PROJECT NO.	:	ZNB 5649/2023-H
DESCRIPTION OF SERVICE	:	APPOINTMENT OF AN NEC3 PROJECT MANAGER AND NEC3 SUPERVISOR: FOR THE DEVELOPMENT AND CONSTRUCTION OF NEW MTUBATUBA COMMUNITY HEALTH CENTRE, UMKHANYAKUDE DISTRICT, KWA-ZULU NATAL
DISCIPLINE	:	REGISTERED PROFESSIONAL PROJECT MANAGER AS NEC3 PROJECT MANAGER AND REGISTERED PROFESSIONAL ARCHITECT AS NEC3 SUPERVISOR;

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

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

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SECTION A
INVITATION TO BID

DESCRIPTION:

APPOINTMENT OF AN NEC3 PROJECT MANAGER AND NEC3 SUPERVISER, FOR THE DEVELOPMENT AND CONSTRUCTION OF COMMUNITY HEALTH CENTRE

Project Number	:	ZNB 5649/2023-H
Closing Date	:	6 September 2023
Closing Time	:	11:00
Compulsory Briefing	:	Yes
Date	:	21 August 2023
Time	:	11:00
Venue	:	35 Hyslop Road,Townhill Office Park, Block 1, Main Boardroom

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 : Raswai Potsane
Tel : (033) 940 2559
E-mail address : raswai.potsane@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

SECTION D: BIDDER'S 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 a controlling interest1 in the enterprise, employed by the state? YES/NO

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

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

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

2.2.1 If so, furnish particulars:

……………………………………………………………………………………

……………………………………………………………………………………

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

2.3.1 If so, furnish particulars:

…………………………………………………………………………….

…………………………………………………………………………….

[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.

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 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.

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 NEC3 Project Manager and NEC3 Supervisor professional consulting services in the development and construction of a Community Health Centre in Mtubatuba.

For the project: **DEVELOPMENT AND CONSTRUCTION OF MTUBATUBA COMMUNITY HEALTH CENTRE**

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 NEC3 Project Manager and NEC3 Supervisor, 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 AN NEC3 PROJECT MANAGER AND NEC3 SUPERVISOR

Project Description:

Umkhanyakude District - Mtubatuba Community Health Centre – Construction of a New CHC

1. Project Background and Specification

The Department has embarked upon the Rationalization of Health facilities in order to maximize services at the appropriate levels of service delivery in accordance with the classification of the health facilities. This will improve the quality of services, access to services and contribute to the overall health and wellbeing of the communities we serve.
The Department's aim was to maintain the gains already made and further focus on interventions to accelerate health system effectiveness and further improve health outcomes and public satisfaction.

With improved leadership and clinical governance, the Department will do this by ensuring that it will robustly monitor implementation of the Turn-Around Strategy to inter alia, improve audit outcomes; improve financial and supply chain management and human resource management services; rationalize hospital services to improve efficiencies and equitable access to clinical services; strengthen governance, leadership and oversight; and re-position infrastructure development as integral part of improved service delivery.
The construction of brick and mortar buildings are then required. These require design, documentation, construction and close-out.

A contractor is to be appointed where he will responsible for the development and construction of the new Community Health Centre, the professional team will assist with design development, design documentation, construction and close-out of the project. An approved project brief has been provided with sufficient information but where the design project team feels there is missing information missing, they are to incorporate this is the development of the design.

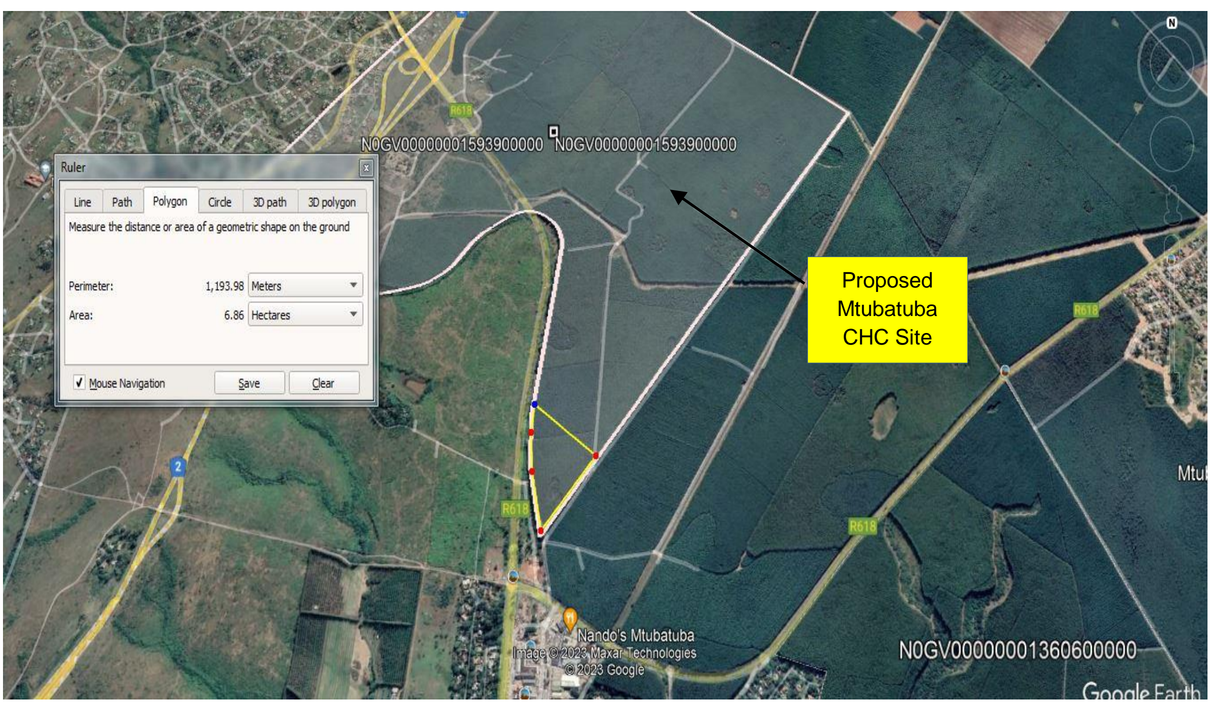
2. Detailed Project Scope of Work

The scope of the project is a New Community Health Centre compliant to the Ideal clinic and Ideal facility guidelines, based the development of conceptual designs provided. The conceptual designs will serve as a guide base document only and will not be reproduced. The designers are required to develop these drawings to apply the IUSS (Infrastructure Unit Support Systems) norms and standards and all other compliance requirements.

The scope shall include the provision of a fully functional New Community Health Centre with staff accommodation and all support services infrastructure including infrastructure services such as domestic water reticulation, sewer reticulation, storm water services etc and professional services.

The Site:

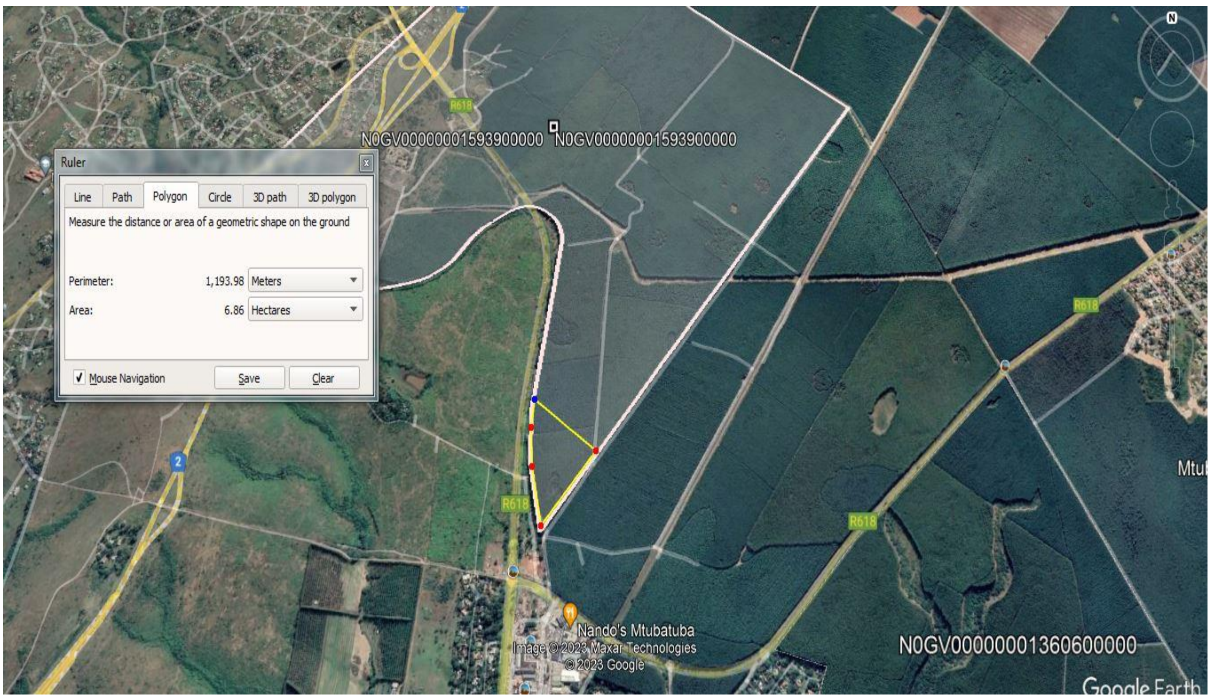
The proposed Mtubatuba Community Health Centres will be located in Mtubatuba at co-ordinates 28°24'22.01"S; 32°11'8.62"E at newly identified vacant land estimated to be 6.86 hectors.



Map 1: Location of Mtubatuba Community Health Centre

Facility Name:	Mtubatuba Community Health Centre			
Owner:	Ingonyama Trust – Trustees			
Street Address (or directions):	Co-ordinates: 28°24'22.01"S; 32°11'8.62"E			
Postal Address:	New facility – Postal address to be confirmed			
Telephone Number:	New facility – Telephone to be confirmed			
Hospital Manager:	New facility – Telephone to be confirmed			
Cadastral Description:	Latitude:	28°24'22.01"S	Longitude:	32°11'8.62"E
Zoning:	Government			
Planning restrictions:	Nil			
Existing Infrastructure	No existing infrastructure			

Locality Map:



Aerial View 1

SOURCE: Google Earth

1. **Project Outcomes:**

- Promote efficient health care services
- Provide conducive working environment
- Improve staff morale
- Improve service delivery
- Provide needed accommodation to staff members
- Provide supportive services which will create an efficient environment to provide healthcare services.

2. **Project Objectives:**

- To build a new fully resourced Community Health Centre.
- To enhance uMkhanyakude district health care services.
- To ensure that the environment is conducive in terms of OHS for staff working at the facility and to ensure dignity and privacy for public utilising the facility.

3. **Project Success Criteria:**

- The success criteria will be that the project will assist the Department address health care shortages.

- The project output will be a completed New Community Health Centre in the North Coast Region of the province, Umkhanyakude District. Umtubatuba location.
- Completion of project within the agreed time-scales, budget and required quality.

4. Scope of Works of the Construction Project:

Please refer to the Project Brief attached as Appendix D for the proposed full scope of the project. The project will be based on the NEC3 Option B April 2013 Contract utilising a Develop and Construct contracting strategy. The appointed Principal Contractor will therefore be responsible for appointing the relevant professionals to produce the design on the project

4.1. Project Manager:

Design Development:

- Assist the client in the procurement of the balance of the consultants including the clear definition of their roles, responsibilities and liabilities.
- Establish and co-ordinate the formal and informal communication structure, processes and procedures for the design development of the project.
- Prepare, co-ordinate and agree a detailed Design and Documentation Programme, based on an updated Indicative Construction Programme, with all consultants.
- Manage, co-ordinate and integrate the design by the consultants in a sequence to suit the project design, documentation programme and quality requirements.
- Conduct and record the appropriate planning, co-ordination and management meetings.
- Facilitate any input from the design consultants required by Construction Manager on constructability.
- Facilitate any input from the design consultants required by Health and Safety consultant 3.8. Manage and monitor the timeous submission by the design team of all plans and documentation to obtain the necessary statutory approvals.
- Establish responsibilities and monitor the information flow between the design team, including the cost consultants.
- Monitor the preparation by the cost consultants of cost estimates, budgets, and cost reports.
- Monitor the cost control by the cost consultants to verify progressive design compliance with approved budget, including necessary design reviews to achieve budget compliance.
- Facilitate and monitor the timeous technical co-ordination of the design by the design team.
- Facilitate client approval of all Stage 3 documentation

Design Documentation:

- Select, recommend and agree the Procurement Strategy for contractors, subcontractors and suppliers with the client and consultants.
- Prepare and agree the Project Procurement Programme.

- Co-ordinate and monitor the preparation of the tender documentation by the consultants in accordance with the Project Procurement Programme.
- Facilitate and monitor the preparation by the Health and Safety Consultant of the Health and Safety Specification for the project.
- Manage the tender process in accordance with agreed procedures, including calling for tenders, adjudication of tenders, and recommendation of appropriate contractors for approval by the client.
- Advice the client, in conjunction with other consultants on the appropriate insurances required for the implementation of the project.
- Monitor the reconciliation by the cost consultants of the tender prices with the project budget.
- Agree the format and procedures for monitoring and control by the cost consultants of the cost of the works.
- Facilitate client approval of the tender recommendation(s).

Construction

- Instruct the contractor on behalf of the client to appoint subcontractors.
- Receive, co-ordinate, review and obtain approval of all contract documentation provided by the contractor, subcontractors, and suppliers for compliance with all of the contract requirements.
- Monitor the ongoing projects insurance requirements.
- Facilitate the handover of the site to the contractor.
- Establish and co-ordinate the formal and informal communication structure and procedures for the construction process.
- Regularly conduct and record the necessary site meetings.
- Monitor, review and approve the preparation of the Contract Programme by the contractor.
- Regularly monitor the performance of the contractor against the Contract Programme.
- Review and adjudicate circumstances and entitlements that may arise from any changes required to the Contract Programme.
- Monitor the preparation of the contractor's Health and Safety Plan and approval thereof by the Health and Safety Consultant.
- Monitor the auditing of the Contractors' Health and Safety Plan by the Health and Safety Consultant.
- Monitor the compliance by the contractors of the requirements of the Health and Safety Consultant.
- Monitor the production of the Health and Safety File by the Health and Safety Consultant and contractors.
- Monitor the preparation by the Environmental Consultants of the Environmental Management Plan.
- Establish the construction information distribution procedures.
- Agree and monitor the Construction Documentation Schedule for timeous delivery of required

information to the contractors.

- Expedite, review and monitor the timeous issue of construction information to the contractors.
- Manage the review and approval of all necessary shop details and product propriety information by the design consultants.
- Establish procedures for monitoring, controlling and agreeing all scope and cost variations.
- Agree the quality assurance procedures and monitor the implementation thereof by the consultants and contractors.
- Monitor, review, approve and certify monthly progress payments.
- Receive, review and adjudicate any contractual claims.
- Monitor the preparation the preparation of monthly cost reports by the cost consultants.
- Monitor long lead items and off-site production by the contractors and suppliers.
- Prepare monthly project reports including submission to the client.
- Manage, co-ordinate and monitor all necessary testing and commissioning by consultants and contractors.
- Co-ordinate, monitor and issue the Practical Completion Lists and the Certificate of Practical Completion.
- Co-ordinate and monitor the preparation and issue of the Works Completion List by the consultants to the contractors.
- Monitor the execution by the contractors of the defect items to achieve Works Completion.
- Facilitate and co-ordinate adequate access with the occupant for the rectification of defects by the contractors.

Close-out

- Issue the Works Completion Certificate.
- Manage, co-ordinate and expedite the preparation by the design consultants of all as-built drawings and design documentation.
- Manage and expedite the procurement of all operating and maintenance manuals as well as all warrantees and guarantees.
- Manage and expedite the procurement of all statutory compliance certificates and documentation.
- Manage the finalization of the Health and Safety File for submission to the Client.
- Co-ordinate, monitor and manage the rectification of defects during the Defects Liability Period.
- Manage, co-ordinate and expedite the preparation and agreement of the final account by the cost consultants with the relevant contractors.
- Co-ordinate, monitor and issue the Final Completion Defects list and Certificate of Final Completion.
- Prepare and present Project Closeout Report.

4.2. Supervisor:

Construction

- Administer the building contract.
- Give possession of the site to the contractor.
- Issue construction documentation.
- Review sub-contractor designs, shop drawings and documentation for conformity of design intent.
- Inspect the works for conformity and quality with the contract documentation and acceptable quality in terms of industry standards.
- Administer and perform the duties and obligations assigned to the principal agent in the building contract.
- Manage the completion process of the project.
- Assist the client to obtain the required documentation necessary for the client to obtain the occupation certificate.

Close-out

- Facilitate the project close-out including the collation of the necessary documentation to effect completion, handover and operational manual of the project.
- When the contractor's obligations with respect to the building contract have been fulfilled, the architectural professional shall issue the certificates related to the contract completion.
- Provide the client with construction record documentation and the relevant technical and contractual undertakings by the contractor and sub-contractors.

It is to be noted that the Supervisor must be always on site to monitor the quality of work being executed on site.
Deliverables of each stage are to be adhered to as per the relevant discipline gazette. Reference is to be made to the project brief at all times to ensure correct information is incorporated into reports of each stage. NB: A brief is guideline where other options are available, they should be explored in consultation with the employer / end-user.

5. **Statutory Requirements**:

Legislation:	All applicable Acts and Regulations pertaining to the Health Environment; OHS Act and Regulations; and All applicable Acts and Regulations for the various Professional Consultancy Services
Norms:	Infrastructure Unit Support Systems (IUSS) guidelines

Standards:	Infrastructure Unit Support Systems (IUSS) guidelines; Standard for Infrastructure Procurement and Delivery Management; Framework for Infrastructure Delivery and Procurement Management (FIDPM) 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

6. Required Professional Services/Disciplines Composition

- NEC3 Project Manager (Registered Professional Architect with Registration from SACPCMP or Registered Construction Project Manager with Registration from SACPCMP)
- NEC3 Supervisor (Registered Professional Architect, Registered with SACAP)

7. Scope of Services required from Project Manager:

a. NEC3 Project Manager

The Project Manager shall be responsible for all deliverables in terms of the Gazzette, FIDPM and NEC 3 – Option B contract (Stage 3-7 stages) including of assessing the designs and estimates/costings produced by the contractor, facilitating the development of the designs, presenting and recommending these designs for approval to the Department of Health at the designated forum, HIAC (Health Infrastructure Approval Committee). The Project Manager shall further facilitate and co-ordinate any amendments required by HIAC up until the point that approval is received for the design and costings by Head of Department: Health or his delegated authority.

It is explicitly stated that given the public sector nature of this project and the rules, regulations and policies of the Department of Health, the Project Manager CANNOT GRANT APPROVAL for any items/aspects relating to an increase in cost, time or approval of designs of the appointed contractor. The Project Manager's role will be to assess the aforementioned items and provide a written recommendation and motivation to the Department of Health for the approval by the Head of Department: Health or his delegated authority.

No claims for additional fees shall be entertained other than what have been allowed for in the pricing of this bid, by the bidder, to perform the stated duties on the project.
If suitably qualified and experienced, the Project Manager may serve as both NEC3 Project Manager and NEC3 Supervisor on the project.

b. NEC3 Supervisor

Provision of all services, roles and responsibilities as stated in the NEC3 Option B April 2013 contract. The Supervisor shall issue reports (including reports relating to quality requirements by DoH) at no greater interval than bi-weekly covering all aspects of their duties from the date at which the contractor

commences works on site up until all construction is complete and all defects are rectified. Should the Department of Health, through its own assessment, deem the Supervisor has not performed their duties in terms of the contract, penalties as detailed in Appendix C of this contract shall be applied.

c. Other Required Resources

Any additional Professional resources which the Project Manager requires to perform his/her duties are to be indicated on Form A and must be allowed for in the total percentage pricing offered. No requests for increases to the tendered value will be considered for any additional resources required post award.

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

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

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

- The Facility
- Emergency Medical Services
- DOH District
- DOH Head Office
- Local authority
- Other Authorities
- Statutory bodies
- Other Departments

a. 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.

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

c. All approvals to be acquired as may be required

8.2. <u>Multiple awards and Contractor Partnerships on the same project:</u>

- If each professional is appointed to provide professional services on this project, they are not to be appointed to provide any other professional services for the same project as sub-consultants/sub-contractors to the principal contractor appointed for the same project.(and form part of a consortium).
- Multiple awards for projects identified by the Department of Health as “priority projects” shall not be applicable for this project. This has been implemented in order to ensure that priority projects are implemented with limited delays.

9. Planning and Programming

The Employer is desirous that the project follow the timelines shown below. However, should the bidder feel that these timelines are not achievable then the Bidder must submit a motivation as to why it

considers them not achievable and must propose alternative timelines for the Employer's consideration and approval.

