly. The Integration management plan must include the various processes, systems, and methodologies that follows to develop cohesive strategy.

The Project Integration Management plan must identify, describe, combine, unify, and coordinate the project processes and related activities with project team. The following processes have been identified for this project:

- Scope Management
- Stakeholders Management
- Time Management
- Cost Management
- Risk Management
- Human Resource Management
- Communication Management
- Change Management
- Quality Management

5.1.2. Project Scope Management

The following broad Scope Management Plan has been formulated:

Approach to Scope Monitoring and review

- The defined scope as has been set out in this document, through engagement with the identified stakeholders is to be regarded as formal acceptance of the project scope and associated deliverables
- The scope of the project is to be verified at each stage of the project- to ensure project alignment with the objectives outlined at the initiation of the project.
- HIAC gateway reviews will be used to monitor and review the project in line with the Scope.

5.1.2.1. Scope Change Control Process and Close out

Scope control involves the tracking, managing and monitoring the progress of the project and include tracking and filing documentation, managing scope creep, monitor the work during each phase, and disapproving/approving any deviation/changes along the way and at the end of each stage. The project will be presented to HIAC at the end each stage and the required prescripts need to be adhered to including requirements included in the "End-of-Stage" reports.

The scope of the works will be "closed" at the end of each stage. It is not expected that the scope will change beyond stage 3. Deviations will be approved at the end of each stage. During the Close-out Stage of the project, the "wrap up" part of the process, which involves an audit of the project deliverables, lessons learned and the development of a Post Occupancy Report.

5.1.2.2. Project Breakdown Structure

The following is a high level Project Breakdown Structure and must be developed further

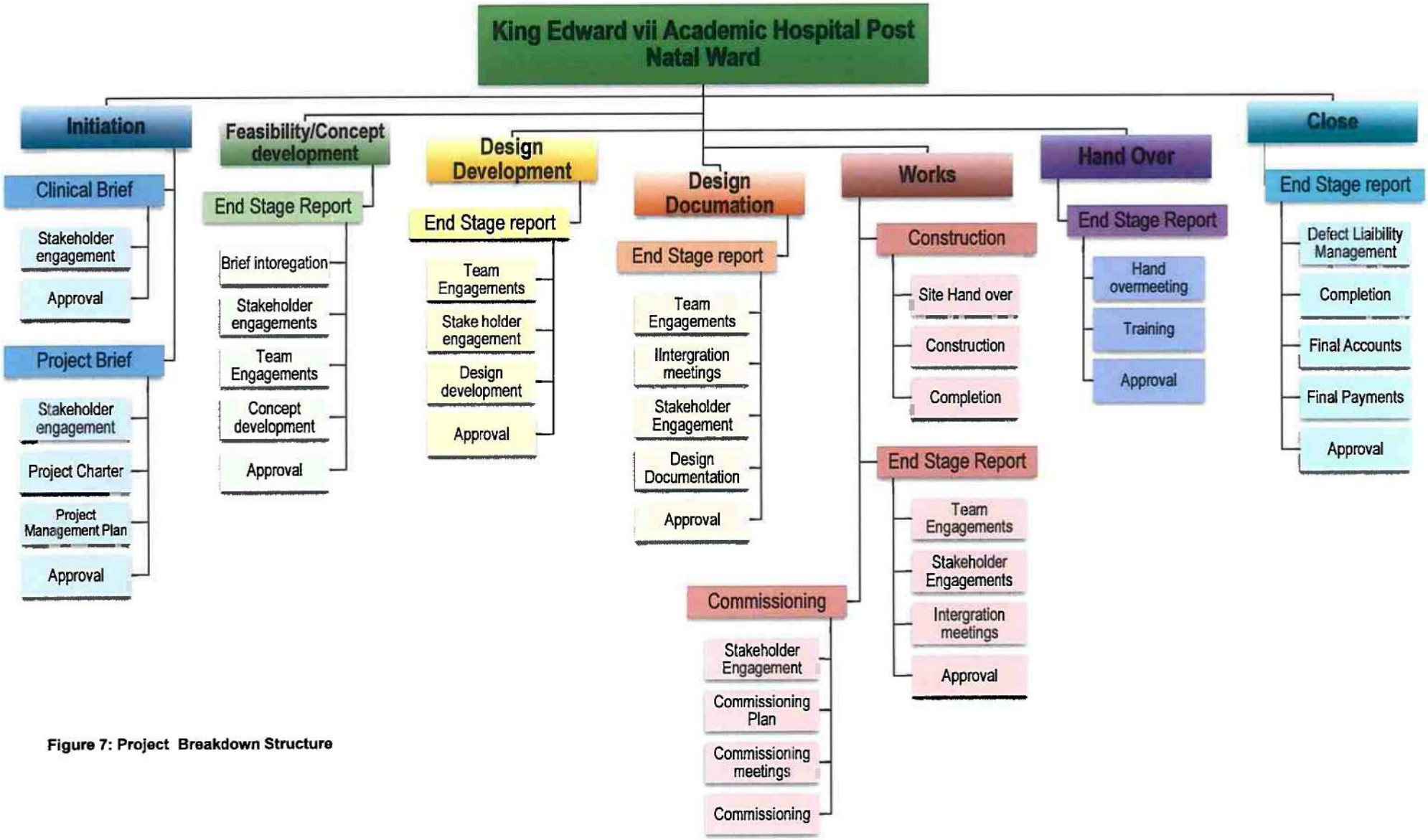


Figure 7: Project Breakdown Structure

5.1.2.3. Roles and Responsibilities of the Project Team

A.) Appointment of External Implementing Agent

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

- Effective Project management
- Effective management of PSP (where applicable)
- Effective Cost Control
- Effective Risk Management
- Effective Time management
- Effective communication
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