PSP Deliverables according to FIDPM stages of work	Duration to present recommendations from documents received from contractor to DOH project leader
Stage 1: Inception	N/A
Stage 2: Concept & Viability Report	N/A
Stage 3: Design Development Report & Stage 4: Documentation & Procurement	6 months
Stage 5: Works	30 months
Stage 6: Handover	TBC
Stage 7: Project Close Out	3 months

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

10. Software Application for documents

- Programming software shall be the latest version of MS Projects
- Drawing programme software will be the latest version/s of Autodesk AutoCAD and/or Revit
- General software will be MS Office based software and Adobe Acrobat

11. Use of Reasonable Skill and Care

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

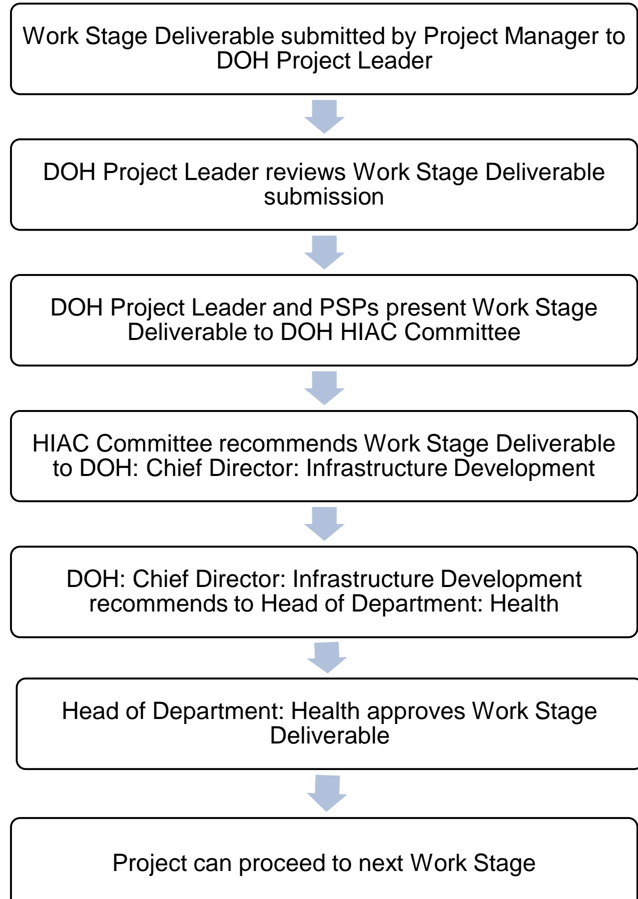
12. Co-operation with Other Service Providers and Affected Parties

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

13. Copyright

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

14. General Approval Process per Work Stage



15. Access to Land / Buildings / Sites

Arrangements for access to land / buildings / sites and any restrictions thereto shall be the responsibility of the Employer. However, the Project Manager shall be aware of such arrangements and advise the Employer's internal Project Leader timeously to prevent any delays that may arise due to restricted access.

16. Quality Management

The Bidder must have a detailed and appropriate quality assurance plan and control procedures in place. This document may be requested by the employer for review at any time.

17. Format of Communications

As detailed in the Contract Data and CIDB Standard Professional Services Contract July 2009.

18. Key Personnel

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

19. Management Meetings

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

20. Forms for Contract Administration

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

21. Daily Records

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

22. Fee Claims and Apportionment of Fees

Receipt and subsequent approval (by Head of Department: Health or his designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 3,4,5 and 6) of the relevant gazettes as stated in point 9 above and corresponding FIDPM Stages (3 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

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

Should deliverables as referenced under the Scope of Services (Section G, Item 9) not be required, fees will be adjusted downwards to align with the reduced scope of work.

Payment of fees shall be apportioned to Construction Work Stages (Stages 3-6) in accordance with the tables below:

22.1 NEC3 Project Manager

Stage 1	N/A
Stage 2	N/A
Stage 3	30%
Stage 4	15%
Stage 5	45%
Stage 6	10%

Payment of fees shall be apportioned to Construction Work Stages (Stages 5-6) for Supervision in accordance with the tables below:

22.2 Supervisor (Architectural Fees)

Stage 1	N/A
Stage 2	N/A
Stage 3	N/A
Stage 4	N/A
Stage 5	90%
Stage 6	10%

The payment of fees for work performed by the Supervisor shall only occur is Construction Stages 5. The Supervisor shall be entitled to claim fees at no shorter interval than every 2 months from the date upon which construction begins. The value of fees payable to the Supervisor shall be in proportion to the percentage completion of the construction works by the Contractor and as confirmed by the Project Manager, up to a maximum of 90% during Stage 5. The remaining 10% shall be claimable upon issue of the Defects Certificate by the Supervisor.

22.5 Others

All other resources required by the Project Manager in fulfilment of his/her duties shall be included in the Project Managers fee allocation and will be dispersed in accordance with the apportionment table stated above (22.1 NEC 3 Project Manager).

23. Use of Documents by the Employer

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

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

24. Mentorship of Employers Trainees / Interns

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

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

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

25. Estimated Project Construction Cost

The estimated project works value is R 663,000,000.00 (Six Hundred and Sixty Three Million Rand, exclusive of 15% VAT) with the scope of the being as detailed in the attached Project Brief, see (Appendix D).

26. Cost and pricing of the project

The professional services of the NEC project manager and supervisor shall be tendered as a **PERCENTAGE** based on the value of the construction works. The percentage shall then be apportioned by percentage amongst the two 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 two disciplines and the Employer is to be duly informed in writing by an official letter from the DoH Project Manager, prior to any further payments.
Disputes relating to the apportionment of total fees are to be resolved by the two professional disciplines.

The tendered percentage is to include <u>for any and all surcharges</u> applicable to the project for all professionals and **THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT**.

Should deliverables as referenced under the Scope of Services (Section G, point 9) not be required, fees will be revised to align with the reduced scope of work.

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

27. Project Details

a. You are requested to quote for NEC3 Project Manager and NEC3 Supervisor.

The Professional Architect (NEC3 Project Manager) may also assume the role of Supervisor if suitably qualified and experienced as per the stated requirements.
The relevant Guidelines are as per the following:

Construction Project Manager	South African Council for the Project and Construction Management Professions, Board Notice 168 of 2019 Government Gazette No. 42697 of 13 September 2019

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

c. Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage.

d. 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.

e. 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.

f. You are requested to submit your bid using the FEE BASED QUOTE PROFORMA (Appendix A, Tables 1 & 2), stamped utilizing your official company stamp and duly signed by the Registered Lead Professional who will be dedicated to this project and is based at the office address where the project is intended to be awarded.

28. Conditions Of Appointment

a. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 29.1 above. Construction Project Management Services cannot be outsourced and must be provided in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional proposed to the project for each service.

b. The Professional individuals named as part of the project team (as per Form A) must play an active and visible role on the project. The stated Professional individuals must attend a minimum of 70% of all meetings in which they are required. Failure to comply with this condition will constitute a breach of this contract.

c. 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.

d. The Department of Health reserves the right to place the project on hold or cancel the project at ANY POINT.

29. Evaluation Criteria

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

PHASE 1: Responsiveness

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

PHASE 2: Eligibility and Quality/Functionality Evaluation

Eligibility Criteria

In order to be eligible to be awarded this bid, the following criteria MUST be satisfied:
The professional services must consist of:

- NEC3 Project Manager (Registered Professional Construction Project Manager registered with SACPCMP)
- NEC3 Supervisor (Registered Professional Architect registered with SACAP)
- Any other entity in which services may be required in good standing with their respective regulatory bodies and having been approved by the Department of Health.

The Project Manager (NEC3 Project Manager) may also assume the role of Supervisor if suitably qualified and experienced as per the stated requirements.

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professionals must be Registered Professionals with a minimum of 7 years' experience post registration. Where the professional is a Technologist a minimum of 6 years' experience post registration is required,

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

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

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:
    - Project Manager: R 10,0 million
    - Supervisor (as an Architect): R 10,0 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 returnables should be tabbed, labelled and included in the designated areas as per the instructions below.

Eligibility criteria	Documentation to be provided	FOR EVALUATION COMMITTEE USE ONLY	
		Eligibility Criteria Met (Yes/No)	**Comments**
1. The Construction Project Manager must be a; Registered Professional Construction Project Manager with SACPCMP (NEC3 Project Manager) and be in good standing with SACPCMP as at the closing date of the tender 2. The Supervisor must be a; • Registered Professional Architect with SACAP (NEC3 Supervisor) and be in good standing with SACAP as at the closing date of the tender -with a minimum of 7 years post professional registration experience.	**TAB LABEL: G-1** 1.1 Valid Proof of Registration and a letter of good standing (registration from 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. 1.2 Completed Form A (Appendix E)		
2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below: • Project Manager: R 10,0 million • Supervisor (as an Architect): R 10,0 million	**TAB LABEL: G-2** Proof of valid Professional Indemnity Insurance for each applicable discipline complying with the minimum amounts stated shall be attached under the appropriate cover page provided under Appendix H		

Quality/Functionality Criteria

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

Evaluation criteria	Documentation to be provided	Points allocated
1. Bidder to demonstrate Technical Competency and relevant Project Experience relating to health general building construction projects with a value of over R80 million in the past 5 years per discipline (i.e. Project Manager, Supervisor/Architect)	**TAB LABEL: H-1** 1.1 Bidder to complete Curriculum Vitae (CV) for the allocated Lead Professional per discipline. The following conditions must be met to receive points in this category: 1.1.1 CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix **I**. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. & 1.1.5. to be inserted under the provided cover pages as Appendix **I** 1.1.2 One CV (if NEC3 Project Manager also assumes role of NEC3 Supervisor). Two CVs must be provided if NEC3 Project Manager and Supervisor are different individuals. 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 past project experience (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV) 1.1.5. Contractor award letters **OR** signed final account summaries **OR** signed reference letters from the client; clearly stating the project value must be provided to prove value of projects (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV) 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. <u>Allocation of points will be as follows:</u> - 7 points will be awarded per completed compliant CV per discipline up to a maximum of 14 points. **<u>AND</u>** - 12 points will be awarded per past project that is of General building (one of the three is from the Health Sector) is greater than R200 million in value and has been completed in the past 10 years. - 10 points will be awarded per past project that is of General building, (one of the three is from the Health Sector), is greater than R150 million	14 72

Evaluation criteria	Documentation to be provided	Points allocated
	in value and has been completed in the past 10 years. - 8 points will be awarded per past project that is of General building, (one of the three is from the Health Sector), is greater than R100 million in value and has been completed in the past 10 years. - 6 points will be awarded per past project that is of General building (one of the three is from the Health Sector), is greater than R80 million in value and has been completed in the past 10 years. -0 points will be awarded past project in General Building (none of the three is from the Health Sector), is less than R80 million and has been completed in over 10 years. Note: **If NEC3 Project Manager assumes Supervisor role, double points will be allocated for this individuals CV and project experience to account for the dual roles**	
2. Organogram of Resources Proposed for the Project	**TAB LABEL: H-2** 2. One team organogram displaying the Project Manager and Supervisor. The organogram should also clearly state the role of each individual on the project and must include ALL of the individuals stated on Form A. Allocation of points will be as follows: - 14 points will be awarded for a submitted organogram with a professionally registered SACPCMP (project manager) and/or SACAP (Supervisor) Director, professionally registered SACPCMP (project manager) and/or SACAP (Supervisor), a registered candidate SACPCMP (project manager) and/or SACAP (Supervisor) and a technician which fully complies with the requirements listed above with responsibilities of each individual member. - 10 points will be awarded for a submitted organogram with a Director who is not professionally registered with SACPCMP (project manager) and/or SACAP (Supervisor), a registered candidate SACPCMP (project manager) and/or SACAP (Supervisor) and a technician which fully complies with the requirements listed above with responsibilities of each individual member. - 8 points will be awarded for a submitted organogram with a SACPCMP (project manager) and/or SACAP (Supervisor) professionally registered Director, a SACPCMP (project manager) and/or SACAP (Supervisor) candidate registered organization member and a technician which fully complies with the requirements listed above with responsibilities of each individual member.	14

Evaluation criteria	Documentation to be provided	Points allocated
	- 4 points will be awarded for a submitted organogram with a SACPCMP (project manager) and/or SACAP (Supervisor) professionally registered Director and a technician which fully complies with the requirements listed above with responsibilities of each individual member. - 0 points will be awarded for an incomplete, irrelevant or no submission	

PHASE 3: Price and Preference

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

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

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

NB: For internal use only by the evaluation committee

1	CV SUBMISSIONS	SUBMISSION OF A COMPLIANT CV OF EACH DISCIPLINE	REQUIRED POINTS	POINTS ALLOCATED
		Professional Project Manager	7 Points	
		Professional Architect/Supervisor	7 Points	
		Non-submission or submission of non-compliant CV	0 Points	
	Total Points allocated in this section		**14 Points**	
2	PROJECT EXPERIENCE	EXPERIENCE IN GENERAL BUILDING (Max 3 Projects)	REQUIRED POINTS	POINTS ALLOCATED
	2 disciplines x 3 projects each x 12 points per project	12 points will be awarded per past project that is for general building (one of the three is from the Health Sector), is greater than R200 million in value and has been completed in the past 10 years	72 points	
	2 disciplines x 3 projects each x 10 points per project	10 points will be awarded per past project that is for general building (one of the three is from the Health Sector), is greater than R150 million in value and has been completed in the past 10 years	60 points	
	2 disciplines x 3 projects each x 8 points per project	8 points will be awarded per past project that is for general building(one of the three is from the Health Sector), is greater than R100 million in value and has been completed in the past 5 years	48 points	
	2 disciplines x 3 projects each x 6 points per project	6 points will be awarded per past project that is for general building (one of the three is from the Health Sector), is greater than R80 million in value and has been completed in the past 5 years	36 Points	

		0 points will be awarded past project in General Building (none of the three is from the Health Sector), is less than R80 million and has been completed in over 10 years.	0 Points	
	Total Points allocated in this section		**72 Points**	
3	ORGANOGRAM COMPLIANCE	ORGANOGRAM SUBMISSION	REQUIRED POINTS	POINTS ALLOCATED
		14 points will be awarded for a submitted organogram with a professionally registered SACPCMP (project manager) and/or SACAP (Supervisor) Director, professionally registered SACPCMP (project manager) and/or SACAP (Supervisor), a registered candidate SACPCMP (project manager) and/or SACAP (Supervisor) and a technician which fully complies with the requirements listed above with responsibilities of each individual member.	14 points	
		- 10 points will be awarded for a submitted organogram with a Director who is not professionally registered with SACPCMP (project manager) and/or SACAP (Supervisor), a registered candidate SACPCMP (project manager) and/or SACAP (Supervisor) and a technician which fully complies with the requirements listed above with responsibilities of each individual member.	10 points	
		- 8 points will be awarded for a submitted organogram with a SACPCMP (project manager) and/or SACAP (Supervisor) professionally registered Director, a SACPCMP (project manager) and/or SACAP (Supervisor) candidate registered organization member and a technician which fully complies with the requirements listed above with responsibilities of each individual member.	8 points	
		4 points will be awarded for a submitted organogram with a SACPCMP (project manager) and/or SACAP (Supervisor) professionally registered Director and a technician which fully complies with the requirements listed above with responsibilities of each individual member.	4 points	
		0 points will be awarded for a submitted organogram with insufficient details and does not comply with the requirements listed above. No submission of the requested will also lead to 0 points allocation	0 points	
			14 Points	
	Total Points allocated in this section	**SUB-TOTAL POINTS**	**100 Points**	

SBD 6.1

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 80/10 preference point system.

b) Either the 80/10 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	80
SPECIFIC GOALS	10
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**

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

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**

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

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 (80/20 system) (To be completed by the organ of state)**	**Number of points claimed (80/20 system) (To be completed by the tenderer)**
Companies who are at least 51% Owned by Black People	20	

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 5649/2023-H
Service:	APPOINTMENT OF AN NEC3 PROJECT MANAGER AND SUPERVISOR FOR THE DESIGN AND CONSTRUCTION OF COMMUNITY HEALTH CENTRE
Date:	21 August 2023
Time:	11:00
Venue:	Block 1, Main Boardroom,Townhill Office Park, Townhill Hospital, 35 Hyslop Road, Pmb

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.

30. 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.

31. 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.

32. 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.

33. In bids where Consortia / Joint Venture / Sub-contractors are involved, each party must submit a separate Tax Compliance Status (TCS) PIN.

34. 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.

35. 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.

36. Tax Compliance Status is not required for services below R 30 000.00 ITO Practice Note Number: SCM 13 of 2007.

37. Kindly either provide an original tax clearance certificate, your tax number or pin number.

TAX NUMBER:

PIN NUMBER:

SECTION J
AUTHORITY TO SIGN A BID

A Companies

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

Authority by Board of Directors

By resolution passed by the Board of Directors on

....

(date)

....

(name and whose signature appears below)

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

....

(Name of Company)

In his/her capacity as:

....

Signed on behalf of Company:

....

(print name)

....

Signature of signatory:

....

Date:

Witnesses:

1. ....

2. ....

B **Sole proprietor** (one - person business)

I, the undersigned

....

(name)

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

....

(name)

....

Signature of signatory:

....

Date

C **Partnership**

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

Full name of partner	**Residential address**	**Signature**

We, the undersigned partners in the business trading as

(name)

hereby authorized

(name)

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

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

D **Close Corporation**

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

Authority to sign on behalf of the Close Corporation

....

By resolution of members at a meeting on

....

(date)

....

(name and whose signature appears below)

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

....

(Name of Closed Corporation)

In his/her capacity as:

....

Signed on behalf of Closed Corporation:

....

(print name)

....

Signature of signatory:

....

Date:

Witnesses:

1. ....

2. ....

E **Co-Operative**

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

Authority to sign on behalf of the Co-Operative

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

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

---

(Name of Co-Operative)

In his/her capacity as:

Signed on behalf of Co-Operative:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

F **Joint Venture**

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

Authority to sign on behalf of the Joint Venture

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

....

(date)

....

(name and whose signature appears below)

....

(name and whose signature appears below)

....

(name and whose signature appears below)

....

(name and whose signature appears below)

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

....

(Name of Joint Venture)

In his/her capacity as:

....

Signed on behalf of Joint Venture:

....

(print name)

....

Signature of signatory:

....

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

G **Consortium**

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

Authority to sign on behalf of the Consortium

By resolution of the members on

(date)

(name and whose signature appears below)

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

(Name of Consortium)

In his/her capacity as:

Signed on behalf of Consortium:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

SECTION M
RECORD OF ADDENDA

<table>
<tr><td colspan="4">The undersigned confirm that the following communications received from the employer before the submission of this tender offer, amending the tender documents, have been taken into account in this tender offer:</td></tr>
<tr><td></td><td>Date</td><td>Title or Details</td><td>No. of Pages</td></tr>
<tr><td>1</td><td></td><td></td><td></td></tr>
<tr><td>2</td><td></td><td></td><td></td></tr>
<tr><td>3</td><td></td><td></td><td></td></tr>
<tr><td>4</td><td></td><td></td><td></td></tr>
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<tr><td>10</td><td></td><td></td><td></td></tr>
<tr><td>11</td><td></td><td></td><td></td></tr>
<tr><td>12</td><td></td><td></td><td></td></tr>
<tr><td>13</td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Attach Additional Pages if more space is required</td></tr>
<tr><td colspan="4">Bidder to attach proof of receipt of above listed addenda</td></tr>
</table>

Signed:		**Date:**	
Name:		**Position:**	
Bidder:			

APPENDICES

APPENDIX A - BID PROFORMA

General Notes -

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

TABLE 1

Value of Work for Fees	R 663 000 000.00
Total Tendered Fee Percentage for all disciplines (to 2 decimal places)	%
Total Fees for all disciplines	R
ADD Allowance for Disbursements (Proven Costs)	R 6 630 000.00
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	**R**

COMPANY STAMP:

DATE:

TABLE 2 – APPORTIONMENT OF FEES

NEC3 Project Manager	%
NEC3 Supervisor	%
Other	%
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.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
2.	Authority to Sign A Bid		
3.	Declaration of interest by Consultant – SBD 4		
4.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
5.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
The following documents are to be submitted under Appendix: G			
8.	Proof of Registration with Companies and Intellectual Property Commission (CIPC) (printout not older than 1 month)		
9.	Original certified copy of BBBEE Certificate		
10.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement letter from Ward councillor or affidavit from Commissioner of oaths, if office is in an area where rates are not paid)		
The following documents are to be submitted under Appendix H under the relevant cover pages:			
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 – NEC 3 Project Manager: R 10,0 million Supervisor (Architect) : R 10,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
13.	CV per Professional including supporting documentation (completion certificates and award letters / signed final accounts)		
14.	Organogram for reporting structure		

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

APPENDIX C - CONTRACT DATA

C1. Contract Data

C1.1 Standard Professional Services Contract

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

C1.1.1 Data provided by the Employer

Clause	
	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 Project Manager and Supervisor for through the NEC 3 – Option B contract for the Construction of the New Community Health Care Centre
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 7 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.

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

C1.2.3 Data provided by the Service Provider

Clause	
	Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
1	The Service Provider is the company, close corporation, natural person, consortium, joint venture or partnership named in Form of Offer and Acceptance by the tendering Service Provider.
5.3	The authorised and designated representative of the Service Provider is the Lead Consultant / Professional Architect named on the Project by the Service Provider
5.4.1	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) ....

Clause	
5.4.1	Tendering on the project: …………………………………………………………………… (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 *exception is 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. …………………………………………………………………… Name: …………………………………………………………………… Signature: …………………………………………………………………… Capacity:
7.1.2	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:

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

C2: PRICING DATA

C2.1 Pricing Instructions

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

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

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

C2.1.1.2 Tenderers are to tender:
A value based fee utilizing the stated estimated project construction value multiplied by a fixed tendered percentage which is then apportioned amongst the multi-disciplinary team.