B.) Appointment of External Service Providers

The IA will enter into a legally binding agreement with each Professional Service Provider (PSP). However, over and above the agreement, the following expectations by KZN-DOH from the PSP's 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)

C.) 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

D.) Roles and Responsibilities of the Department of Health

Over and above the SLA as noted under A.) above the following roles and responsibilities are highlighted:

- 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
- KZN-DOH will have an oversight role

5.1.2.4. Approval process

The approval process involves the tracking, managing and monitoring the progress of the project and include tracking and filing documentation, managing scope creep, monitor the work during each phase, and disapproving/approving any deviation/changes along the way and at the end of each stage. The project will be presented to HIAC at the end each stage and the required prescripts need to be adhered to including requirements included in the "End-of-Stage" reports.

The scope of the works will be "closed" at the end of each stage. It is not expected that the scope will change beyond stage 3. Deviations will be approved at the end of each stage. During the Close-out Stage of the project, the "wrap up" part of the process, which involves an audit of the project deliverables, lessons learned and the development of a Post Occupancy Report.

5.1.2.5. Change requests

Any change request must be a formal submission that is submitted to KZN-DOH for approval. Changes may include: Scope changes, budgetary changes or time changes.
The approval process will follow the guidelines as is contained in the Project Procedure Manual & IDMS Guidelines as approved on 04 April 2020.

5.1.3. Project Time management

The project will rely on several different timelines and the schedules of multiple people. Therefor effective time management is critical. A Time Management plan is required and a tool such a Gantt chart is recommended to augment the plan. It is recommended that the plan be monitored on a bi-weekly basis.

The following time line is Projected:

Table 2: MILESTONES and TASKS

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	30-11-2022	1%
Stage 1	Stage 1	PRE-FEASIBILITY/ BRIEF	30-11-2022	3%
Procurement		AWARD	30-04-2023	
Stage 2	Stage 2 to 4	FEASIBILITY	30-01-2024	10%
Stage 3	Stage 3	DESIGN DEVELOPMENT		30%
Stage 4	Stage 4	DESIGN DOCUMENTATION		
Procurement		AWARD	30-06-2024	
Stage 5	Stage 5	CONSTRUCTION	30-07-2024	81%
		Construction 0 - 25%	30-10-2024	51%
		Construction 26 - 50%	30-01-2025	61%
		Construction 51 - 75%	30-04-2025	70%
		Construction 76 - 100%	30-07-2025	81%
		COMPLETION	30-10-2025	81%
	Stage 6	HANDED OVER	30-01-2026	84%
Stage 6	Stage 7	FINAL COMPLETION	30-07-2026	96%
		CLOSE OUT	30-08-2026	100%

5.1.4. Project Cost Management

The project budget is estimated however throughout the project various estimates will be required and will conclude with the final account/s. As a minimum, the following minimum will be required as part of the End Stage reports:

Stage 1: Initial estimate as per item
Stage 2: Preliminary Estimate (OOM)
Stage 3: Detailed Estimate (Elemental estimate)
Stage 4: Bill of Quantities
Stage 5: Monthly Payments
Monthly Cashflows
Variations
Draft re-measurements
Stage 6: Nil
Stage 7 Final Account/s

5.1.4.1. Budget Control

The following amounts are included for reference purposes and adjusted estimates will be approved during the various End Stage approvals. The cost are reflected as follows:

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

The Project Manager will be 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 KZN-DOH CFO and HOD.

5.1.4.2. Estimated Cost

The Funding Source for the project is the Health Facility Revitalisation Grant.

Building Cost (incl. VAT)		
Funding source	Health Facility Revitalization Grant (HFRG)	
Budgetary Item	**Amount**	**Explanatory Notes**
Current Estimated Building Cost	R 12 000 000	Based on 600 sqm @ R20 000/ sqm
Pre-tender escalation	R 1 260 000	10.5%
Post-tender escalation	R 840 000	7 %
Estimated Fees	R 2 538 000	18%
Contingency	R 3 327 600	20%
Estimated Building Cost (incl. VAT)	**R 19 965 600**	
Estimated Building Cost- Rounded out	**R 20 000 000**	
Estimated Building Rate per m² (incl. VAT)	+- R33 333. 33/ sqm	Based on 600 sqm

5.1.4.3. Health Technology

HTS list is to be developed-
No HTS items are included in the Infrastructure Budget

5.1.4.4. Commissioning

Commissioning: Not considered part of Infrastructure budget.
Responsibility: Not considered at this stage of the project.

5.1.4.5. Operational Cost

Operations: Not considered at this stage of the project
Service is currently being operated. Facility is to ensure budget for operation is available.

5.1.4.6. Multi-year budget for the project

The estimated budget (excluding Operational Cost) for the MTEF is as follows:

Cashflow relates to building costs only

Table 3: Projected Annual Cashflow

MTEF and beyond	Total
Prior years	
Yr. 22/23	R 0
Yr. 23/24	R 2 000 000
Yr. 24/25	R 10 000 000
Beyond 2025	R 14 300 000
TOTAL	**R 26 300 000**

5.1.5. Project Quality Management

Project Quality Management is required to continually monitor the quality of all activities and taking corrective action if need be. Quality management include cost control of the project, establishment and requirement to achieve standards, which will lower the risks. Project Quality Management must include the following:

5.1.5.1. Quality control

The Quality Management Plan must monitor and document the successful completion of the MDR-TB Unit that is fully compliant to specification and guidelines for the treatment of MDR-TB patients.
The plan must monitor the following:

- Compliance to TB standards (Please refer to the IUSS HEALTH *FACILITY* GUIDES TB Services Gazetted 30 June 2014)
- Deviations
- Variations
- Acceptance by End-User
- Patient satisfaction

5.1.5.2. Quality assurance

Quality assurance require documentary evidence that the project activities are implement as defined and promised. A measurement system must be developed to monitor
Data accuracy for Precision
Data to measure
Successive measurements of Reproducibility – different appraisers measuring the same item get the same result

5.1.5.3. Quality control

Quality control involves the required operational techniques meant to ensure quality standards. This includes identifying, analyzing, and correcting problems.
While quality assurance occurs before a problem is identified, quality control is reactionary and occurs after a problem has been identified, and suggests methods of improvement.
Quality control monitors specific project outputs and determines compliance with applicable standards. It also identifies project risk factors, their mitigation, and looks for ways to prevent and eliminate unsatisfactory performance.
Quality control can also ensure that the project is on budget and on schedule. Monitoring the project outputs can be done through peer reviews and testing. By catching deliverables that aren't meeting the agreed upon standards throughout, you'll be able to simply adjust your direction rather than having to entirely redo certain aspects.

Benefits of project quality management:
Quality products
Customer satisfaction
Increased productivity
Financial gains
Removes silos/better teamwork

5.1.6. Resource Management

It is expected that the Project Manager will manage all resources that would be required to complete the project, including People, Equipment, Facilities, and Budget. The required resources must be deployed to achieve the planned outcome. A resource plan must be prepared and managed accordingly.

5.1.6.1. Project Team

The project team will, as a minimum, consist of the following, but this must be adjusted throughout the duration of the project as applicable:

KZN Department of Health - Infrastructure Development

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	Level 11: Architect
Electrical Engineer	Level 10: Engineer
Mechanical Engineer	Level 12: Engineer
Civil/Structural Engineer	Level 10: Engineer
Quantity Surveyor	Level 12: Quantity Surveyor
Health and Safety Liaison	Level 10: Health and Safety Officer
Administrative support	Finance, Admin and PMIS skills required

KZN Department of Health – General

Team Member	Skill level required
Strategic Health Services Liaison	Must have knowledge of provincial and departmental policies re Maternity and Obstetrics Must have knowledge of provincial and departmental policies re Tertiary Hospital Services
District Hospital Services Liaison	Must have knowledge of provincial and departmental policies re Tertiary Hospital Services
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services
Security Services Liaison	Must have knowledge of national, provincial and departmental policies re security, level of security required
Infection Prevention Control (IPC) Liaison	Must have knowledge of national, provincial and departmental policies re IPC, materials and fittings for accommodation
Hospital Management Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Maternity and Obstetrics and District Hospital Services Must have knowledge of Hospital Infrastructure and Maintenance plans
Ugu Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Maternity and Obstetrics and Hospital Services Must have knowledge of Hospital Infrastructure and Maintenance plans

Implementing Agent KwaZulu-Natal Department of Public Works

Team Member	Skill level required
Project Leader	Project Management skill required. 6 years' experience in the Health planning environment
Architect	University degree, Professional registration and 6 years post registration experience in the health field
Electrical Engineer	University degree, Professional registration and 3 years post registration experience in the health field

Team Member	Skill level required
Mechanical Engineer	University degree, Professional registration and 6 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional registration and 3 years post registration experience in the health field
Quantity Surveyor	University degree, Professional registration and 6 years post registration experience
Administrative support	Finance, Admin and WIMS skills required

External Resources may only be procured if there is insufficient in-house skills available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.Should external resource be required, it is recommended that the following be considered (as is required to augment any In-house capacity):

Team Member	Skill level required
Principal Agent	University degree, Professional registration and 6 years post registration experience Project Management skill required. 5 years' experience in the Health planning environment
Architect	University degree, Professional registration and 6 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 6 years post registration experience
Civil/Structural Engineer	University degree, Professional registration and 3 years post registration experience
Quantity Surveyor	University degree, Professional registration and 6 years post registration experience
Land Surveyor	5 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
Sustainable Specialist	5 Years' Experience in the Infrastructure environment
General building contractor	CIBD 8GB
Community Liaison Officer	Experience and knowledge of applicable legislations and policies Management capabilities is recommended

5.1.7. Project Communication Plan

The Project Manager must develop a Project Communication Plan that must be managed throughout the project. As a minimum the plan must cover the following

- 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 that will either be Face to Face or via on-line programmes
  - Minutes (all meetings to be minuted)
  - Telecommunication
  - E-mails
  - Reports
  - Letters
  - Feedback information

- Delivery

Communication will be delivered through:

  - Telecommunication
  - E-mails and other on-line systems
  - Postal services
  - Internal registry services

- Personnel

Communication will be between KZN-DOH Infrastructure Development and:-

  - National Department of Health
  - KZN-DOH Head Office directorates
  - King Edward vii Academic Hospital
  - KZN Department of Public Works
  - Professional Service Provider team

- Communication is expected to take place between:
  - KZN-DOH eThekwini District as well as EThekwini Communities
  - Infrastructure Development and Department of Public Works
  - Department of Public Works and Professional Service Providers
  - Department of Public Works and King Edward vii Academic Hospital
  - Department of Public Works and Contractor/s
  - Between Professional Service Providers

5.1.8. Risk Management 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 through the Risk Management Plan.

The following is some of the risk identified for this project. These risks are not all inclusive.