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

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

C2.1.1.5 Disbursements in respect of all travelling expenses for one-direction travel to a facility for distances over 50 km from the office location related thereto will not be paid for separately except for attending off-site meetings 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 costs of travelling time should be accounted for in the tendered percentage.

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

C2.1.1.6 N/A

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

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

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

C2.1.1.10 Accounts for Services rendered may be submitted on the successful completion of each stage of work. Interim accounts will only be considered during the construction stage of the works and then not more frequently than quarterly except if otherwise agreed between the authorised and designated representative of the Service Provider and the Employer. Payment of accounts rendered will be

subject to the checking thereof by the departmental project manager. The Employer reserves the right to amend the amounts claimed in order to conform to the rates stipulated in this Contract and make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

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

C2.1.2.3 Fees for documentation for work covered by a provisional sum
Where a provisional sum is included in the bills of quantities for work to be documented at a later stage, the documentation fee in respect of such work shall be remunerated at the time when the documentation has been completed.

C2.1.2.4 Time charges for work done under a value based fee (upon approval by Head of Department: Health)
Time charges are reimbursable at rates applicable at the time of the actual execution of the specific service adjustable utilizing the discount for time based fees offered within the tender document. The "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: *http://www.publicworks.gov.za/* under “Documents”; “Consultants Guidelines”; item 1.

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

C2.1.3 Additional Services

C2.1.3.1 Additional Services pertaining to all Stages of the Project
Unless separately provided for hereunder and scheduled in the Activity Schedule, no separate payment shall be made for the additional services specified in the relevant tariff of fees guide. The cost of providing these services shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.2 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
No separate payment shall be made. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.3 Quality Assurance System
No separate payment shall be made for the implementation of a quality management system. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.4 Lead Consulting Engineer
No separate payment shall be made for assuming the leadership of an Employer specified joint venture, consortium or team of consulting engineers. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.5 Principal Agent of the Client

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

C2.1.3.6 Environmental Impact Assessment

Not applicable for this project.

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

Travelling costs will be refunded for the full distance covered per return trip measured from the office of the Service Provider appointed provided that the destination is greater than 50km away (one way) from the Service Provider's stated office address at the time of tender. Travelling costs related to trips to the site <u>shall not be claimable and will be deemed to be included in your tendered professional fee,</u> Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than 50km (one way) from the Service Provider's office.

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

C2.2 Activity Schedule

C2.2.1 Activities

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

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

APPENDIX D:

PROJECT BRIEF

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
Construction Project Manager Firm:					
• Lead Professional:					
• Support Professionals/Candidates:					

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
Supervisor:					
• Lead Professional:					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
• Support Professionals/Candidates:					

APPENDIX F:

CURRICULUM VITAE TEMPLATE

CURRICULUM VITAE TEMPLATE

1. Personal Details

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

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

Qualification	Year Obtained	Institution

3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

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

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

APPENDIX G:

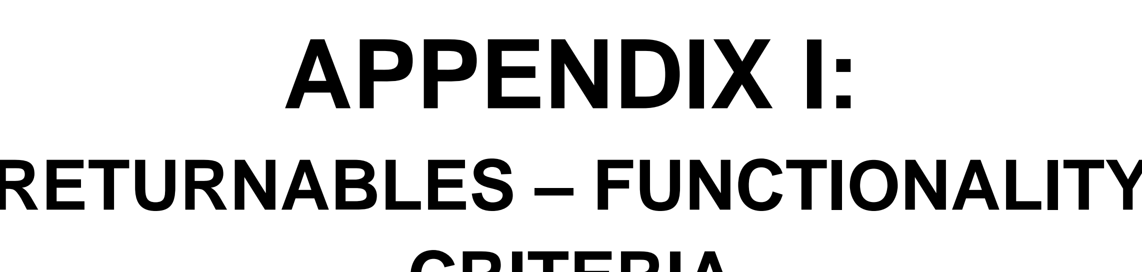
RETURNABLES – RESPONSIVENESS

APPENDIX H:

RETURNABLES – ELIGIBILITY CRITERIA

REGISTERED PROFESSIONAL CONSTRUCTION PROJECT MANAGER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL ARCHITECT AND PROFESSIONAL INDEMNITY (AS SUPERVISOR)



APPENDIX I:

RETURNABLES – FUNCTIONALITY CRITERIA

NEC 3 PROJECT MANAGER CV

NEC 3 PROJECT MANAGER COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARIES / REFERENCE LETTERS

SUPERVISOR (ARCHITECT) CV

SUPERVISOR (ARCHITECT) PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARIES / REFERENCE LETTERS

MULTI-DISCIPLINARY TEAM ORGANOGRAM

DIRECTORATE:

Postal Address: Private Bag X9051, Pietermaritzburg, 3200
Physical Address: Block 1, Townhill Office Park, Townhill hospital, 35 Hyslop Road, Pietermaritzburg
Tel: 033 940 2558 Email address: deon.vanwyk@kznhealth.gov.za
www.kznhealth.gov.za

INFRASTRUCTURE
PIETERMARITZBURG HUB

CLINICAL BRIEF AND OPERATIONAL NARRATIVE, AND PROJECT TECHNICAL BRIEF

MTUBATUBA COMMUNITY HEALTH CENTRE

PROPOSED NEW COMMUNITY HEALTH CENTRE

Drafted by:	MR. D. VAN WYK	Signed:	P.P [signature]
	Control Architectural Technologist	Date:	26/06/2023
	Pietermaritzburg Infrastructure Hub		[signature]
Recommended by:	MR. R. POTSANE	Signed:	
	Acting Director: Pietermaritzburg Infrastructure Hub	Date:	2023/06/26
Approved by:	MR S T MHLONGO	Signed:	[signature]
	Acting Chief Director: Infrastructure Development	Date:	13/07/2023

Document Control

Revision Number	Date	Initials
Draft 1	23 May 2023	DVW

Mtubatuba CHC: Proposed New Cummunity Health Centre: Clinical Brief and Operational Narrative, and Project Technical Brief signoff

Date:	Signature:	Name:	Designation:

Purpose of this document

The purpose of this document is to define the level of services that will be provided at the proposed new Mtubatuba Community Health Centre. It outlines the operational, functional and the physical requirements for the building and engineering services. The objective is to provide the design team with adequate information to produce concept, detail design and implement the project.

This document is separated into:

A. A strategic analysis investigates the current services and the need of the proposed new Mtubatuba CHC. In determining the need for the unit, the current epidemiological situation in the community and current utilisation of the services are investigated.

B. A clinical brief providing an outline of the services to be offered in the proposed new Mtubatuba Community Health Centre.

C. An operational narrative which provides guidance for the planning and design of the replacement facility and the required resources.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSC	Bid Specification Committee
BEC	Bid Evaluation Committee
BAC	Bid Adjudication Committee
CVD	Cerebrovascular Disease
CHC	Community Health Centre
DPME	Department Of Planning, Monitoring And Evaluation
DM	Diabetes Mellitus
DHIS	District Health Information System
FIDPM	Framework for Infrastructure Delivery and Procurement Management
GVA	Gross Value Added
HP	High Pressure
MLM	Medico Legal Mortuary
HFRG	Health Facility Revitalisation Grant
HIAC	Health Infrastructure Approval Committee
HIV	Human Immunodeficiency Virus
HTH	Hypertensive Heart Disease
HIS	Hospital Information System
HH	Households
HVAC	Heating, Ventilation, and Air Conditioning
IHRM-F	Ideal Hospital Realisation and Maintenance Framework
ISH	Ischaemic Heart Disease
IPV	Interpersonal Violence
IUSS	Infrastructure Unit Support Systems
IDMS	Infrastructure Delivery Management System
IEQ	Indoor Environment Quality
IPC	Infection Prevention Control
IPMP	Infrastructure Programme Management Plan
KZN	Kwazulu-Natal
LI	Labour Intensive
LP	Low Pressure
LV	Low Voltage
MDG	Millennium Development Goals
MTSF	Medium Term Strategic Framework

MEC	Member of the Executive Council
NDP	National Development Plan
NDOH	National Department Of Health
NHLS	National Health Laboratory Services
OOM	Order of Magnitude
OHSC	Office of Standards Compliance
PAS	Patient Administration System
PACS	Picture Archiving And Communication System
PSP	Professional Service Provider
PG	Procurement Gate
RIS	Radiology Information System
SPLUMA	Spatial Planning and Land Use Management Act
SDG	Sustainable Development Goals
SCM	Supply Chain Management
TB	Tuberculosis
UPS	Uninterrupted Power Supply
YLL	Years of Life Lost

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EXECUTIVE SUMMARY

The proposed new Mtubatuba CHC will provide mush needed health care services in uMkhanyakude Health District.

This project will aim to provide a salutogenic and fully compliant state of the art community health centre which will contribute to KZN-DOH achieving improved management of health care services. Furthermore, this facility will increase the value of the Department of Health's Infrastructure.

The projected milestones are as follows:

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	01/01/2023 – 28/02/2023	0%
Stage 1	Stage 1	PRE-FEASIBILITY	31/01/2023 - 28/02/2023	3%
Procurement		AWARD (PSP)	FEASIBILITY	31/03/2023
Stage 2	Stage 2	DESIGN	31/05/2024	30%
Stage 3	Stage 3	TENDER	30/11/2023	40%
Stage 4	Stage 4	CONSTRUCTION	01/12/2023-30 Nov 2026	81%
Procurement		Construction 0 - 25%	01/12/2023	51%
Stage 5	Stage 5	Construction 26 - 50%	01/09/2024	61%
		Construction 51 - 75%	01/06/2025	70%
		Construction 76 - 100%	30/04/2026	81%
		PRACTICAL COMPLETION	01/05/2026	81%
		HANDED OVER	01/07/2026	84%
		WORKS COMPLETION	01/09/2026	91%
	Stage 6	FINAL COMPLETION	31/08/2027	96%
Stage 6	Stage 7	Close-out	31/12/2027	100%

The project will be financed from the Health Facility Revitalisation Grant and is expected to cost approximately R 309 511 428.19 including VAT (Including Operational Cost and Health Technology and Commissioning).

PART A – PROJECT CHARTER

1. PROJECT NAME

Mtubatuba Community Health Centre: Proposed New Community Health Centre

2. THE FACILITY

- Facility Name: Mtubatuba Community Health Centre
- Facility Number: New facility – Number to be confirmed
- Facility Type: Community Health Centre
- Facility Owner: Ingonyama Trust – Trustees
    - Deeds Description: Portion of the Farm Lot 58, Umfolozi No. 15939
    - Title Deed Number: Not currently available

3. LOCATION

The proposed new Mtubtuba Community Health is situated in Mtubatuba Town at R618 Road and is in close proximity of the Mtubatuba Local Municipality. Mtubatuba is in the uMkhanyakude Health District.

- Province: Kwazulu-Natal
- District Municipality: uMkhanyakude
- Local Municipality: Mtubatuba
- Ward:
- Cadastral description: Portion of the Farm Lot 58, Umfolozi No. 15939
    - Latitude: -28.409018
    - Longitude: 32.186300
- Street address (or directions): R618, Mtubatuba.
- Postal address: New facility – Postal address to be confirmed
- Telephone number: New facility – Telephone number to be confirmed

Map 1: Proposed location of new Mtubatuba Community Health Centre
Source: Google Maps

4. THE PROJECT DETAILS

Project Name:	Mtubatuba CHC – Construction of New CHC
KZN-DOH Project Number:	New CHC
Project Code:	
Project Details / Scope:	The project entails the construction of a new CHC in Mtubatuba
Project Type:	PHC – Community Health Care
Budget Programme Number:	Programme 8
Budget Programme Name:	Health Facilities Management
Sub-programme:	8.1 Community Health Facilities
Infrastructure Programme Name:	N/A
Nature of Investment:	New or replaced Infrastructure
Nature of Investment Sub-Status:	New assets

5. OVERSIGHT TEAM

- Provincial Champion — Mr. S.T. Mhlongo (Acting Chief Director Infrastructure Development)
- Provincial Power User — Ms. M. de Goede (Director: Planning)
- Facility Management
  - Management: — Mr. J. Mndebele (Chief Director: District Health Services)
    Dr T. Moji (DDG: District Health Services)
  - UMkhanyakude District: — Ms. M. P. Themba
  - IT Services: — Dr L. L. V. Magaqa
  - Security Services: — Major General Dladla
  - Infection Prevention Control (IPC): — Mrs. K. Khumalo (Director: IPC)

6. MEASURABLE OBJECTIVES AND SUCCESS CRITERIA

The success criteria will be that the project will assist the Department to address the delays experienced in the provision of Primary Healthcare Services.

The Measurable objectives will be:

- To build a new fully resourced Community Health Centre (CHC).
- To enhance uMkhanyakude district CHC services.
- To ensure compliance National Code of Guidelines for Community Health Centres.
- To ensure that the environment is conducive in terms of OHS for staff working at the facility and to ensure dignity and privacy for public utilising the facility.
- To ensure that the dignity and the rights of the deceased are maintained.
- Deliver the project in time, on budget and compliant to specifications

7. HIGH-LEVEL SCOPE AND BOUNDARIES

The scope of the project is to construct a new Community Health Centre (CHC) in the uMkhanyakude District which will be supported by administrative and support areas and with security, access roads, pathways and parking.

8. HIGH-LEVEL RISKS

The risks that carry the highest impact include the continued delays of service delivery.

Furthermore, the high cost of construction is of concern and may impact the future of the project.

9. SUMMARY MILESTONE SCHEDULE

Initiation and planning	01 months
Design and procurement	06 months
Construction	36 months
Hand Over	02 months
Retention and Close Out	12 months
Total project duration	**57 months**

10. SUMMARY BUDGET

The project will be financed from the Health Facility Revitalisation Grant and is expected to cost R 309 511 428.19 including VAT (Including Operational Cost and Health Technology and Commissioning).

11. STAKEHOLDERS

The following stakeholders have been identified and is further defined under item 4.1.6.1 below

- National Department of Health
- Provincial Department of Health
- uMkhanyakude District
- Mtubatuba Community
- Mtubatuba Local Authority
- South African Police Service (SAPS)

12. 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).

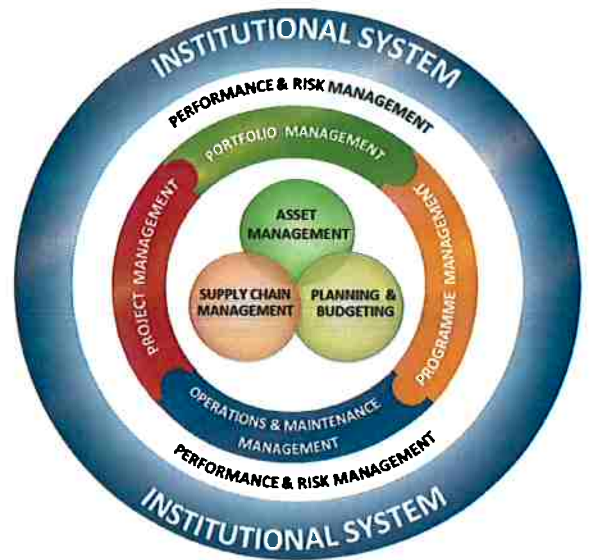

Figure 1: IDMS

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)

13. ASSIGNED PROJECT MANAGER

The Project Manager has been identified by KZN Department of Health as Mr. D.P. van Wyk.

14. NAME AND AUTHORITY OF SPONSOR

District Health Services: DDG: Dr. T.D. Moji

15. SUMMARY OF THE PROJECT

Name	Mtubatuba Community Health Centre
District Name	uMkhanyakude District
Local authority	Mtubatuba
Population served	689,091
Projected overall project cost (all components)	R 309 511 428.19 Inclusive of VAT
Estimated cost breakdown	
Construction cost	R 286 954 135.00
Fees	R 8 422 400.00
Health Technology	R 19 357 293.19
Commissioning	R 3 200 000.00
Estimation of project timelines	
Brief and Operational narrative	28/02/2023 – 31/01/2023
Planning and design	31/05/2024
Construction and retention	01/12/2023 – 31/08/2027
Hand over and close out	01/07/2026 – 31/12/2027
Estimation of annual infrastructure maintenance	R 13 706 254.10 @ 5% of facility value.
Estimation of annual health technology maintenance	R 967 864.66 @ 5% of equipment value.
Estimation of annual operational budget	R 134 797 901.75

PART B - CLINICAL SERVICES BRIEF

1. INTRODUCTION

The Department has embarked upon the Rationalization of Health facilities in order to maximize services at the appropriate levels of service delivery in accordance with the classification of the health facilities. This will improve the quality of services, access to services and contribute to the overall health and wellbeing of the communities we serve.

The Department's aim was to maintain the gains already made and further focus on interventions to accelerate health system effectiveness and further improve health outcomes and public satisfaction.

With improved leadership and clinical governance, the Department will do this by ensuring that it will robustly monitor implementation of the Turn-Around Strategy to inter alia, improve audit outcomes; improve financial and supply chain management and human resource management services; rationalize hospital services to improve efficiencies and equitable access to clinical services; strengthen governance, leadership and oversight; and re-position infrastructure development as integral part of improved service delivery.

2. STRATEGIC BACKGROUND

Umkhanyakude District is in the North Eastern part of KwaZulu-Natal Province 2nd largest district, bordered by Swaziland and Mozambique, Zululand and King Cetshwayo Districts. Towns Hlabisa, Hluhluwe, Mtubatuba, St Lucia, Ingwavuma, Jozini, Mkuze, Mbazwana, Manguzi, this makes the district prone to cross border epidemics, especially malaria, and cross-border patient flow, unbudgeted health expenditure & adverse patient outcomes. Manguzi and Mosvold Hospitals receive many patients from Mozambique and Swaziland respectively. The district comprises four health local municipalities (LMs): Big 5 Hlabisa, Jozini, Mtubatuba, and Umhlabuyalingana.

District population 690 193, uninsured 663 275 -96.1% meaning that large number of the population depend on public service for health service. The district has been ranked as having the second highest socio-economic deprivation index in South Africa (Health Systems Trust 200
Population is predominantly black Africans (98.4%) as compared to other racial groups.
It is deep rural with few economic activities and other social amenities, making it less attractive to other racial groups.

SERVICE DELIVERY PLATFORM – FACILITIES

Five District hospitals, One Community Health Centre, 58 Fixed Clinics, Seven HTAs 7(2 fixed & 5 mobile) & 20 Mobile Clinics servicing 274 visiting points.

HOURS OF OPERATION

24 HOUR SERVICE – 5 District Hospitals, 1 Community Health Centre, 9 fixed clinics
ON CALL SERVICE – 34 fixed clinics
OUTREACH TEAMS

20 Mobile clinics visiting = 274 points
WBPHCOT = 29 Teams
School Health Team = 11

2.1. Sub District Overview

Mtubatuba Local Municipality is one of the four local municipalities under uMkhanyakude District Situated on the coastline of north-eastern Kwa Zulu

Estimated population is 206 699 of which 198 431 – 96 % is uninsured meaning that they rely public sector for health services.

The West of Mtubatuba Town is predominantly rural. The North East of Mtubatuba lies in ISimangaliso Wetland Park and boarded by Umfolozi River to the South There is no district hospital or Community Health Centre within Mtubatuba LM.

Presence of a CHC would be of great difference where the clinics will refer to CHC for stabilisation, complicated clients and support.

2.1.1. Catchment area

Mtubatuba town, Riverview ,Nordale, Indlovu village ,Bhoboza, Nkodibe ,Kwiliza, Nkombose ,Khula village ,St Lucia ,Vezobala ,Monzi ,Mfolozi ,Futululu,Kwa Msane township,,Nokhobo, Kwa Mshaya, Hhohho, Ophaphasi, Khorinte, Nkolokotho, Mpukunyoni, Wela, Mapheleni, Nkodibe, Madwaleni Shikishela ,Squmbe Mfekayi, Mchakwini, Thandanani, Ogengele Ntondweni, Macabuzela Makhowe, Esiyembeni, Gunjaneni and Machibini.

2.2. Current mobile point's catchment area & Statistics (Daily, Monthly etc.): (Births? need for MOU; Accident and Emergency)

2.2.1. Mobile points 29

Yes, MOU is needed looking at deliveries conducted around the area

2.2.2. Deliveries:

Facility Name	Data Element Name	FY 2020/21	FY 2021/22	FY 2022/23	Average/Year
kz Somkhele Clinic	Delivery in facility - sum	35	36	38	36.3
kz Mpukunyoni Clinic	Delivery in facility - sum	28	31	22	27
kz KwaMsane Clinic	Delivery in facility - sum	742	807	757	768.6

Most cases from Somkhele and Mpukunyoni end up being sent to Hospital or Kwa Msane clinic

2.3 MOU is needed as the area is along the N2 where traumatic accidents usually occur

Facility Name	Data Element Name	FY 2020/21	FY 2021/22	FY 2022/23	Average/Year
kz Hlabisa Hospital	Gunshots - new	52	69	44	55
kz Hlabisa Hospital	Motor vehicle accident - new	501	511	491	501
kz Hlabisa Hospital	Accident and Emergency (Casualty) and Trauma unit headcount - Emergency	1309	1284	1097	1230

2.5. Size of clinic required and motivation (this will be confirmed from by the calculator and can change from what district indicates) Catchment area

- 4000m^2 or more if possible

2.6. Average monthly headcount

Facility Name	Data Element Name	Jan. 2023	Feb. 2023	Mar. 2023	April 2023
kz Mtubatuba Clinic	PHC headcount total	6799	7027	5852	4107
kz KwaMsane Clinic	PHC headcount total	5798	6065	5787	5451
kz Somkhele Clinic	PHC headcount total	4414	4154	5353	4179
kz Mpukunyoni Clinic	PHC headcount total	2388	2117	3144	2245

2.7. Proposed operational times and days:

2.8 Casualty, Emergency services and Maternity

Daily (24 hour services)

2.9. Maternal, Child and Women Health Services

7 days a week (07h00 to 18h00)

2.10 Medical Outpatient Department (MOPD)

7 days a week (07h00 to 18h00)

2.11 Integrated Chronic Management Services (ICMS)

7 Days (07h00 to 18h00)

2.2. Project Outcome

A fully resourced community health centre facility to provide health care services in the uMkhanyakude district.