Table 4: Risk Log

Risk Category	Identified Risk	Risk Analysis			
		Probability	Consequence	Impact	Risk Mitigation Measure
Institutional Arrangements	Changing Environment, ie Changing National & Departmental Policies and Norms	Low	Changes to designs and cost implications decision	Low	Ensure proper signoff by National , eg Peer Review, and Provincial structures; Adequate lead time is being built into planning and execution
	Poorly defined relations between the stakeholders	Low	Delays in obtaining input and approvals	High	Roles & responsibilities to be to clearly defined Sufficient planning and consultation meetings
Project Procurement	Delays with procurement processes	High	Delays to project	High	Suitable procurement strategies to be followed and well prepared documentation to be compiled
	Experienced and qualification of consultants	Medium	Inappropriate and/or costly structures Delays to project Poorly run projects	Medium	Clear requirements and functionality requirements to be included in procurement documents. Also refer to item5.1.6.1 above
	Experienced and qualification of contractors	Medium	Delays to project Poorly run projects Substandard workmanship	Medium	Clear requirements and functionality requirements to be included in procurement documents
Project implementation	Contractor Default; Contract cancellation	Low	Project delays	Low	Provide appropriate and reasonable assistance to contractors Re-tender as soon as possible
	Delays: Inclement weather Strikes, political, acts of God, litigation etc	Medium	Project delays	Medium	Plan ahead for projects to start outside of the highest rain months where possible; Tight management of the programme
	OHS & Construction Regulations non-compliance	Low	Safety compromised Delays due to problems with Labour	Low	Monthly monitoring and evaluation
	Delays in supply of materials (long lead times) and cost increases	Low	Project delays	Low	Proper planning for such items. Ensure proper controls and monitoring of projects
HTS	Procurement of medical equipment for facilities	Low	Delays to project	Low	Suitable procurement strategies to be followed and well prepared documentation to be compiled
Financial management	Increasing Budget constraints; Over/under delivery and expenditure	Low	Requirement for Variations	Low	On-going management of Project and estimate Ensure proper controls and monitoring of project
	Delays in payments to consultants and contractors	Low	Hardship to contractors and consultants and possible project delays	Low	Ensure timeous payments to consultants and contractors

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Risk Category	Identified Risk	Risk Analysis			
		Probability	Consequence	Impact	Risk Mitigation Measure
Human Resources	Inadequate human resources in terms of capacity and skills	Medium	Delays to project	Medium	Project team to be appointed as per item5.1.6.1 above Clear requirements and functionality requirements to be included in procurement documents.
	Labour relations	Low	Poor labour relations result in labour disturbances and poor labour productivity; Strikes on site will delay projects	Low	Ensure good labour relations by compliance with the relevant Act/s and ensuring that the working conditions are satisfactory and disciplinary procedures are applied where appropriate
Programme systems	Updating the WIMS and PMIS systems on the part of project office staff; incl inaccurate capturing of data	Medium	Incomplete project database	Medium	Continuous management of project updating
Pandemic	World-wide outbreak of disease	Low	Delays due to: - Curfew - Availability of materials	Low	Careful planning and monitoring Timeous ordering of materials and equipment
Beneficiary management	Employment within communities	Low	Unacceptable interference from the community affecting progress on the project	Low	Effective communication of the project activities and programme addressed with the community
Litigation	Disputes	Low	Delays and budget impact	Low	Careful planning and effective monitoring and communication
Programme closure	Poor documentation, failure to acknowledge lessons learnt & no proper closure Delays in preparation of Final accounts	Medium	Effect on general administration efficiency; Effect on future project planning	Medium	Ensure proper controls and monitoring of projects
	Delays in getting defects attended to in the defects liability period	Medium	Maintenance problems for the client & Inconvenience for the users	Medium	Ensure that defects are attended to by careful checking and ensuring that Draft retention payments are not made until the defects have been rectified

5.1.9. Issue Management

Issues need to be managed by monitoring, acting and tracking progress. The following Issues are identified:

Table 5: Issue Log

Issue Category	Issue	Owner	Actions
Limited Space	Existing Building Footprint	DOPW	Mitigating solutions to be planned by the facility with regards to the shortfall of clinical beds required
Existing facility	Deteriorating existing facility	DOH/DOPW	Project to be implemented as soon as possible

5.1.10. Procurement Management Plan

5.1.10.1. FIDPM Procurement gates

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

6.1.1 Infrastructure procurement shall be undertaken in accordance with all applicable Infrastructure Procurement-related legislation and this Framework.

6.1.2 Infrastructure procurement shall be implemented in accordance with procurement gates prescribed in clause 6.2 and the CIDB prescripts. If deemed necessary by the institution, Accounting Officer or Accounting Authority can, over and above procurement gates prescribed in clause 6.2, introduce additional procurement gates.

6.1.3 Procurement Gate 1 and 2 shall be informed by the Programme Management Control Point Deliverables in terms of Section 5.2 above.

6.1.4 Given the peculiarity of the institution, the procurement of Professional Service Providers (PSPs) and Contractors can occur at any points in the IDM Processes.

6.1.5 The Accounting Officer or Accounting Authority must ensure that a budget is available and cash flow is sufficient to meet contractual obligations and pay contractors within the time period provided for in the contract.