2.3. Project Objective

Mtubatuba Local Municipality have no other CHC or the District hospital with increasing population therefore there will be a quality, comprehensive and affordable Community Health Care Centre constructed in the Mtubatuba CBD.

The proposed CHC site is central to most of the crucial areas which will then benefit the working class and non-employed communities, such as to name a few - Mfekayi ,Ndlovu village and also those clients that will be coming to town for other business .

The proposed CHC will serve as a referral site for all Mtubatuba clinics as well as for some of Big 5 Hlabisa clinics especially the coastal located (Macabuzela, Makhowe, Hluhluwe as well as Cinci.

The CHC will bridge a gap between the PHC and district hospital services as the CHC will provide mostly 24 hour services with emergencies services with a coverage of a medical doctor.

There will be minimal cases both maternity and emergency that are referred straight from PHC to regional or tertiary hospitals. There will be minimal referrals from this CHC to higher levels of care, as most cases will be dealt with the presence of Medical doctors, Allied Workers and Senior Managers onsite.

There will be an improved EMS turn around as the CHC will be referral site for PHC and communities.

2.4. STRATEGIC SERVICE GOALS AND OBJECTIVES

2.4.1. SUSTAINABLE DEVELOPMENT GOALS

The government's National Development Plan (NDP) 2030 envisions a health system that works for everyone and produces positive health outcomes, accessible to all, "A long and Healthy Life for All South Africans"[1]. Key interventions to improve life expectancy include addressing the social determinants of health, promoting health as well as reducing the burden of disease from both Communicable Disease and Non-Communicable Diseases. The plan asserts that health care can be improved through decreasing mortality by combating infectious disease such as tuberculosis and HIV/AIDS and emerging tide of non-communicable diseases. The government's objective is aimed at reducing child and infant mortality, maternal mortality and combating HIV/AIDS and other diseases by 2030.

There are 17 SDG built on Millennium Development Goals, Goal 3 is about ensuring healthy lives and wellbeing of all ages.

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1 National Department Of Health, 2007

Figure 2: Sustainable Development goals

2.4.2. NATIONAL DEVELOPMENT PLAN

The National Development Plan charts a new path for South Africa and seeks to eliminate poverty and reduce inequality by 2030. It defines a desired destination and identifies the role different sectors of society need to play in order to achieve its goals. With specific reference to health the NDP goals are:

- Life expectancy of at least 70 years for men and women
- A generation of under-20s that is largely free of HIV and AIDS
- The quadruple burden of disease that is radically reduced compared to the two previous decades
- An infant mortality of less than 20 deaths per 1,000 live births
- An under five mortality rate of less than 30 per 1,000
- A significant shift in equity, efficiency, effectiveness and quality of health care provision
- Availability of universal health care coverage; and
- Significant reduction of risks posed by social determinants of diseases and adverse ecological factors

The National Development Plan proposes to achieve these health goals by:

- Addressing social determinants of health
- Reducing disease burden to manageable levels
- Building human capital
- Strengthening the National Health System with particular reference to eliminating infrastructure backlogs and increasing the use of ICT to treat and manage health conditions; and
- Implementing the National Health Insurance Scheme with particular reference to improving the quality and care at public health care facilities

Universal health coverage has been shown to contribute to improvement in key indicators such as life expectancy through reduction in morbidity especially maternal and child mortality.

Table 1: The SDGs and NDP Alignment

SDGs Goal:	Goal 3. Ensure healthy lives and promote well-being for all at all ages [2]
NDP Goal:	**Chapter 10. Healthcare for all**
SDGs Targets	**NDP Objectives**
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Reduce maternal, infant and child mortality
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	Reduce maternal, infant and child mortality
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Progressively improve TB prevention and cure
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing	Significantly reduce prevalence of non-communicable chronic diseases
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	Reduce injury, accidents and violence by 50 percent from 2010 levels
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Increase average male and female life expectancy at birth to 70 years. Deploy primary healthcare teams provide care to families and communities
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	

DOH contributes directly to the realisation of Priority 3 (education, skills and health) of government's 2019-2024 Medium Term Strategic Framework (MTSF), and the vision set out in chapter 10 of the National Development Plan (NDP).

DOH is the custodian of South Africa's national health system, and contributes to the goals, indicators and actions of chapter 10 of the NDP. This includes reducing the burden of disease and strengthening the provision of healthcare to improve the lives and lifespans of the country's citizens. As per the National Health Act of 2003, provincial departments of health are mandated to provide healthcare services. The National department is responsible for policy formulation, coordination and support to provincial departments, as well as the monitoring, evaluation and oversight of the sector.

2 https://sdgs.un.org/goals

2.4.3. PROVINCIAL STRATEGY ALIGNMENT TO THE REVISED DRAFT DEPARTMENT OF PLANNING, MONITORING AND EVALUATION (DPME) PLANNING FRAMEWORK

The following Impact and Outcomes were adopted by The KwaZulu-Natal Department of Health for the 2020/21 to 2024/25 planning cycle. The Impact and Outcomes are listed below:

- Impact: Increased Life Expectancy
  - Outcome: Universal Health Coverage
  - Outcome: Improved Client Experience of Care
  - Outcome: Reduced Morbidity and Mortality

The impact and outcomes were confirmed through consultations at cluster planning workshops (Cluster sessions held between 21 August 2019 and 6 September 2019) and the Provincial Strategic planning workshop (12-13 October 2019).

2.4.4. HEALTHCARE SERVICES IN SOUTH AFRICA

Healthcare services for all South Africans are underpinned by the National Health Act, 61 of 2003 (as amended). In 2011 the National Department of Health published the National Core Standards for Health Care Establishments, The NCS has 7 key Domains:[3]

(i) Patients' Rights
(ii) Patient Safety, Clinical Governance and Care
(iii) Clinical Support Services
(iv) Public Health
(v) Leadership and Corporate Governance
(vi) Operational Management and
(vii) Facilities and Infrastructure

2.4.5. LEGISLATIVE FRAMEWORK

National Health Act, 2003 (Act No. 61 of 2003)

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objectives of the National Health Act (NHA) are to:

- Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;

3 ohsc.org. (Office of Standards Compliance)

- Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;
- Establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- Create the foundation of the health care system, and understood alongside other laws and policies, which relate to health in South Africa.

- Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) – Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and provides for transparency in the pricing of medicines.
- Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, in particular those emitting radiation.
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- Pharmacy Act, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists
- Health Professions Act, 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Dental Technicians Act, 1979 (Act No.19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- Allied Health Professions Act, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions. STRATEGIC PLAN 2020/21 – 2024/25 11 | P a g e My Health, Your Health, Our Health: A Healthy KwaZulu-Natal
- SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.
- Academic Health Centres Act, 86 of 1993 - Provides for the establishment, management and operation of academic health centres.
- Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

- Sterilisation Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilisations, including for persons with mental health challenges.
- Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

- Tobacco Products Control Amendment Act, 1999 (Act No 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.
- Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.
- Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession and for the establishment of a council to regulate these professionals including community service by these professionals.
- Higher Education Act (Act No 101 of 1997) as amended: Provides for the regulation of Higher Education Institutions and its registration, including the formation of governance structures guiding education and training of students.
- National Qualifications Act (Act No 67 of 2008): Provides for a single integrated system comprising three co-ordinated qualifications Sub-Frameworks
- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.
  STRATEGIC PLAN 2020/21 – 2024/25

- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Public Service Act No 64 of 1994: To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

2.2. Other legislation applicable to the Department

- Criminal Procedure Act, 1977 (Act No.51 of 1977), Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.
- Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.
- Occupational Health and Safety Act, 1993 (Act No.85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease. National Roads Traffic Act, 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

- Employment Equity Act, 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- State Information Technology Act, 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.
- Skills Development Act, 1998 (Act No 97 of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.
STRATEGIC PLAN 2020/21 – 2024/25

- Public Finance Management Act, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- Promotion of Access to Information Act, 2000 (Act No.2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- Promotion of Administrative Justice Act, 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000) Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- Division of Revenue Act, (Act No 7 of 2003) - Provides for the manner in which revenue generated may be disbursed.
- Broad-based Black Economic Empowerment Act, 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.
- Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.
- Basic Conditions of Employment Act, 1997 (Act No.75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

2.5. KWAZULU-NATAL DATA

The province of KwaZulu-Natal, also referred to as KZN and known as "the garden province"; is a province of South Africa that was created in 1994 when the Zulu Bantustan of KwaZulu ("Place of the Zulu") and Natal Province were merged. It is located in the southeast of the country, enjoying a long shoreline beside the Indian Ocean and sharing borders with three other provinces, namely Free State, Eastern Cape and Mpumalanga; and the countries of Mozambique, Eswatini and Lesotho. Its capital is Pietermaritzburg, and its largest city is Durban. It is the second-most populous province in South Africa, with slightly fewer residents than Gauteng.

Two areas in KwaZulu-Natal have been declared UNESCO World Heritage Sites: the iSimangaliso Wetland Park and the uKhahlamba Drakensberg Park. These areas are extremely scenic as well as important to the surrounding ecosystems.

During the 1830s and early 1840s, the northern part of what is now KwaZulu-Natal was established as the Zulu Kingdom while the southern part was, briefly, the Boer Natalia Republic before becoming the British Colony of Natal In 1843. The Zulu Kingdom remained independent until 1879.

KwaZulu-Natal is roughly around 92,100 km^2. It has three different geographic areas. A lowland region along the Indian Ocean coast which is extremely narrow in the south, widening in the northern part of the province, while the central Midlands consists of an undulating hilly plateau rising toward the west. Two mountainous areas, the western Drakensberg Mountains and northern Lebombo Mountains form, respectively, a solid basalt wall rising over 3,000 m beside Lesotho border and low parallel ranges of ancient granite running southward from Eswatini. The area's largest river, the Tugela, flows west to east across the centre of the province.

The coastal regions typically have subtropical thickets and deeper ravines; steep slopes while the midlands have moist grasslands. The north has a primarily moist savanna habitat, whilst the Drakensberg region hosts mostly alpine grassland.

KwaZulu-Natal has a varied yet verdant climate thanks to diverse, complex topography. Generally, the coast is subtropical with inland regions becoming progressively colder. Durban on the south coast has an annual rainfall of 1009 mm, with daytime maxima peaking from January to March at 28 °C with a minimum of 21 °C, dropping to daytime highs from June to August of 23 °C with a minimum of 11 °C. Temperature drops towards the hinterland, with Pietermaritzburg being similar in the summer, but much cooler in the winter. Ladysmith in the Tugela River Valley reaches 30 °C in the summer, but may drop below freezing point on winter evenings. The Drakensberg can experience heavy winter snow, with light snow occasionally experienced on the highest peaks in summer. The Zululand north coast has the warmest climate and highest humidity, supporting many sugar cane farms around Pongola.

Source: Wikipedia

2.6. UMKHANYAKUDE DISTRICT DATA

[4] *The uMkhanyakude District Municipality known as "a model District Municipality in service delivery excellence" is a Category C municipality located along the coast in the far north of the KwaZulu-Natal Province. 'uMkhanyakude' refers to the Acacia Xanthophloea fever tree and means 'that shows light from afar'. The name reflects both the uniqueness of its people and their hospitality, as well as the biodiversity and conservation history that the region is very proud of.*

The Isimangaliso Wetland Park, formerly Greater St Lucia Wetland Park, encompasses the entire coastline. It shares its borders with Swaziland and Mozambique, as well as with the districts of Zululand and King Cetshwayo.

It is the second-largest district in the province, and consists of the following four local municipalities: uMhlabuyalingana, Jozini, Big 5 Hlabisa and Mtubatuba. It is a very rural district, the largest town being Mtubatuba in the south, with Hluhluwe, Mkuze, Jozini, Kwangwanase and Ingwavuma further to the north.

4 https://www.cogta.gov.za/ddm/wp-content/uploads/2020/11/Umkhanyakude-DM-October-2020.pdf

The N2 running through the UKDM is a major strength to the district as it provides opportunities for growth and economic stimulation in the economy. UMkhanyakude is a poverty stricken district with high unemployment figures. Investment opportunities that exist in key catalytic projects for the area as planned and conceptualized are projects that include Mkuze Regional Airport, Jozini Hydro-electric Scheme, Makhathini Flats Development (Sugarcane, fruit and vegetables production and processing), expanded timber production, fishing industry based on natural resource harvest supplemented by aquaculture, expanded agricultural production of cashew and coconut oils and nuts for export, and establishment of high value–up market anchor tourism sites to 'trigger' further structured investment.

The main economic drivers in the district include Community Services and Finance (30.6% and 15.8% respectfully). Educational levels in the district is significantly lower than the Provincial level and employment opportunities are limited. According to the South African multidimensional poverty index of 2016, the UMkhanyakude District is considered amongst the 10 Districts in South Africa with the greatest decline in MPI.

Area: 13 855km²

Cities/Towns: Hlabisa, Hluhluwe, Ingwavuma, Jozini, Mbazwana, Mkuze, Mtubatuba, St Lucia

Main Economic Sectors: Agriculture, trade, tourism

2.6.1. DEMOGRAPHIC PROFILE

The following figures depict the demographics of UMkhanyakude District:

Source: Wazimap

Age

18

Median age

about 80 percent of the figure in KwaZulu-Natal: 22

about three-quarters of the figure in South Africa: 25

Population by age range Chart Options

0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
28%	25%	19%	11%	7%	5%	3%	2%	1%

Source: Community Survey 2016

Population by age category Chart Options

Under 18
18 to 64
65 and over

Under 18 **51%**

Source: Community Survey 2016

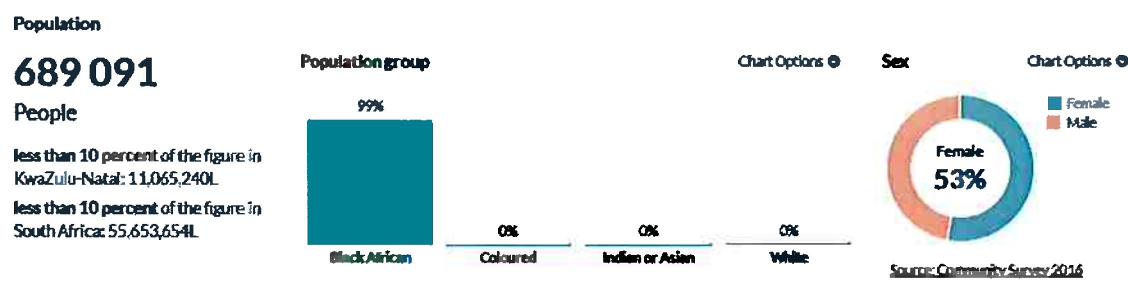


Figure 1: UMkhanyakude Age and Population analysis

[4] The settlement type in UKDM dominated by population residing in traditional; areas, which is in excess of 90%, and is by far the highest figure of all districts within the province. Fifty five (55.7%) of land cover

within the district is natural land. Approximately 17.9% of the District is being used for agricultural purposes, with the majority of agricultural land being focused within the Mtubatuba Local Municipality (LM). Wetland accounts for 26.2% of the land in within the Big 5 False Bay Local Municipality. Approximately 33.2% of the District is formally protected and forms part of Nature Reserves.

Table 2: District Population Density – 2018/19

Sub-District	Area km	Population	Population Density per km2
KZN Big 5 Hlabisa Local Municipality	3,466	112,921	32,6
KZN Jozini Local Municipality	3,442	207,415	60,3
KZN Mtubatuba Local Municipality	1,970	206,675	104,9
KZN uMhlabuyalingana Local Municipality	4,977	175,459	35,3
District	**13,855**	**702,470**	**50,7**

2.6.2. SOCIAL DETERMINANTS OF HEALTH

The following figures depict the social determinants of health in UMkhanyakude District:

Source: Wazimap

Households

151 244

Households

less than 10 percent of the figure in KwaZulu-Natal: 2,875,843L

less than 10 percent of the figure in South Africa: 16,923,307L

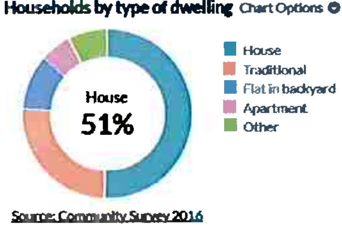
3.3%

Households that are informal dwellings (shacks)

about two-fifths of the rate in KwaZulu-Natal: 8.53%

about one-quarter of the rate in South Africa: 12.96%

Households by type of dwelling Chart Options



Source: Community Survey 2016

Household ownership

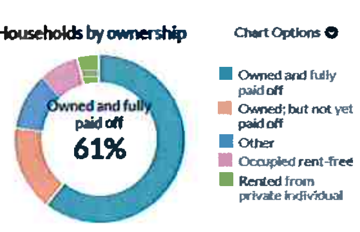
77%

Households fully owned or being paid off

a little higher than the rate in KwaZulu-Natal: 73.02%

about 20 percent higher than the rate in South Africa: 64.97%

Households by ownership Chart Options



Source: Community Survey 2016

Figure 2: UMkhanyakude Household analysis

[4] *According to the community survey done in 2016, the total population of the UMkhanyakude District is 689,090 with a growth of 9,2% between 2011 and 2016. The District had a modest average annual population growth rate of 0.9% per annum between 2001 and 2011. The HDI of the district declined from a figure of 0.46 in 2000 to 0.44 in 2010 and is significantly lower than the comparative overall provincial figure (0.44 compared to 0.49). Life expectancy at birth is lower than the average figure for KZN which currently sits at 56.1 years.*

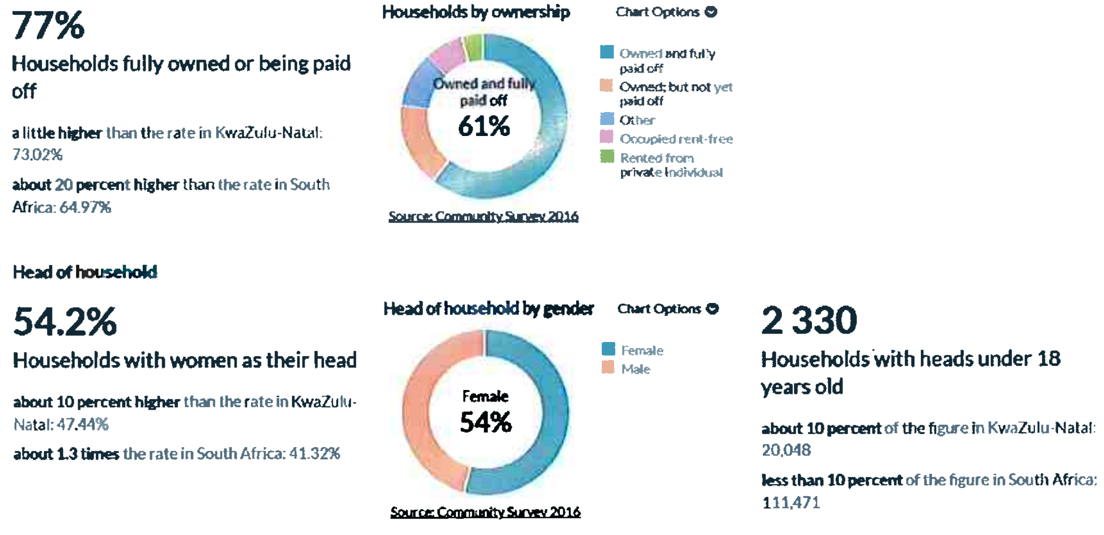


Figure 3: UMkhanyakude Woman headed household analysis

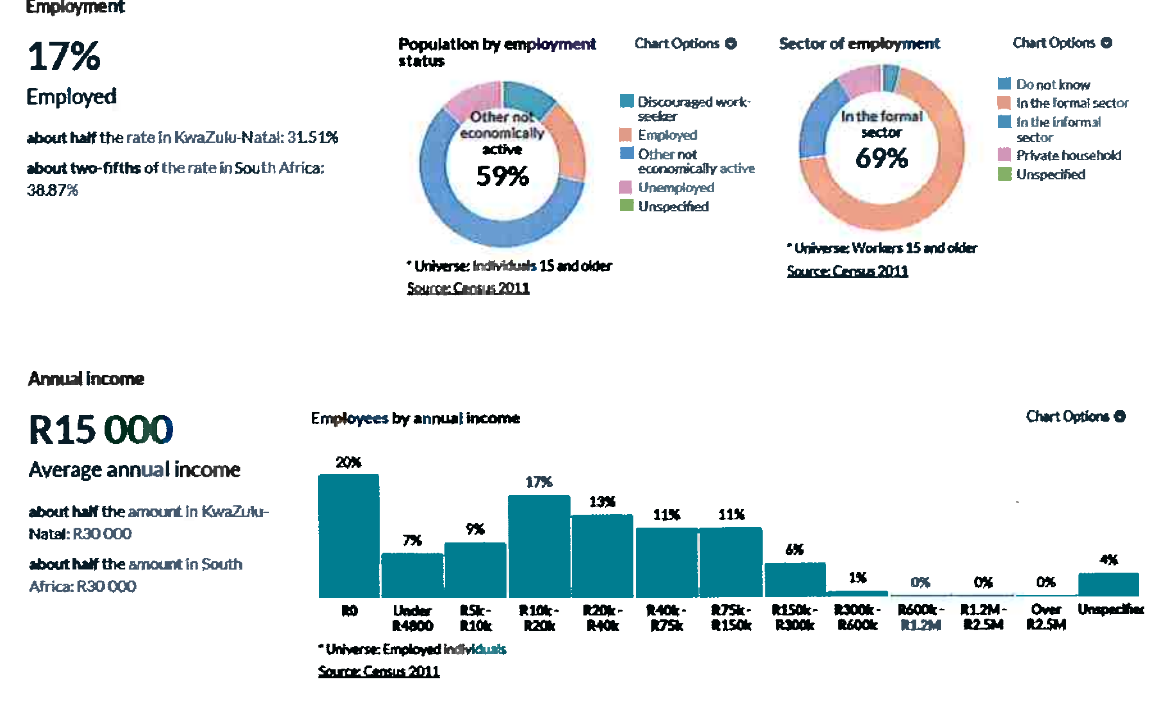


Figure 4: UMkhanyakude Economic analysis

The unemployed population in UKDM is similar to the overall figures for KZN. The district has a youthful population and 35.2% of the unemployed population is younger than 25 years of age, with a further 34.9% between 25 and 34 years. This implies that more than 70% of the unemployed population is younger than 35 years of age. [4]