6.1.6 Procurement gates provided in 6.2 shall be used, as appropriate, to:

Infrastructure Procurement Requirements

a) Authorise commencement to the next control gate;

b) Confirm conformity with requirements; and/or

c) Provide information, which creates an opportunity for corrective action to be taken.

The following Procurement gates are applicable to the project:

Table 6: Procurement Gates

FIDPM Gate	Procurement Gate	Description	Approval process
Stage 1	PG 1	Obtain permission to start with the procurement process	IPMP document
	PG 2	Obtain approval for procurement strategies that are to be adopted	Approval of Project brief HIAC approval certificate Stage 1
Stage 4	PG 3	Obtain approval for procurement documents	Approval of Project Design Development. HIAC approval certificate Stage 4
	PG 4	Confirm that cash flow is sufficient to meet projected contractual obligations	Infrastructure Cash flow Committee (minuted) NSI issued
	PG 5	Solicit tender offers	SCM – Adverts, quotations, etc Bid specification Committee (BSC) (minuted meeting)
	PG 6	Evaluate tender offers in terms of undertakings and parameters established in procurement document	SCM - Evaluation Departmental Bid Evaluation Committee (BEC) (minuted meeting)
	PG 7	Award the contract	SCM - Award Departmental Bid Adjudication Committee (BAC) (minuted meeting) Signed by Accounting Officer
Stage 5 Stage 6 Stage 7	PG 8	Administer the contract and confirm compliance with all contractual requirements	Approval of stages 5 - 8 HIAC approval certificates Stages 4 to stage 8

5.1.10.2. Procurement Gate 1 (PG1): Obtain permission to start with the procurement process

A.) The following need to be procured:
- Professional Service Providers (if required). Please refer to item 5.1.6.1 above

B.) The project scope, the control budget, the implementation milestones, the programme and the cash flow is included in this document

C.) Estimate costs are as follows:
- Professional Service Providers : R 2 538 000
- Contractors and Sub-Contractors: R 17 462 000

The following Costs are still to be determined:
- HTS
- Commissioning

D.) PG 1 will be complete when HIAC approves gate 1.

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

The proposed procurement process to be adopted is Design by employer.
Preferential procurement in line with legislative provisions and the Construction Sector Code must be included in the procurement documents

A.) Procurement Strategy

The 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.

B.) Formulation Process

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

(i) Establish the Base Information

- The scope of the project is described in Section 3 PROJECT SCOPE
- The CIDB grading for the Contractor will be 7 GB

(ii) Procurement objectives

- Delivery procurement objectives:

The primary objective of the project is the delivery of functional infrastructure including buildings, plant and equipment, electricity supply, water supply and so on; within budget, to the required standard and within the specified timeframe.

- Developmental procurement objectives

The project must, where possible, incorporate secondary (or developmental) socio-economic objectives as follows:

- Promotion of black economic empowerment
- Promotion of gender equality
- Promotion of work opportunities for SMMEs
- Alleviation poverty
- Promotion of local economic development
- Development of CIDB registered contractors
- Skills development
- Reduction of environmental impacts

(iii) The Delivery Management Strategy for Works

It must be noted that this project cannot be done in a package as there is not similar project in the area, thus it will be done as an individual project.

- Delivery management arrangements

It is expected that this project will be delivered through:

- Implementing Agent- department of Public Works
- Outsourcing (Works)
- Outsourcing (Professional Services)

(iv) Contracting Arrangements for Works

- Service Requirements Options for Works: General contractor
- Contracting Strategy: Design by employer
- Pricing Strategy: Bills of Quantities
- Form of Contract: JBCC

(v) Procurement Strategy for Works

- Procurement Arrangements for Works Contractors
- Functionality Criterion Requirements:
  - Skills
  - Experience

- Previous work successfully complete
- Resources

- Procurement Procedure: Public Open Tender
- Targeted Procurement Procedure: Standard DOPW SCM Targeted Procurement
- Procurement Document: Standard DOPW Bid Document
- Tender Evaluation Criterion:
  - Responsiveness
  - Quality Evaluation
  - Price and Preference

(vi) Contracting Arrangements for Services

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

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

(vii) Contracting Arrangements for Professional Services

- Professional Service Areas: Full Service
- Contracting Strategy: Traditional, separate as per item 5.1.6.1 above
- Pricing Strategy: Gazetted rates
- Form of Contract: DOPW PSP Document

(viii) Procurement Strategy for Professional Services

- Procurement Arrangements for Service Providers

- Functionality Criterion Requirements (also refer to item 5.1.6.1 above):
  - Skills
  - Experience with Health projects
  - Previous work successfully complete
  - Resources
- Procurement Procedure: Public Open Tender
- Targeted Procurement Procedure: Standard DOPW SCM Targeted Procurement
- Procurement Document: Standard DOPW Bid Document
- Tender Evaluation Criterion:
  - Responsiveness
  - Quality Evaluation
  - Price and Preference

(ix) Updating and Revising the Delivery Management Strategy

PG 2 is complete when procurement strategies that are to be adopted are approved at the approval of Stage 2.

5.1.10.4. Procurement Gate 3 (PG3): Approval for procurement documents

The Implementation Agent must prepare procurement documents that are compatible with the approved procurement strategies.

PG 3 is complete when the procurement document is approved at the approval of Stage 4.

5.1.10.5. Procurement Gate 4 (PG4): Confirmation of cash flow

- The Implementation Agent must confirm sufficient cash flow to meet contractual obligations prior to proceeding to tender
-
- The Implementation Agent must also 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

5.1.10.6. Procurement Gate 5 (PG 5): Solicit tender offers

The Implementation Agent must solicit tender as follows and within the recommended timeframes:

- Prepare tender specification report 2 weeks 2 weeks
- Submit tender specification to BSC 1 week 3 weeks
- Approval by BSC 1 week 4 weeks
- Invite tenders 1 week 5 weeks
- Receive tenders 3 weeks 8 weeks
- Record tenders 1 day concurrent
- Prepare report on tenders received 1 week 9 weeks

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

5.1.10.7. Procurement Gate 6 (PG 6): Evaluation of tender offers in terms of undertakings and parameters established in procurement documents.

	Duration	Total Duration
• Verify completion of tenders	1 week	10 weeks
• Determine if tenders are responsive	1 week	11 weeks
• Evaluate tenders	3 weeks	14 weeks
• Perform risk assessment	1 week	15 weeks
• Prepare tender evaluation report	1 week	16 weeks
• Submit tender evaluation report to BEC	1 week	17 weeks
• Recommendation by BEC	1 week	18 weeks
• Prepare submission to BAC	1 week	19 weeks
• Submit submission to BAC	1 week	20 weeks
• Recommendation by BAC	1 week	21 weeks
• Prepare submission to HOD	1 week	22 weeks
• Submit submission to HOD	1 week	23 weeks
• Approved by HOD	1 week	24 weeks

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

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

	Duration	Total Duration
• Notify tenderers of outcome	1 week	25 weeks
• Appeals period	2 weeks	27 weeks
• Acceptance by contractor	1 week	28 weeks
• Receive compulsory documentation	1 week	29 weeks
• Prepare contract documentation	1 week	30 weeks

• Accept and Sign Contract documentation by Contractor	1 week	31 weeks
• Sign Contract documentation by HOD	1 week	32 weeks

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

5.1.10.9. Procurement Gate 8 (PG 8): Administer the contract and confirm compliance with all contractual requirements

This gate will include:

- Capturing of the contract award data
- Administration contract in accordance with the terms and provisions of the contract
- Ensuring compliance with contractual requirements.

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

5.1.11. Stakeholder Management

Stakeholders have been identified as defined by their interests, involvement, interdependencies, influence, and potential impact on the project success. The early identification benefit is that it will enables the project team to identify the appropriate focus for engagement of each stakeholder or group of stakeholders. This process must be revised periodically throughout the project as needed.

5.1.11.1. Stakeholders identification

- National Department of Health
  - Infrastructure: Mr Mphaphuli
- Provincial Department of Health
  - Chief Financial Officer (Acting) : Mr Phumelele Shezi
  - Acting Deputy Director General : Specialised Services and Clinical Support Services: Ms Penny Msimang
  - Acting Deputy Director General : District Health Services : Dr TD Moji
  - Chief Director: Hospital Management Services : Ms RT Ngcobo
  - Acting Chief Director : Infrastructure Development : Mr S T Mhlongo
  - Chief Director : Service Delivery Planning, Monitoring and Evaluation: Mr Jack Govender
  - Acting Chief Director: Strategic Health Programmes : Dr A M E T Tshabalala
  - Chief Director: District Health Services : Mr J Mndebele
  - Chief Director : Supply Chain Management : Mr Khondlo Mtshali
  - Obstetrics and Gynaecology: Dr Neil F Moran

- eThekwini District: District Director:
- King Edward vii Academic Hospital:
  - Chief Operation Officer: Dr T Mayise : CEO
  - Acting Medical Manager: Dr N Khuzwayo : Acting Medical Manager

6. 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

Reporting Requirements:

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

7. 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 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 is to be developed

Other HTS considerations

Other HTS considerations will be finalised once specific projects have been identified and will also consider the following:

- Risks
- Maintenance
- Training
- Operational cost and lifecycle costing

8. Commissioning

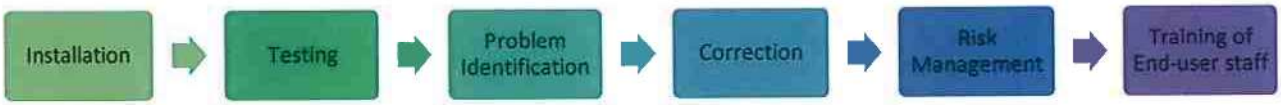
The purpose of commissioning a health facility is to ensure that construction work is completed according to the approved drawings and specifications, that equipment is in place and all departments are operationally ready such that the buildings can function fully upon occupation by the end user.

According to the IUSS document a commissioned building is one deemed ready for service, ie the building may become fully operational for its intended purpose.