Educational level

63.7%

Completed Grade 9 or higher

about 90 percent of the rate in KwaZulu-Natal: 72.42%

about 90 percent of the rate in South Africa: 71.77%

37.3%

Completed Matric or higher

about 80 percent of the rate in KwaZulu-Natal: 45.85%

about 90 percent of the rate in South Africa: 43.37%

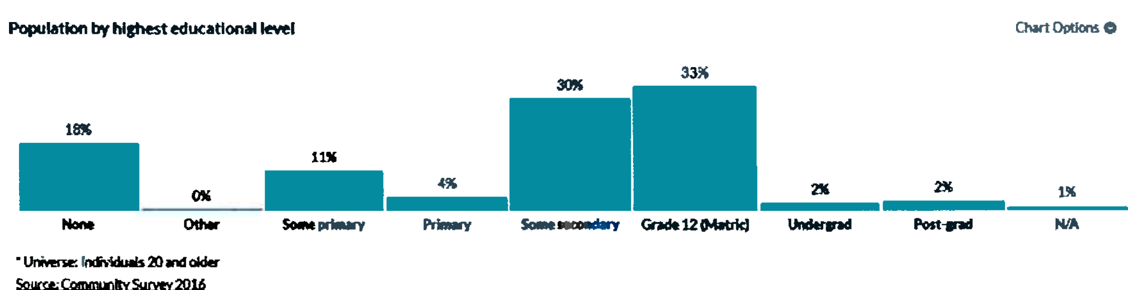


Figure 5: UMkhanyakude Education analysis

Approximately 14% of the unemployed population UKDM has received no formal schooling and only 17% has primary level education. A largest proportion of the unemployed population has completed grade 12 education and approximately 30% has secondary education. A trend is that only a fraction of the unemployed population has completed any form of tertiary education and this is a pattern across the five local municipalities. This implies that the completion of secondary school education provides very little guarantee of finding any form of formal employment within the district. It also confirms the importance of tertiary education to successfully enter the employment market, even in districts with limited availability of formal sector employment opportunities (IDP, 2019/20:82). There is high level of adult illiteracy in the district. More than 27% and 22% of the adult female and male population, respectively, have not received any form of schooling. These figures are significantly higher as compared to the provincial figures of 13% and 8% respectively. The proportion of the adult population in the district with tertiary education is less than halve the comparative figure for the province, which is 2.5%. [4]

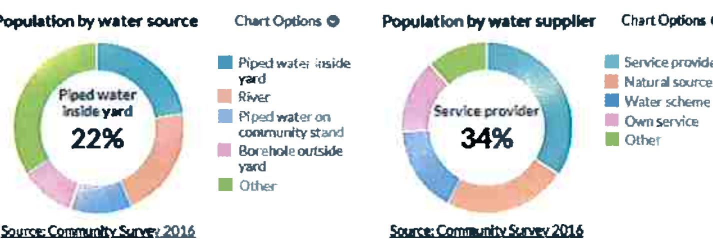
Water

50.7%

Are getting water from a regional or local service provider

about three-fifths of the rate in KwaZulu-Natal: 83.35%

about three-fifths of the rate in South Africa: 86.2%



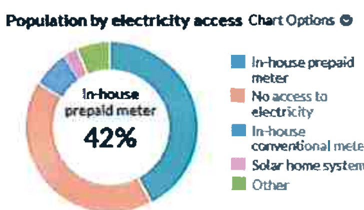
Electricity

41.6%

Have no access to electricity

more than double the rate in KwaZulu-Natal: 10.58%

more than double the rate in South Africa: 7.29%



Toilet facilities

28.8%

Have access to flush or chemical toilets

about half the rate in KwaZulu-Natal: 55.74%

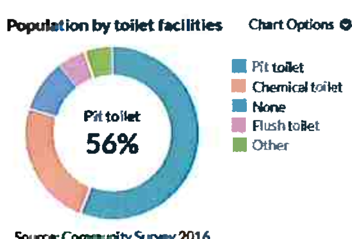
about half the rate in South Africa: 63.53%

9.9%

Have no access to any toilets

more than double the rate in KwaZulu-Natal: 2.67%

more than double the rate in South Africa: 2.39%



Refuse disposal

2.9%

Are getting refuse disposal from a local authority, private company or community members

less than 10 percent of the rate in KwaZulu-Natal: 43.31%

less than 10 percent of the rate in South Africa: 59.37%

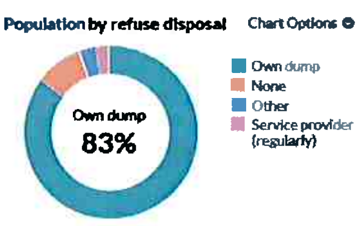


Figure 6: UMkhanyakude Service delivery analysis

The 2019/2020 IDP of the UMkhanyakude District Municipality approved by Council reports that the major basic service challenge faced by the district is the backlog of eradicating high levels of old infrastructure. The maintenance costs of the old infrastructure are very high and have an adverse effect in the provision of service delivery due to limited funding. The IDP further indicates that there is also a challenge of high levels of illegal connections which further strains the available resources. **4**

2.6.3. BURDEN OF DISEASE

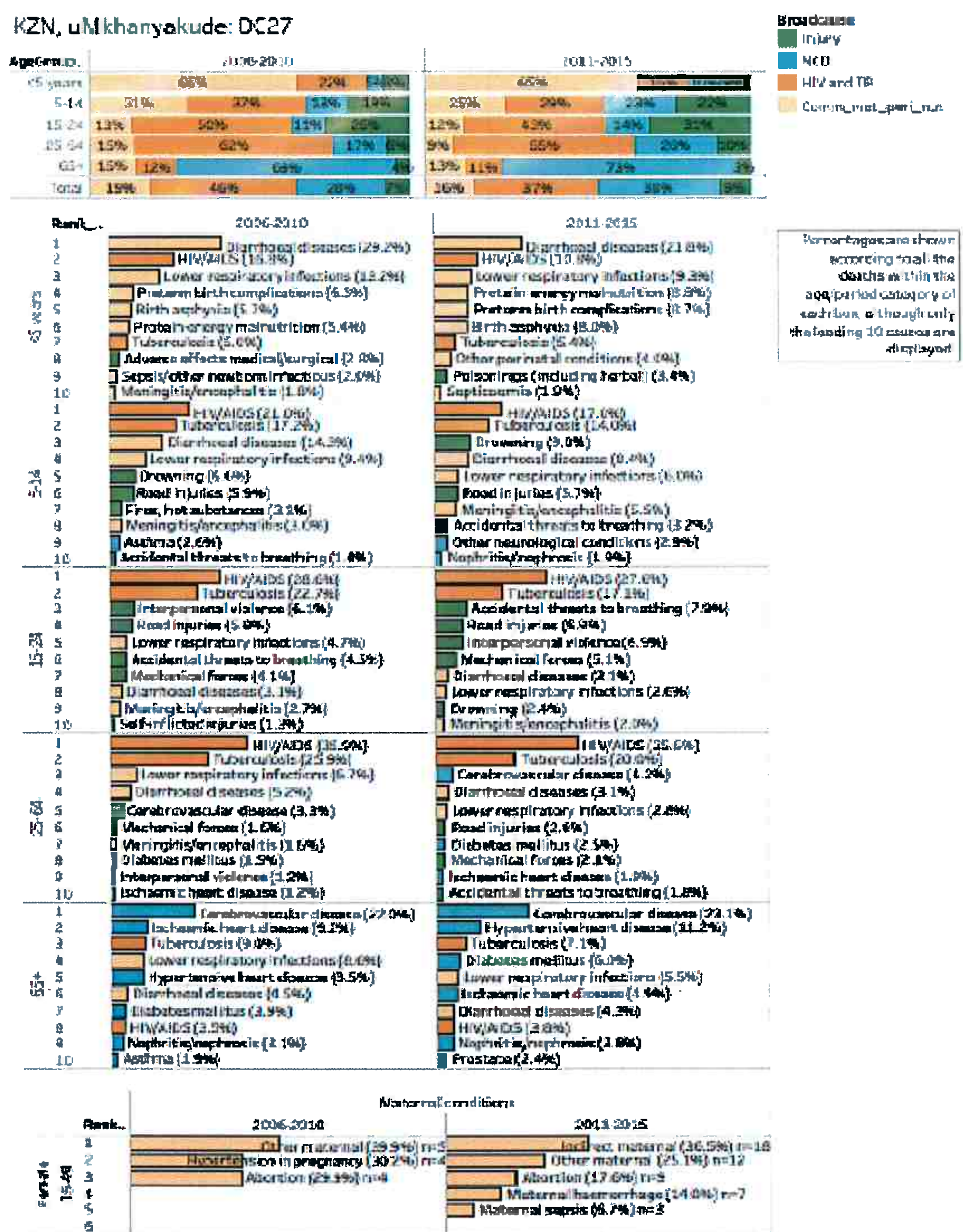
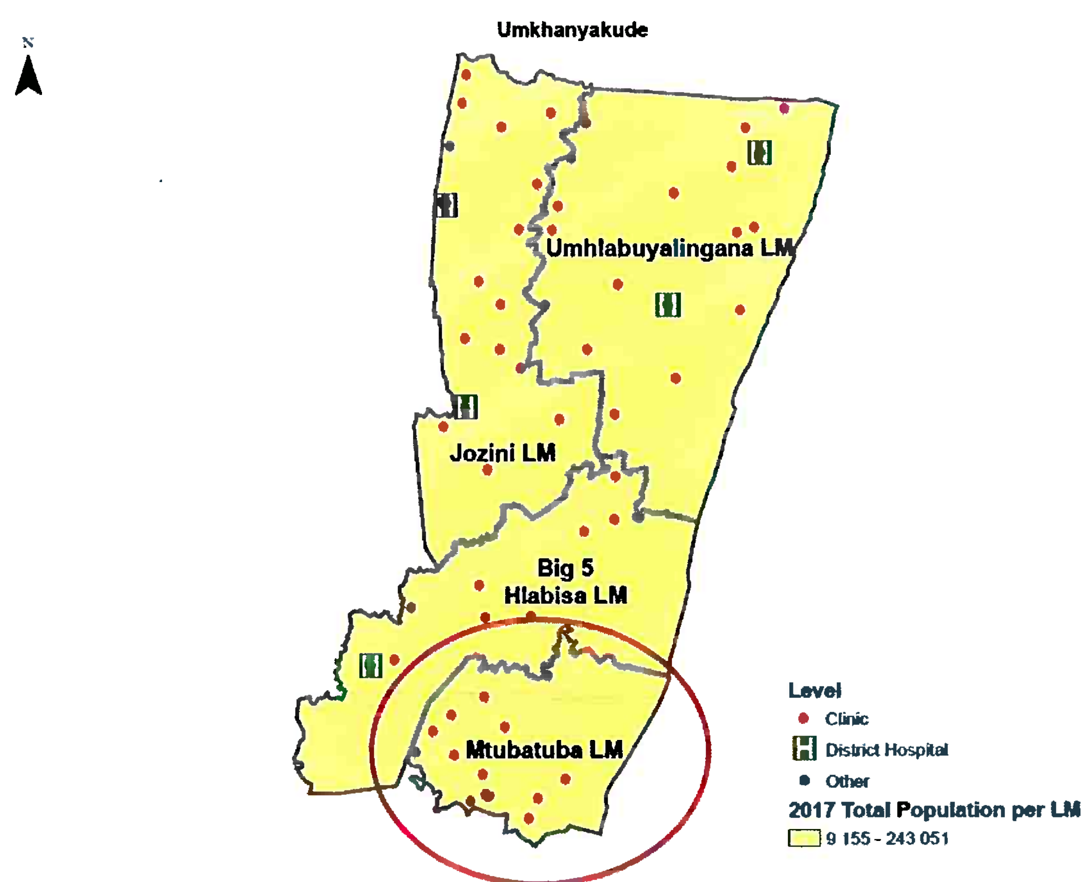


Figure 7: UMkhanyakude Percentage of deaths caused by broad causes and single causes (District Health Barometer)

Source: UMkhanyakude District Health Plan 2020/21 – 2024/25

According to the District Health Plan for 2018/19, UMkhanyakude has five district hospitals, 57 clinics, including five gateway clinics, 17 mobile clinics servicing 238 mobile stopping points, and seven high transmission area (HTA) sites (two fixed and five mobile). The new Jozini Community Health Centre (the first in the district) opened in the first quarter of 2018/19.

Social vulnerability in the province is said to be very high due to the following driving forces:
a) It has the highest malaria prevalence in the country;
b) Twenty to thirty percent (20-30%) of adults are HIV positive. The HIV prevalence rate is at 41.1%, higher than both the provincial and national average of 37.4% and 29.5% respectively. UKDC is the second highest amongst the districts in the province;
c) Tuberculosis is a major cause of mortality
d) The increase and occurrence of severe malnutrition of children younger than 5 years
e) A large number of people from the neighbouring countries cross the border receive healthcare in UMkhanyakude [4]



Map 1: Health facilities in relation to households / population

Source: UMkhanyakude District Health Plan 2020/21 – 2024/25

2.6.4. CRIME

[4] *UMkhanyakude District has eleven police stations under each local municipality. The commonly reported crime is in but not limited to the following categories: assault with the intent of inflicting serious bodily harm; contact crime; property related crime; burglary at residential properties, drugs and sexual offences Crime statistics per SAPS Station between 2014-2019*

Table3: Crime Statistics per SAPS (2014-2019)

Station	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015
Emanguzi	3,262	3,088	3,039	2,825	2,971
Ezibayeni	430	357	414	417	392
Hlabisa	1,550	1,626	1,432	1,234	1,330
Hluhluwe	2,184	2,021	2,081	2,478	2,623
Ingwavuma	1,449	1,418	1,396	1,614	1,625
Jozini	2,919	2,849	2,868	3,061	2,765
Kwamsane	5,822	5,839	5,482	5,278	5,365
Mbazwana	1,525	1,150	2,197	2,562	2,388
Mkhuze	1,293	1,247	1,156	1,321	1,272
Mtubatuba	5,037	4,978	5,621	6,059	5,642
Ndumo	919	988	870	802	715
Total	**26,390**	**25,561**	**26,556**	**27,651**	**27,088**

2.7. PRIMARY HEALTHCARE SERVICES

Mtubatuba Local Municapility has the lowest PHC utilisation rates, lowest PHC expenditure per headcount, no hospital and a higher population per PHC facility than Jozini or uMhlabuyalingana, indicating that it is an underserved LM in the district with regards to PHC services leading to long waiting times. There are several private doctors, Pharmacies and homeopaths in Mtubatuba and many clients use these in preference to government clinics. Easy transport along the N2 highway make travel to King Cetswayo District for services easier for many clients than travelling to the serving Hlabisa Hospital. Patients requiring regional level services must be sent from Hlabisa to Empangeni, which means the geography of patient flow from Mtubatuba is inefficient. Mtubatuba LM needs a community health centre.

Map 2: KZN Health Districts

2.7.1. RECENT FACILITIES BUILT BY THE DEPARTMENT OF HEALTH

2.8. MTUBATUBA COMMUNITY HEALTH CENTRE

2.8.1. LOCATION

The proposed Mtubatuba Community Health Centre will be located in Mtubatuba at R618 Road. It is within close access to the N2, the main route linking the N2 to the North which includes Nature Reserves, Access to Eswatini and Mozambique and a number of health facilities, thus a busy transport route.

Map 3: Location of Mtubatuba Community Health Centre

Source: Google Maps

2.9. CLINICAL BRIEF

2.9.1. BRIEF OVERVIEW OF THE PROJECT SCOPE

The scope of the project is a Community Health Centre compliant to the Ideal clinic and Ideal facility guidelines, based on standard prototype plans. The prototype plans will serve as a guide base document only and will not be faithfully be reproduced. The designers are required to develop these drawings into apply the IUSS (Infrastructure Unit Support Systems) norms and standards and all other compliance requirements.

2.10. PROPOSED PACKAGE OF SERVICE

2.10.1. Referral Pattern

Mtubatuba CHC will be located half way between Hlabisa and Ngwelezane Hospital. Patients needing higher level of care are referred to either of the two hospitals; guided by the patient's condition. Maternity patients needing service of regional hospital will be discussed and referred directly to Queen Nandi Regional Hospital. Ngwelezane Hospital is utilized for medical and surgical patients needing regional services.

2.10.2. Community Health Centre Package of Services:

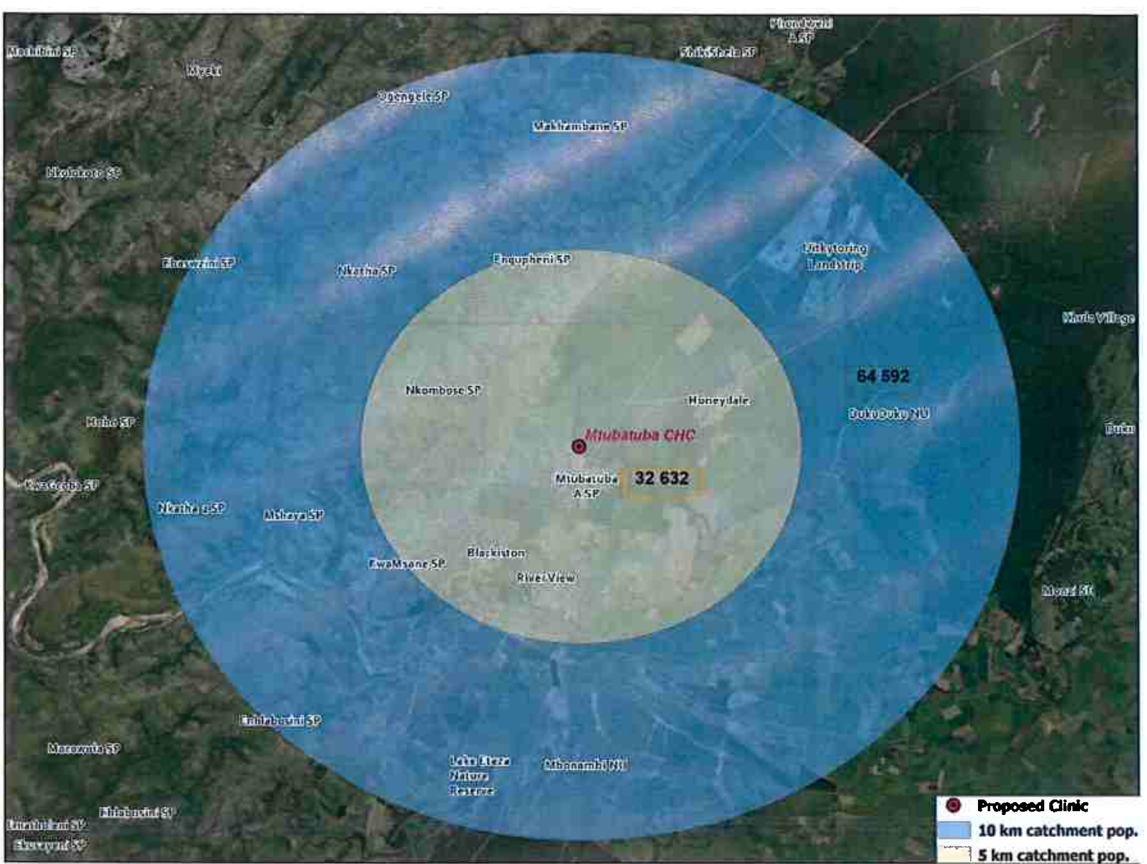
- Primary Health care services
- PHC Mobile services
- School Health Service
- Medical Outpatient services
- Maternity services
- Dental services
- Rehabilitation services
- Optometry
- Radiology
- Ultrasonography
- Pharmaceutical Services
- Dietetics
- Psychosocial Support Services
- Accident and Emergency (Trauma)
- Crisis Centre
- Male Medical Circumcision
- Short stay
- Mortuary services
- EMS services

2.10.3. CURRENT SITUATION

Mtubatuba Local Municipality is one of the four local municipalities under uMkhanyakude District Situated on the coastline of north-eastern Kwa Zulu. Estimated population is 206 699 0f which 198 431 - 96 % is uninsured meaning that they rely public sector for health services. The West of Mtubatuba Town is predominantly rural. The North East of Mtubatuba lies in Isimangaliso Wetland Park and boarded by Umfolozi River to the South. There is a great need to have a big Community Health Centre (CHC) in Mtubatuba town as most areas around Mtubatuba, lower part of Zululand, Southern then part of Hluhluwe and Northern part of King Cetshwayo District use Mtubatuba as the business area.

Mtubatuba is currently services by very small clinic thus unable to meet the community needs, resulting in long waiting times and client's complaints that could be have been prevented. The small clinics around Mtubatuba for next level of care refer clients to Hlabisa hospital which is 85 km's or more thus delaying the care.

The 5 km catchment population is 32 632 and the 10 Km catchment population is 64 592.



Source: GIS Department of Health

Surrounding facilities and distance from proposed list:

KwaMsane, Sipho Zungu, Ezwenelisha, Somkhele, Machibini, Mpukunyoni, Hlabisa and Ngwelezane.

Facility	Type	Distance
KwaMsane	Fixed clinic	5km
Somkhele	Fixed clinic	15km
Mpukunyoni	Fixed clinic	5km
Machibini	Fixed clinic	20km
Ezwenelisha	Fixed clinic	20km
Sipho Zungu	Fixed clinic	25km
Hlabisa	Hospital	50.2km
Ngwelezane	Hospital	60.9km

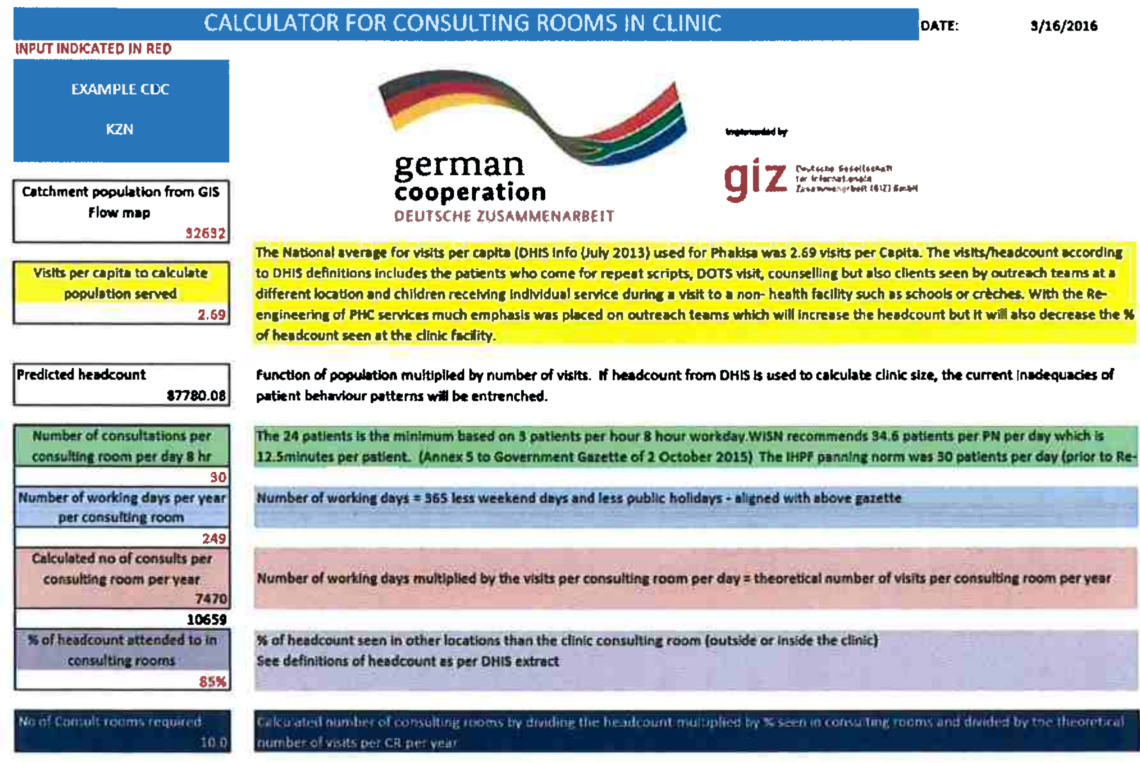
Proposed standard configuration of PHC facilities –version: Sept 2015

Type	Size	Service hours per day	Headcount range per annum	Maximum headcount per month	Maximum headcount per day	No of standard consulting rooms required	No of standard counselling rooms required	No of Emergency(E) /treatment-procedure (T)/specialised rooms required
I.	Outliers	8hrs-5days	*6 000 -20 000	1 650	85	4	1	1 E
II.	Small	8hrs-5 days	20 001-40 000	3 350	170	6	2	1E
III.	Medium	8hrs-5 days	40 001 - 60 000	5 000	250	9	3	1E +1 T/P
IV.	Large	12 hrs -6 days	60 001-100 000	8 350	350	12	3	1E +1T/P
V.	CHC	24 hours -7 days	120 000+	10 000+	350+	12 +	4	1E+2T/P+overnight beds MOU Rehab/ /Eye health Mental Health/Oral Health /Nutrition/social worker ISHT/mobile services/imaging cluster

*headcount below 6 000 requires a decision whether this warrants a full clinic or a satellite clinic.

All specialised health support service area requirements to be included in motivation (business case /clinical brief)-these areas could be included in any type of clinic based on geographical location, specific catchment population needs, referral routes, etc.

Calculator for Consulting Rooms in a CHC


CALCULATOR FOR CONSULTING ROOMS IN CLINIC

DATE: 3/16/2016

INPUT INDICATED IN RED

EXAMPLE CDC

KZN

Input	Value	Explanation
Catchment population from GIS Flow map	32632	
Visits per capita to calculate population served	2.69	The National average for visits per capita (DHIS Info (July 2013) used for Phakisa was 2.69 visits per Capita. The visits/headcount according to DHIS definitions includes the patients who come for repeat scripts, DOTS visit, counselling but also clients seen by outreach teams at a different location and children receiving individual service during a visit to a non- health facility such as schools or crèches. With the Re-engineering of PHC services much emphasis was placed on outreach teams which will increase the headcount but it will also decrease the % of headcount seen at the clinic facility.
Predicted headcount	87780.08	Function of population multiplied by number of visits. If headcount from DHIS is used to calculate clinic size, the current inadequacies of patient behaviour patterns will be entrenched.
Number of consultations per consulting room per day 8 hr	30	The 24 patients is the minimum based on 3 patients per hour 8 hour workday.WISN recommends 34.6 patients per PN per day which is 12.5minutes per patient. (Annex 5 to Government Gazette of 2 October 2015) The IHPF panning norm was 30 patients per day (prior to Re-
Number of working days per year per consulting room	249	Number of working days = 365 less weekend days and less public holidays - aligned with above gazette
Calculated no of consults per consulting room per year	7470	Number of working days multiplied by the visits per consulting room per day = theoretical number of visits per consulting room per year
	10659	
% of headcount attended to in consulting rooms	85%	% of headcount seen in other locations than the clinic consulting room (outside or inside the clinic) See definitions of headcount as per DHIS extract
No of Consult rooms required	10.0	Calculated number of consulting rooms by dividing the headcount multiplied by % seen in consulting rooms and divided by the theoretical number of visits per CR per year

2.11. Brief conditional Assessment

This is a new facility on a newly identified site.

2.12. The Proposed Service Profile

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

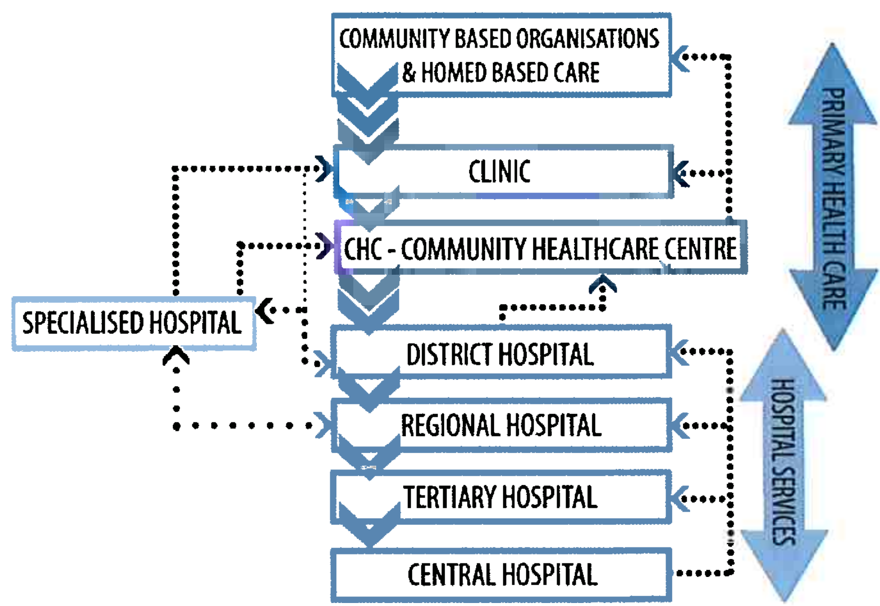


Figure 8: Public Healthcare Facility continuum of care

2.12.1. Division of Care

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

Table 4: Clinic: Division of Care

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

	Preventive and Promotive	Consulting, procedure and counselling	Medium security
	Community Services	Administrative	Medium security
	Youth Drop-in Services	Consulting and Counselling	Medium security
	Internal Services	Storage, Cleaning and Ablutions	Low Security
	Bulk Stores	Storage	High Security
	Health support services	Dentistry, pharmacy, radiography, CSSD, laboratory, rehabilitation	Medium security
	Short stay ward	Ward	High security
	Crisis Centre	Consulting and Counselling	High security
	Mother Lodge	Residential	Low Security
	Skills Training Centre	Training	Low Security
	Maintenance/Mortuary	Maintenance/Mortuary	Medium security
	Garaging/EMS	Garaging	High security
	Mobile Services	Garaging	High security
	Electrical Services	Services	Medium security
	Flammable Services	Services	Medium security
	Staff Housing	Residential	Medium security
	Nutrition Centre	Training	Medium security

2.12.2. Functional Areas

All areas can be differentiated from each other based on the specific functions. The clinical areas can be further subdivided. See details in tables below:

Table 5: Clinic Functional Areas

Clinical Patient Areas	Administration area	Staff Area	Service support area	Other areas
Minor ailments	Offices	Staff room	Guard house/Visitors Block	Community Services block
Chronic block	Admissions	Staff Housing	Internal Services block (Storage, Cleaning and Ablutions)	Youth Drop-in Services block
Preventive and Promotive	Meeting / Boardrooms		External Services block (Storage)	Mothers Lodge
Health support services	Administration		Maintenance/Mortuary	Skills Training Centre
Short stay ward			Garaging/EMS	Nutrition Centre
Crisis Centre			Mobile Services	
MOU			Electrical Services	

Clinical Patient Areas	Administration area	Staff Area	Service support area	Other areas
Emergency			Acute Care and Emergency Centre	
			Flammable Services	

Table 6: Clinical Areas Subdivisions

Clinical & Household Areas	Day Time Areas	After hours Areas (24 hour FACILITY)
Consulting rooms Counselling rooms Delivery Rooms Treatment Rooms	Administration	Consulting rooms Counselling rooms MOU Treatment Rooms Emergency Centre Crisis Centre

2.13. Phasing, Decanting and Incubation Strategies

- Phasing
  Not applicable for this project.
- Decanting
  Not applicable for this project.
- Contingencies
  Not applicable for this project
- Redundancies
  Not applicable for this project

2.14. SERVICE COMMISSIONING PROCESS

The project is envisaged to be done as a single project and will not require any decanting plans.

2.15. OCCUPATIONAL DEVELOPMENT PLAN

Human Resource provisioning will require adjustment to the existing HR Plan and the operational budget. The operational budget for the CHC will be determine at the onset of the commissioning of project. Please refer to the HR plan and operational budget attached.

The organizational development, quality assurance and change management interventions discussed under Organizational Development and Quality Assurance below.

2.16. SUPPORT SERVICES

The new Mtubatuba CHC will require the following support services:

- Office/Administration
- Staff facilities
- Visitor's facilities
- Security
- Porter Services
- Drop- off and Pick-up points
- Parking

3. PLANNING-, DESIGN GUIDELINES AND FUNCTIONAL SPATIAL RELATIONSHIP

The project objective is to:

- To build a new fully resourced Community Health Centre.
- To enhance uMkhanyakude district CHC services.
- To ensure compliance with IUSS guidelines for health to the greatest extent allowable by existing structures.
- To ensure that the environment is conducive in terms of OHS for staff working at the facility and to ensure dignity and privacy for public utilising the facility.
- To ensure that the dignity and the rights of the health care users are maintained.

The success criteria of this project will be the reduction delays in community health care service.

3.1.1. PLANNING AND DESIGN GUIDELINES

The planning and design of the facility shall be informed by consultation with clinicians, stakeholders and all the relevant bodies during the planning and design phase. The following principles will apply:

- Meet legal compliance (deemed to satisfy or rational design). Right sized to avoid over or under capacity and over or under utilisation.
- Designed to deliver appropriate levels of emergency preparedness and resilience. Design that is flexible and adaptable to future change.
- Ensure building respond to the climate and the ventilation requirements for such a facility and application of "Green design" principals. Designing close relationships with nature.
- Integrated external and internal Recreation areas.
- Functional zoning, separating user's areas from facility management and administration requirements.
- Appropriate space norms and room design. The design of a building that is appropriate for the functions intended to be carried out within the spaces designed.
- An ergonomically safe and risk-free work and healing environment.
- Compliance with quality assurance principals.
- Design that balance requirements for clinical need and capital, and recurrent budget considerations.
- Be physical accessible and welcoming to the community they serve, facilitates access to and within the area for physically and sensory impaired people, consideration should be given to a wide range of disabilities.
- Ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met.
- Use of latest technology and innovations to aid in healing.
- Promote occupational health, wellbeing and motivation to staff.

A. General Aspects

- Enough space to walk freely inside
- Finishes for easy maintenance without moving through the user areas
- Privacy

- Panic buttons to be installed at strategic intervals
- Windows and doors to be burglar proofed
- Main entrance to be security controlled
- Glass should be safety glass
- Windows to allow for enough lighting
- Rooms to be well ventilated
- Floors: slip resistant
- Electrical fittings: water resistant in wet areas
- Toilets and showers: privacy
- Toilets, baths and showers: tamperproof
- Hot water: in designated areas only
- Staff rest room & ablutions
- Infection control policies to be observed and implemented
- Intercom connected at main gate and at delivery area.

B. NON-NEGOTIABLE REQUIREMENTS

- Fire detection systems
- Panic buttons
- Central / electrical lock/release mechanism for all doors
- Fire protection equipment such as fire-hose reels and fire extinguishers
- Fire / disaster plan
- Uninterrupted power supply
- CCTV monitoring in areas of the users
- Non-combustible materials
- Electrical distribution boards to be built into walls and locked

3.1.2. AREA SUBDIVISION

The CHC generally provides a 24hr service and generally services the general public during office hours of 8-hours a day.

3.1.2.1. Intradepartmental relationships and functional zones

The CHC will be separated into functional zones or specific spaces that support flow patterns in the health centre:

(i) Public zone - site access, parking, waiting areas, ablutions, reception and records;
(ii) Patient (Clinical) Zone – receiving, body preparation and autopsy area and dispatch;
(iii) Shared clinical support spaces – body storage;
(iv) Administration spaces - offices;
(v) Staff spaces- staff room and ablutions;
(vi) Service support spaces- utilities, stores and housekeeping services.

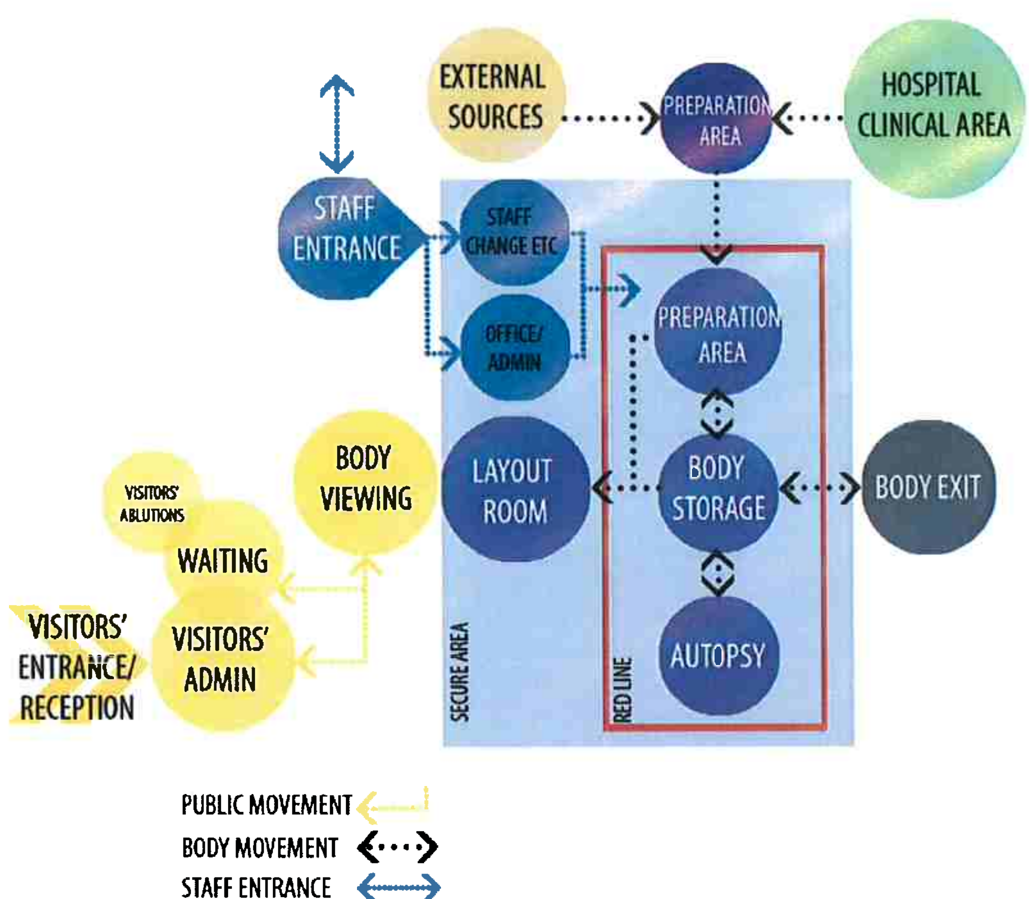


Figure 9: Access and movement in a mortuary. (Adopted from IUSS)

Source: INFRASTRUCTURE UNIT SUPPORT SYSTEMS (IUSS) PROJECT Health Facility Guides: Community Health Centre Services [Gazetted, 30 June 2014]

3.1.2.2. Functional Areas

All areas can be differentiated from each other based on the specific functions. The clinical areas can be further subdivided. See details in tables below:

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Health support services	Administration		Maintenance/Mortuary	Skills Training Centre
Short stay ward			Garaging/EMS	Nutrition Centre
Crisis Centre			Mobile Services	
MOU			Electrical Services	
Emergency			Acute Care and Emergency Centre	
			Flammable Services	

Table 8: Clinical Areas Subdivisions

Clinical & Household Areas	Day Time Areas	After hours Areas (24 hour FACILITY)
Consulting rooms Counselling rooms Delivery Rooms Treatment Rooms	Administration	Consulting rooms Counselling rooms MOU Treatment Rooms Emergency Centre Crisis Centre

3.1.2.3. Key Adjacencies

The critical adjacencies are as follows:-

10 Components and 32 Sub-Components

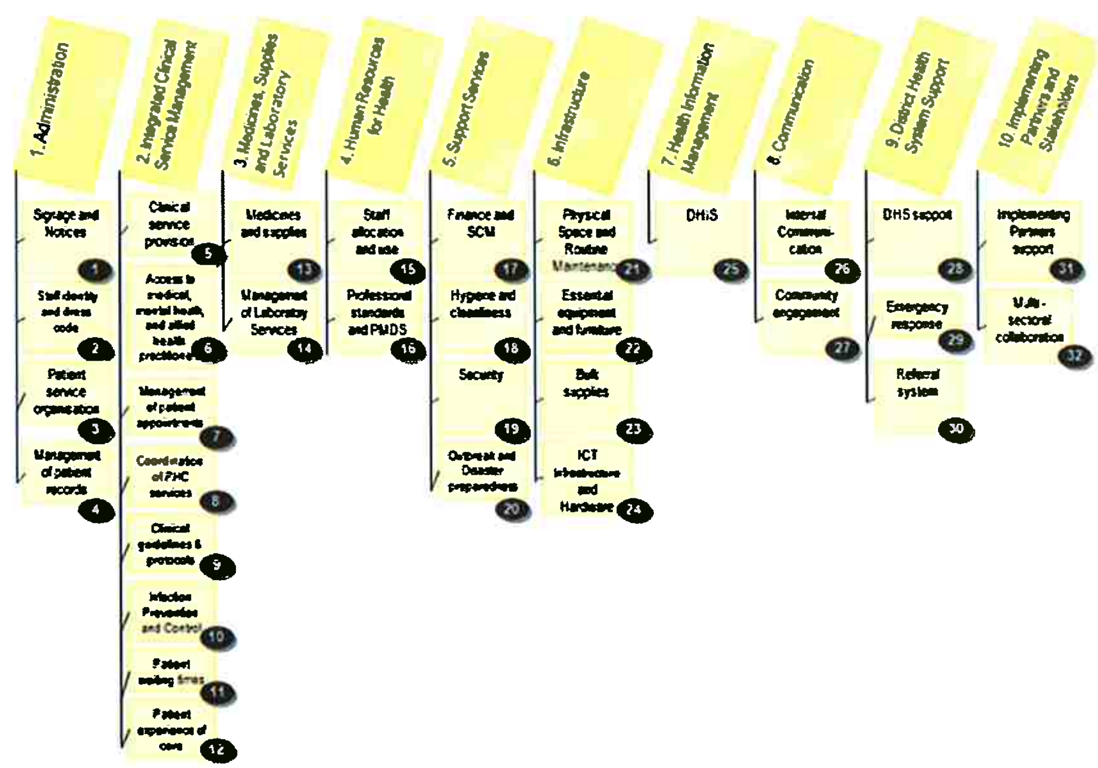


Figure 10: Adjacency Diagram

Source: INFRASTRUCTURE UNIT SUPPORT SYSTEMS (IUSS) PROJECT Health Facility Guides: [Gazetted, IDEAL COMMUNITY HEALTH CENTRE DEFINITIONS, COMPONENTS AND CHECKLISTS, 01 September 2018

3.1.2.4. Critical Departmental Relationships

The diagrams below indicate the critical stream Departmental relationships, as per the Ideal Clinic Streams.

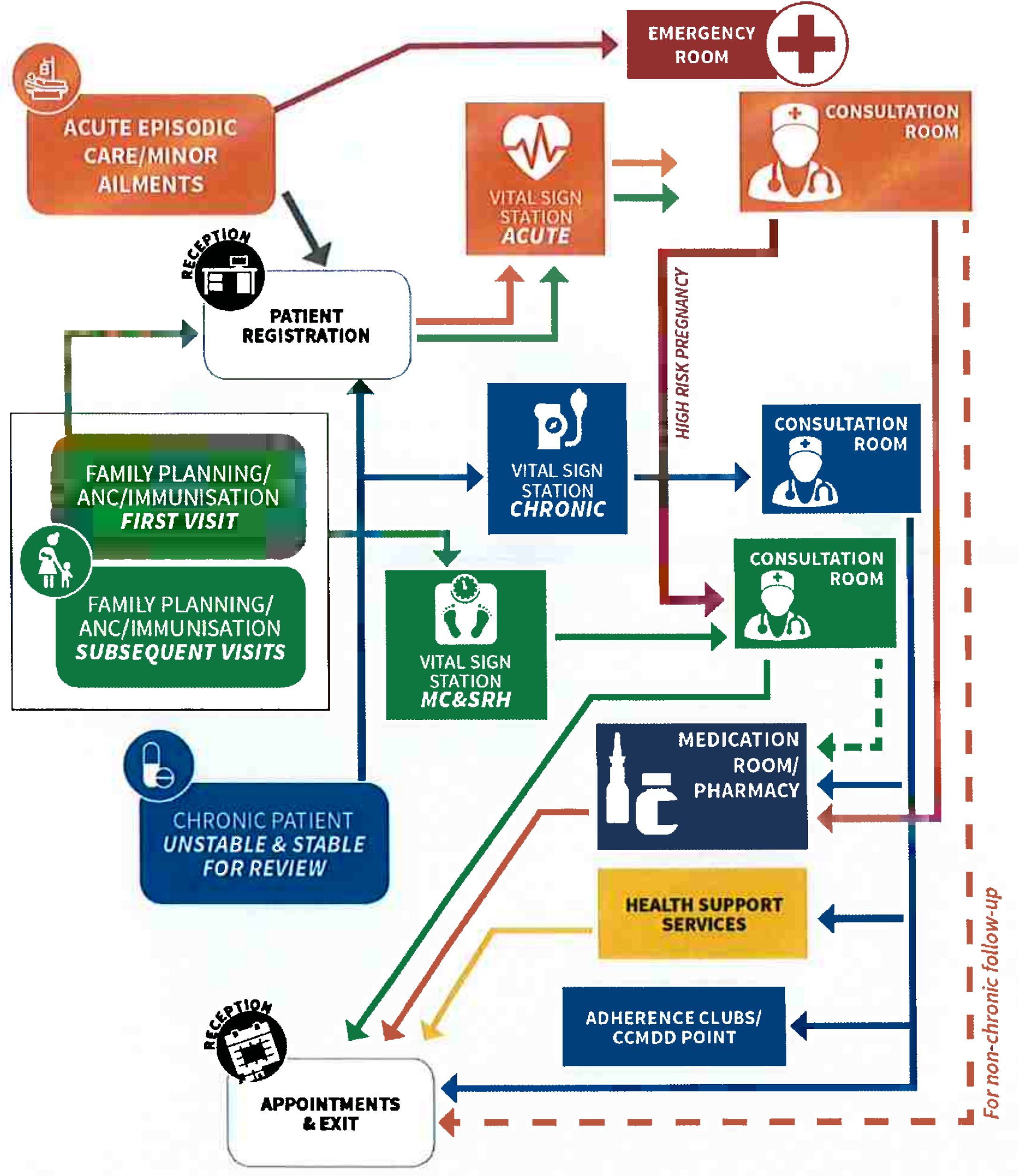


Figure 13: Ideal Clinic Stream process

SOURCE: INTEGRATED CLINICAL SERVICES MANAGEMENT MANUAL

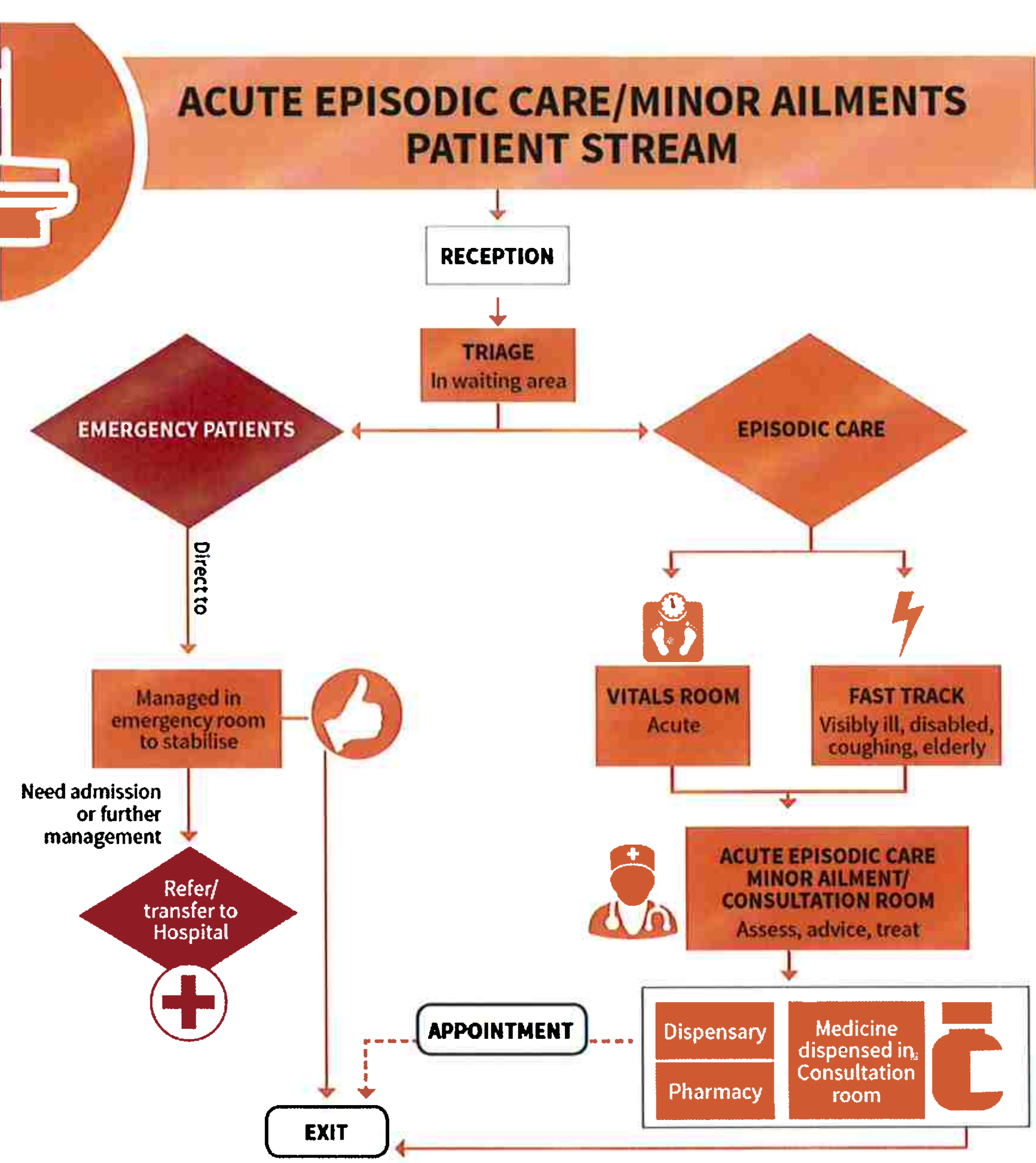


Figure 14: Acute Episodic Care/Minor Ailment Stream process

SOURCE: INTEGRATED CLINICAL SERVICES MANAGEMENT MANUAL

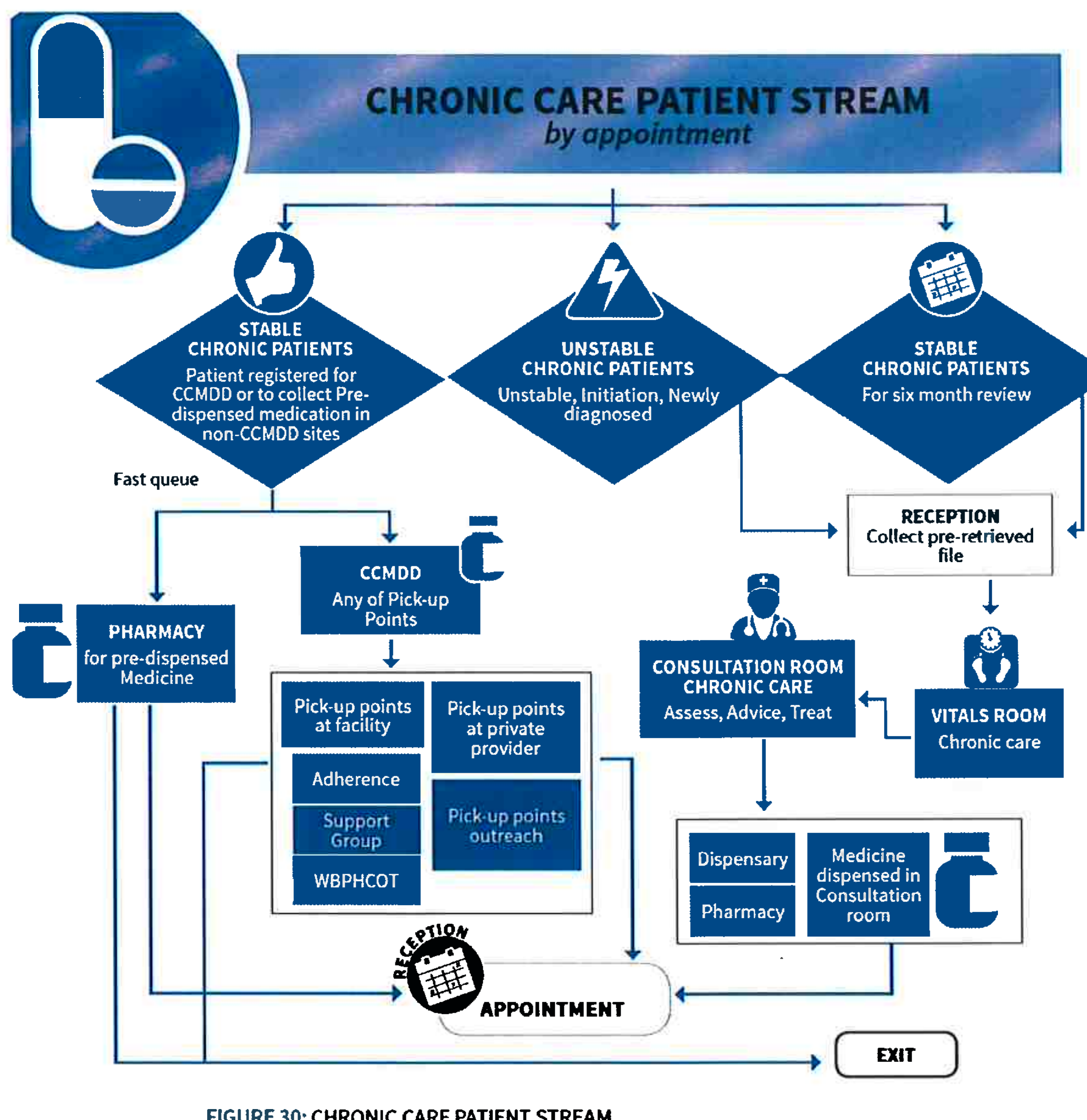


Figure 15: Chronic Care Patient Stream process

SOURCE: INTEGRATED CLINICAL SERVICES MANAGEMENT MANUAL

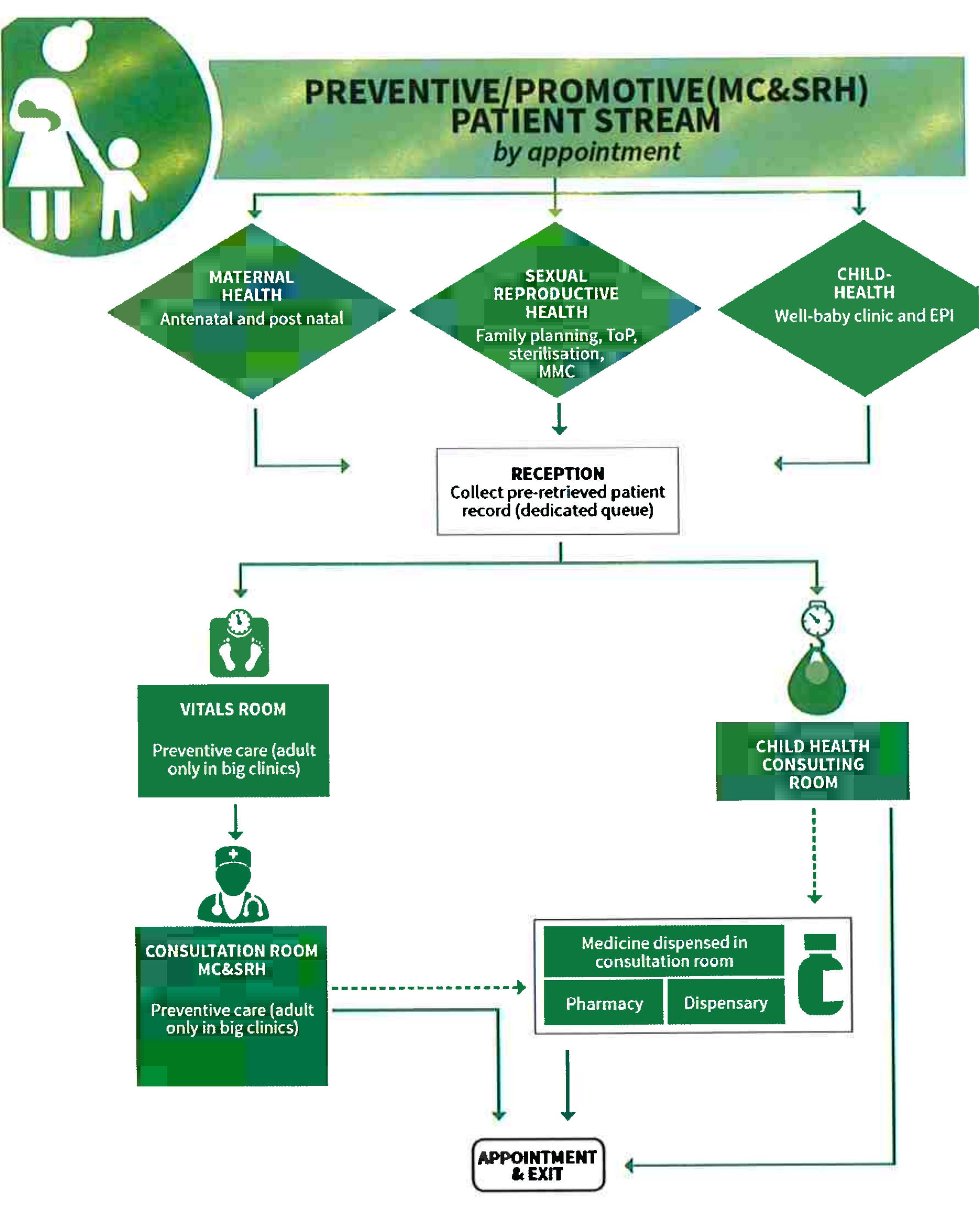


FIGURE 32: PREVENTIVE/PROMOTIVE CARE (MC&SRH) PATIENT STREAM

Figure 16: Preventative/Promotive Patient Stream process

SOURCE: INTEGRATED CLINICAL SERVICES MANAGEMENT MANUAL

3.2. COMMUNICATION AND CONTROL

The following guidelines is provided Communication and Communication systems:

- Planning should take into consideration the fact that telephones are required throughout the facility to facilitate good communication. This needs to be planned in conjunction with the system to be used throughout the mortuary;
- Phones need to be accessible;
- Effective communication system and information systems that will support body management and administration (radio or telephone). Personal telephones replacing some aspects of call systems;
- Receptions must be immediately visible upon entry should contains a desk/counter, chair and telephone with communication through to the relevant areas;
- IT & communication requirements especially related to the digital platform;
- The workstations in the autopsy area for doctors to sit or stand and write up notes, fill in forms, phone or discuss cases;
- Appropriate communication, whether radio or telephone, should be in place, so that mortuary vehicles can be called to transport body as the need arise as well as to be aware of incoming cases.
- Other systems required include:
  - WI-FI
  - Bar coding for supplies and X-rays / records
  - Computer network connections in all management and patient administration and information system
  - Electronic Patient Records
  - Patient Administration System (PAS)
  - Radiology Information system (RIS) (Digital x-rays and Picture Archiving)
  - Communication System (PACS)
  - Alarm - HVAC

PART C – TECHNICAL BRIEF

1. PROJECT SCOPE

1.1. PROJECT OVERVIEW

Mtubatuba Community Health Centre is situated in uMkhanyakude District in Mtubatuba town. It is strategically sited on the main road through the town to allow for easy public access. There is currently no existing Community Health Centre in Mtubatuba.

The site can accessed by a number of routes and transportation routes. Most patients access clinic on foot from the taxi rank and the town at large. There is also a pedestrian route along the southern boundary of the site from the informal settlement. The pedestrian routes, although convenient, are not formalised. The route on the southern boundary could benefit from lighting and levelling and hardening of the ground finish for safety. Pedestrian routes from the taxi rank and the town are relatively convenient. The community health centre is easily accessible by vehicle, directly off R618 Road of Mtubatuba which is the primary road through the town, just off the N3. It is proposed these patterns are maintained as they are convenient, efficient and functional, but are improved for safety and community benefit.

- Vehicular and Pedestrian Access and Parking

Taxis drive directly into the clinic itself to drop off patients. The clinic is easily accessible by vehicle, directly off the Main Road (R618), to make provision for official stuff and public parking as parking is limited in health facilities for private vehicles as the staff vehicle ownership is high. The increased staff and patient usage will require formalised, ordered parking, with a dedicated taxi drop off area in order to improve patient convenience and safety.

In terms of internal pedestrian circulation the routes area scrambled due to the improvised and makeshift use of spaces. Vehicles and pedestrians, including mothers with small children with babies, cross freely which is a safety concern. The upper portion of the site is allocated to EMS and is not accessed by pedestrians. The Community Health Centre planning will be required to define these routes to manage circulation and movement.