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

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

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



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

Fixed Equipment

Loose Equipment and Furniture

Human Resource / Staffing

Consumables

Facilities Management, which includes:

Hospital Governance and the delegation of Authority

Legal requirements and licensing

Hospital Financial Management

Organizational Development Strategy

Hospital Information Management

Hospital Information Technology

Patient Administration

Communication Strategy

Maintenance, guarantees and contracts

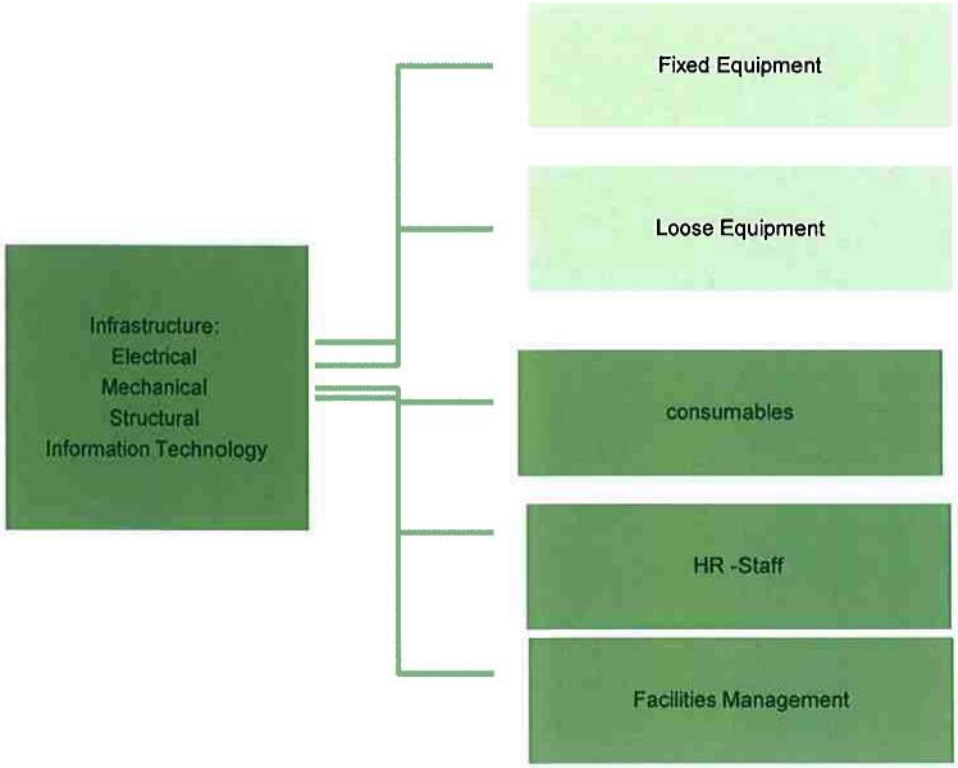


Figure: Key elements in the commission process as per IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014

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.

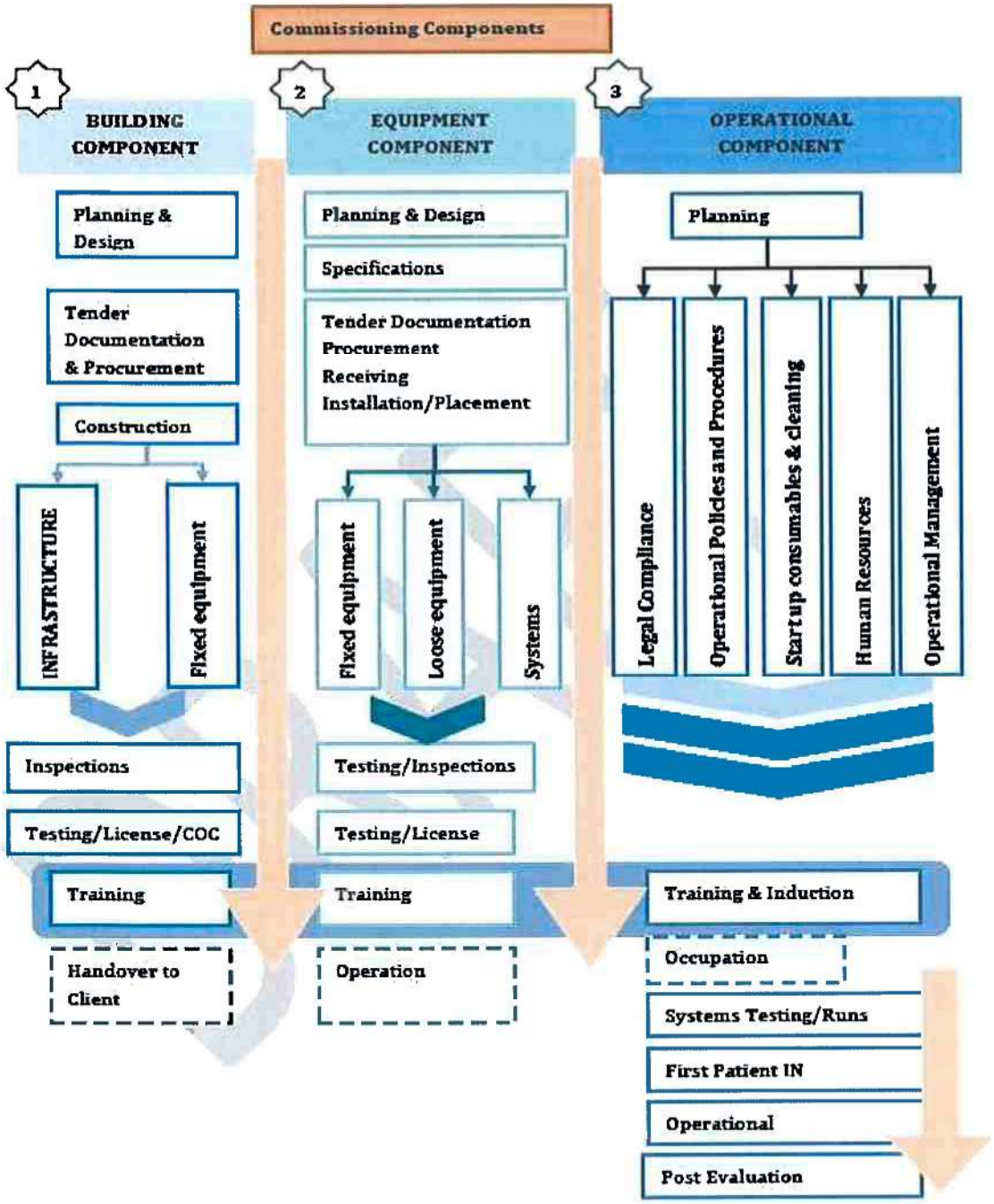


Figure: Commissioning Health Facilities Draft 1.4 April 2014

It is advised that an operational commissioning committee be established which is chaired by the facility head or any appointed manager. The objective is to ensure that the infrastructural, equipment and operational programmes are aligned and co-ordinated, ensuring the effective operationalization of the new or renovated areas.