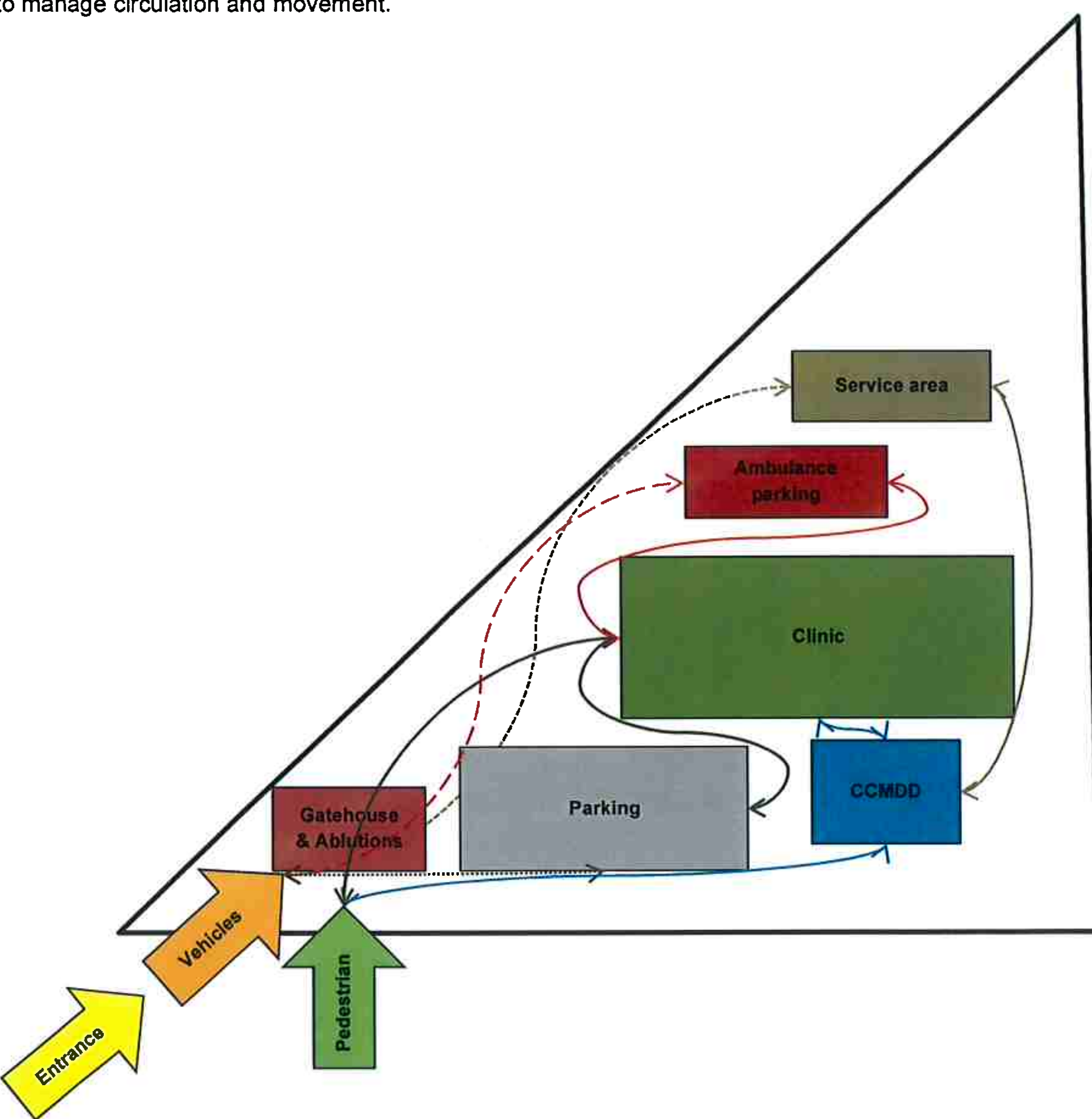


Figure 17: Circulation and movement of public, staff, patients, and visitors

1.1.1. Entrance Design

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

1.1.2. Security and Access control

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

1.1.3. Orientation and Rational Planning Principals

- **Architectural character** of the clinic has been kept low key using standard building materials and building elements as per the standard Community Health Centre specifications. Materials are expected to be readily available in all areas of the province.
  The main elements of the building consist of face brick outer skin with plaster and paint inner skin walls, metal sheeting roof, steel windows with integrated burglar bars and screens (where applicable), External doors with security gates and internal doors steel frame doors with solid core timber doors.

  The simple finishes will allow a blank canvas to introduce colour and art to the walls and floors.

- In order to respond to the **climate and the ventilation** requirements the buildings to be orientated on the East/West contour axis. This takes advantage of the all-day sunlight from the North and the South, while minimising the earthworks.
  Due to the climate of exposure sun and rain, verandas, courtyards and covered circulation spaces are encouraged. Roof levels are to be kept low and will be properly insulated with large overhangs for protection. The external waiting areas consist of open verandas.
- **Integrated external and internal areas** are to be connected by way of the central spine with access to all areas from this spine. Sufficient windows and doors should allow for cross ventilation.
- **Space norms and room design** are guided by the Ideal Clinic standard documents and accommodation list and the standard prototype drawings for a Community Health Centre.
- The design of the building is **appropriate for the functions** intended to be carried out within the spaces designed. Each stream for the Ideal clinic is clearly defined with it required accommodation.
- **Ergonomically** the design the design is to be safe and includes a minimum risk work and healing environment with sufficient design for universal design. Spaces are to be clearly defined and have sufficient access to windows for light and ventilation. Garden areas will be planted with low maintenance indigenous plants and will be visible from the waiting areas and central corridor.
- **Compliance with quality assurance principals**
  The Community Health Centre to be fully compliant with quality assurance principals as per the Ideal clinic requirements, SANS 10400 Building Regulations, prototype standard plans and IUSS guides.
- The design to balance requirements for **clinical need and capital**, and recurrent budget considerations by utilising simple /conventional construction methods and using standard, commonly available materials. This should reduce the carbon footprint as there will be little need to obtain materials far from site.
- **Designing with a close relationship with nature**, enviro-friendly efficiency and a design that is flexible and adaptable to future change. Cross ventilation to allow for maximum natural ventilation. To design around trees and kept where indigenous. The site contours to be used a design tool for separation of services.
- **Use of latest technology and innovations to aid in healing.** The Community Health Centre to be planned and equipped with the latest technology in terms of Information Technology, layout and workflow. Therefore, the standard plans to be updated and revised where necessary to reflect current standards.

1.1.4. Building and Engineering Services

Green initiatives must be considered and may include:

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

The following engineering systems must be considered:

- **Mechanical Services**
    - HVAC
    - Oxygen, vacuum and medical gas
    - Fire services
    - Autoclaves and sterilisation

- **Electrical Services**
    - Electricity
    - Backup/Emergency Systems
        - UPS and
        - Emergency Generator
    - High Tension Substations (HT) – if required
    - Low Tension Substations (LT) – if required
    - Lightning Protection
    - Internal networking and cabling
    - Nurse Call
    - Public Announcement system

- **Civil Engineering**
    - Water – to be connected to the Mtubatuba Municipal supply
        - Potable water
        - Fire Water
    - Sewer - to be connected to the Mtubatuba Municipal system
    - Storm water – to be reconfigured as part of the scope of this project
    - Grey water

- **Other Bulk Services**
    - ICT - network and cabling
    - Electronics - access control
    - Telecommunications
    - IT Communication

1.1.5.Unit Configuration Principals

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

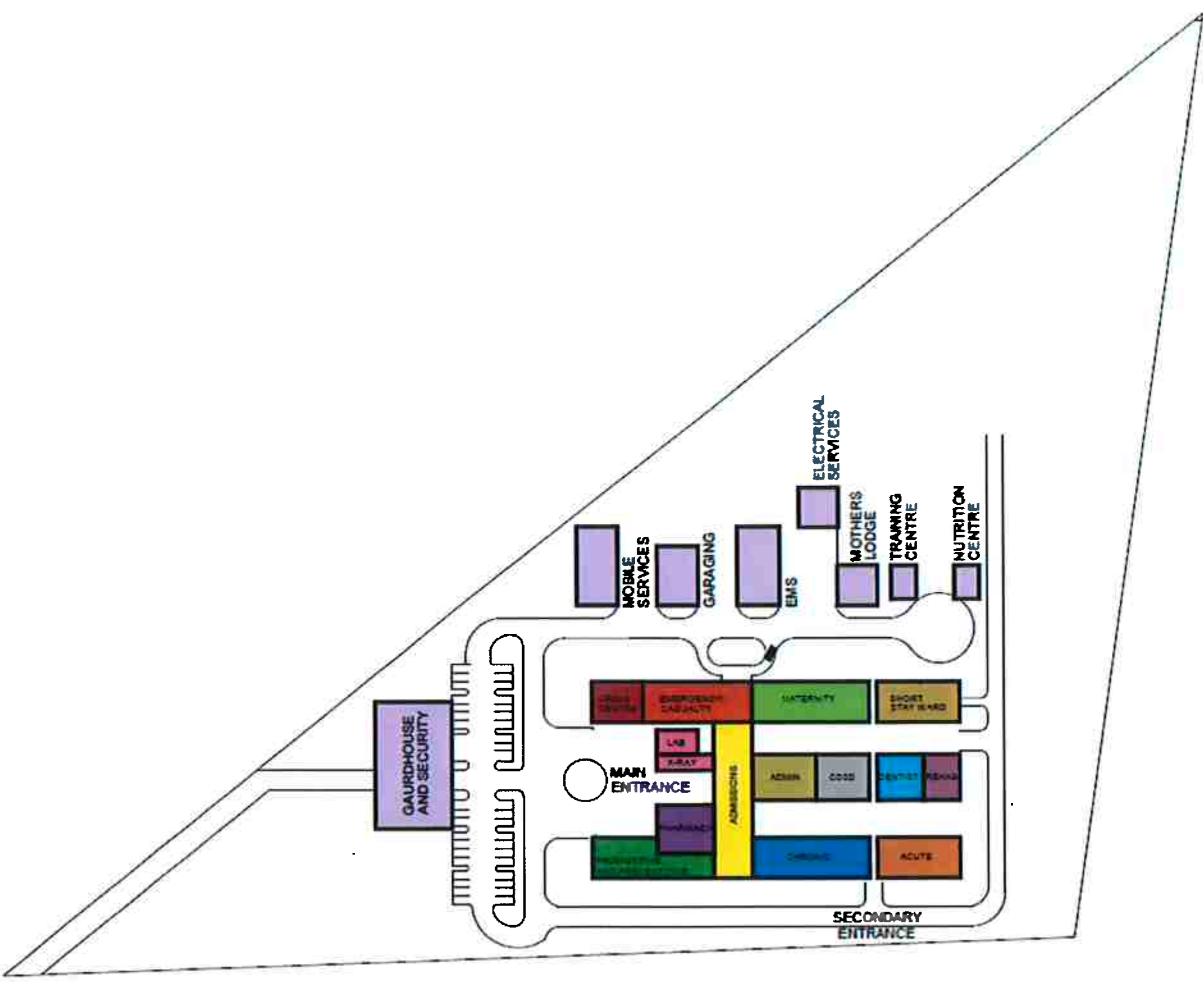


Figure 18: Spatial layout for the clinic building/s

The 3 streams are represented on the lower wing with a primary and secondary entrance for directing targeted streams. Health support services are located in the middle wing for centralised access. The upper wing is emergency, short stay and delivery services.

Ancillary and support building are to be located where convenient on the site linked by an internal ring road.

1.1.6. OVERALL STRATEGY

1.1.6.1. 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 Maternity and Neonatal Units 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).

1.1.6.2. Project Logistics

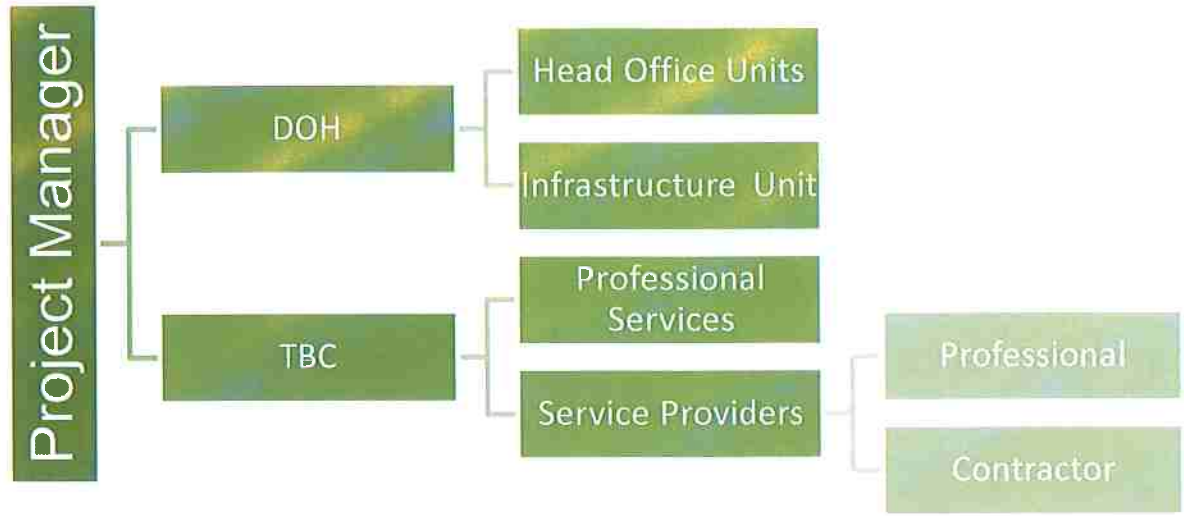
Project logistics involve the managing of resources, which will have a bearing on the project finance, including the following:

- 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

1.1.7. 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:



1.1.8. ASSUMPTIONS

The following assumptions have been made:

- Supply Chain Management (SCM) - It is assumed that KZN-DoH 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 4.1.6 and 4.1.6.1 below, will be accessible to be able to provide input on designs quickly and respond to queries timeously;
- Forensic Pathology Services Management - It is assumed that the 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 4.1.6.1 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.

1.1.9. CONSTRAINTS

The main constraints of the project is time as there is no existing facility and service delivery is impacted.

1.1.10. DEPENDENCIES

No particular dependencies have be identified at this time.

2. PROJECT REQUIREMENTS

Stakeholders have been consulted and the following requirements have been identified:

- Design and Construct a new mortuary complete with:
  - Public zone/Outer zone
    - Security, Reception, waiting, viewing, security and access roads, pathways and parking, and so on
  - Clinical zone/Intermediate zone
    - Drop off and dispatch
    - Body storage
  - Inner zone/Nucleus
    - Body preparation area
    - Autopsy area
  - Administration zone
    - Offices, meeting room
  - Service support zone
    - Storage areas, Waste management facilities, Plant rooms and other services

2.1. ORIENTATION AND RATIONAL PLANNING PRINCIPALS

For the purpose of this section, a designated facility in the FPS includes a medico-legal mortuary and undertakers' premises that are contracted by the FPS for purposes of storing bodies, and where applicable, to perform post mortem examinations and autopsies.

- All designated facilities are primarily controlled and managed in accordance with the provisions of the National Health Act, 2003 and the Occupational Health and Safety Act.
- All designated facilities must comply with the provisions of the section 8(1) of the Occupational Health and Safety Act No of 1993 which states that the employer shall provide and maintain a working environment that is safe and without the risk to the health of his / her employee.
- The mortuary is to be erected, equipped and maintained to:
  - Perform medico-legal post-mortem examinations.
  - Serve as a storage place for bodies of dead persons and human remains.
  - To maintain body tissues in a condition whereby the maximum scientific information can be obtained from a post-mortem examination and subsequent investigations.

- To provide facilities for bodies to be viewed or identified by relatives or friends.
- To prevent tissue decomposition while burial or cremation arrangements are made.
- To hold bodies and the occasional specimen for longer periods in conditions of security.
- Teach and train health care practitioners (medical practitioners, nurses, paramedics, forensic officers and health sciences students) and
- Harvest human tissue for transplantation, teaching and research purposes.
- Maintain a database with relevant records.

The following principals must be applied:

- Basic Human Rights
- Meet legal compliance (deemed to satisfy or rational design).
- Safe And secure environment with differentiated security features.
- Designed to deliver appropriate levels of resilience.
- Ensure building respond to the climate and the ventilation requirements of the facility;
- Appropriate space norms and room design;
- The design of a building that is appropriate for the functions intended to be carried out within the spaces designed;
- An ergonomically safe and risk-free work environment;
- Compliance with quality assurance principals;
- Design that balance requirements for clinical need and capital, and recurrent budget considerations;
- Designing close relationships with nature;
- Design with enviro-friendly efficiency as primary goal;
- Design that is flexible and adaptable to future change;
- Be physical accessible and welcoming to the community they serve, facilitates access to and within the area for physically and sensory impaired people, consideration should be given to a wide range of disabilities
- Ensuring that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met;
- Use of latest technology and innovations to aid in healing;
- Integrated external and Internal Recreation areas; and
- Promote occupational health, wellbeing and motivation to staff.

2.1.1. Phasing, Decanting and Redundancies

A. Phasing

No phasing is considered

B. Decanting

No decanting will be required.

C. Contingencies

No specific contingencies are required.

D. Redundancies

No redundancy has been identified.

2.1.2. Space requirements

It is important to adhere to certain general considerations. This includes considerations pertaining to layout and design, to the building itself, to accessibility, to the patient, to the staff, to security, to fire fighting and prevention, to general aspects, to information technology and specific to seclusion rooms. Please take note that these general considerations are applicable to all areas and buildings. Reference must be made to all current legislation, policies and guidelines in order that compliance is achieved.

2.1.3. Considerations for Layout & Design

The mortuary is a new facility and the dimensions, health technology, mechanical, electrical and wet services, lighting, HVAC, finishes and colour will be determined in relation to KZN-DOH specifications and IUSS guidelines.

2.1.4. Area requirement and related costing guidance

The mortuary is a new facility and area requirement and related costing guidance, must be determined in relation to KZN-DOH specifications and IUSS guidelines.

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

The mortuary is a new facility and specifications for the use of materials in the building must be determined in relation to KZN-DOH specifications and IUSS guidelines.

Material and construction technology is dependent on availability, applicability, labour intensives, maintenance requirements and innovative use of materials. Energy considerations are also to be adopted in the construction technology and material use.

2.1.6. Branding/aesthetic design preferences and requirements

The community health centre is a new facility and the branding/aesthetic design preferences and requirements must be determined in relation to KZN-DOH specifications. Language preference will be both English and isiZulu.

2.1.7. Future Expansion and Adaptability

The community health centre is a new facility and should be designed to be adaptable, flexible in use, to respond to change and to enable possible future expansion or repurposing.

2.1.8. Dignity, Privacy, Satisfaction of Individuals

The design of the building must by primarily be focused on staff and visitors. Services to be integrated so that they experience service Excellency.

Spaces are required offer privacy, where dignity is respected. The spaces should be reasonably soundproof, partitioned and screened from activities in the units.

Information technology should be maximised to ensure that where possible information is shared efficiently between all clinicians in a patient-focused manner.

3. SCOPE OF THE WORKS

3.1. THE SITE

The proposed site for the new community health centre has been identified.

3.1.1. Strategic location of site:

Photo 19: Aerial view of site location

SOURCE: Google Maps

3.1.2. Site orientation

The site is located in the Southern side of Mtubatuba. It is a fairly level site. The site is located in an industrial area which have all the normal municipal services.

3.1.3. Planning restrictions

No planning restrictions are known.

3.1.4. Land use definition

Civic and Social

3.1.5. Heritage components

There are no known heritage components on the site.

3.1.6. The conditions of the site

A full cadastral survey and general site inspection will be required.

3.1.7. Geo-technical information

A Geo-tech investigation will be required prior to planning commencing.

3.1.8. Traffic impact study

A traffic impact study should not be required.

3.1.9. SPLUMA Application

The Mtubatuba CHC is a new facility and a SPLUMA application will be required.

Climatic conditions

The climate here is tropical. When compared with winter, the summers have much more rainfall. The Köppen-Geiger climate classification is Aw. In Mtubatuba, the average annual temperature is 21.8 °C | 71.2 °F. The annual rainfall is 901 mm | 35.5 inch.

Mtubatuba is located in the northern hemisphere. The balmy days of Summer commence at the end of June and conclude in September. This period encompasses the months: June, July, August, September. The best time to travel is January, February, March, April, November, December.

- The driest month is June, with 38 mm of rain. In March, the precipitation reaches its peak, with an average of 111 mm.
- February is the warmest month of the year. The temperature in February averages 24.9 °C. At 18.2 °C on average, July is the coldest month of the year. The wettest month is March (13.47 days). The driest month is June (6.60 days).

SOURCE: https://en.climate-data.org/africa/south-africa/kwazulu-natal/jozini-772731/

- Flat roofs and box gutters are not permitted.

3.1.10. Aviation for emergency aircraft

A registered helistop will be required for this service.

3.1.11. Seismic activity

No known significant seismic activity

3.1.12. Radio towers

Unknown.

3.1.13. Bulk Services

Bulk services are available on site and the facility will connect into the existing services however all services must be tested and verified to ensure that the existing services are functional and sufficiently sized to accommodate the extra load. If insufficient, provision must be made for upgrading. Services required (not inclusive) include:

- Electrical systems
- Water
  - Potable water
  - Fire Water
  - Sewer
  - Storm water
- Telecommunications
- IT Communications

3.1.14. Department orientation and positioning relative to entrances

The buildings are to be orientated to utilise natural lighting and ventilation as applicable to various areas.

3.2. PHYSICAL INFRASTRUCTURE PLANNING AND DESIGN

Please refer to Part B - Clinical brief above but the following is highlighted:

3.2.1. Special Design Considerations

Please refer to the relevant IUSS guidelines for specific design considerations.

A. General Aspects

- Choice of materials, finishes and workmanship must be durable and cleanable especially in wet areas.
- Landscaping of the gardens must be built into the contract to ensure gardens are both easy to maintain. This should be accommodated in the landscape plans, and sited correctly.
- All areas must be well ventilated, if possible air-conditioned. Care should be taken when designing HVAC systems to accommodate higher and lower pressure areas both for infection prevention and also odour control.
- Good use of familiar non institutionalised materials, colour and finishes.

- Appropriate, durable and cost-effective finishes are required. It is important that the types and quality of finishes are researched and approved by the service practitioners who can also advise on the colour and colour scheme suitable.
- Buildings also need to be efficient and cost effective and should not accommodate redundant or concealed areas. Maintenance must be considered when planning the building. Building with face bricks, although more expensive, saves on painting in the future. Ensuring that pipes are accessible will assist with future maintenance, the safety of the maintenance staff must also be considered in the design. Electrical