It is recommended that the commissioning team steps correspond with the Framework for Infrastructure Delivery and Procurement Management (FIPDM) process as set out in the IUSS document.
(*IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014)*

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

9. Organisational Development

Organisational Development is required for this project to operationalize the clinic and provide effective and efficient service to the health users.

The current nursing staffing for nursing in postnatal ward is:

CURRENT STAFF ESTABLISHMENT

CATEGORIES	DAY (per shift)	NIGHT (per shift)
PN	2	1
EN	1	1
ENA	1	1

TOTAL DAY & NIGHT STAFF:
PN = 6
EN = 4
ENA = 4
ADMIN CLERK =1
CLEANERS = 4

REQUIRED STAFFING

According to nursing standards, the postnatal ward should have 1 PN per 7 beds per shift – excluding allowance for staff vacation leave and sick leave. As one can see the above staffing is inadequate for our current bed numbers.

PN – 5 for 36 beds / 10 for 70 beds per shift
EN – 2 per shift
ENA – 2 per shift

Cleaners – 2 per shift
Porter – 1 per shift (daytime) & utilize department porters at night

Medical Staffing

Care is provided by the current medical staffing of the O&G department.

10. Contacts

Contact Numbers

Stakeholder	Authority	Contact Person
Department of Health		Infrastructure Development
Contact Person		Ms. Z.Docrat
Tel		033 940 2609
Mobile		079 52 88 182
Email		Zakiyah.Docrat@kznhealth.gov.za
Department of Health		Infrastructure Development
Client Department:		Ms. M De Goede
Tel		033 940 2611
Mobile		082 777 2514
Email		Michelle.Degoede@kznhealth.gov.za
Strategic planning		
Director		Nerissa Moodley
Tel		033 395 2944
Mobile		072 296 5279
Email		Nerissa.Moodley@kznhealth.gov.za
Strategic planning		
Deputy Manager		Tracey Hattingh
Tel		033 395 2877
Mobile		-
Email		Tracey.Hattingh@kznhealth.gov.za
Infection Prevention Control:	Planning	Mrs Kaloshnee Ganas
Tel:		031 260 4048
Mobile:		083 666 1455
Email:		Kaloshnee.ganas@kznhealth.gov.za
Implementing Agent		KZN Department of Public Works
Contact Person		Ms Z Pfute
Tel		033 355 5500

11. 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: Dr N. Khuzwayo

Designation: Acting CEO

Date: 11/1/2023

Signature:

Name: MR. MANDLENKOSI M. SHABANGU

Designation: DEPUTY DIRECTOR SYSTEM (ACTING)

Date: 10/01/2023

Signature:

Name: Dr Randolph Green-Thompson

Designation: Head Clinical Unit - Obstetrics & Gynaecology

Date: 2023/01/10.

Signature:

Name:

Designation

Date:

Signature:

Name: _____

Designation _____

Date: _____

Signature:

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Designation _____

Date: _____

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APPENDIX D:
PROJECT BRIEF

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
Architect Firm:(Lead Consultant)					
• Lead Professional:					
• Support Professional/Candidate:					
Structural Engineer 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
Civil Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Electrical 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
Mechanical Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Quantity Surveying Firm:					
• Lead Professional:					
• Support Professional/Candidate:					

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

APPENDIX F:

CURRICULUM VITAE TEMPLATE

CURRICULUM VITAE TEMPLATE

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

1. Personal Details

Name:	
Date of Birth:	
Current Employer:	
Current Position Held:	

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 STRUCTURAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CIVIL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL ELECTRICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL MECHANICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY CERTIFICATE AND PROFESSIONAL

APPENDIX I:

RETURNABLES – FUNCTIONALITY CRITERIA

LEAD ARCHITECT CV

LEAD ARCHITECT PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD STRUCTURAL ENGINEER CV

LEAD STRUCTURAL ENGINEER
PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD CIVIL ENGINEER CV

LEAD CIVIL ENGINEER COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD QUANTITY SURVEYOR CV

LEAD QUANTITY SURVEYOR PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD ELECTRICAL ENGINEER CV

LEAD ELECTRICAL ENGINEER
PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD MECHANICAL ENGINEER CV

LEAD MECHANICAL ENGINEER
PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

LEAD CONSTRUCTION HEALTH AND SAFETY CV

LEAD CONSTRUCTION HEALTH AND SAFETY COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARY/REFFERENCE LETTERS

TEAM ORGANOGRAM

ARCHITECT DISCIPLINE ORGANOGRAM

STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM

CIVIL ENGINEERING DISCIPLINE ORGANOGRAM

QUANTITY SURVEYING DISCIPLINE ORGANOGRAM

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

MECHANICAL ENGINEERING DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM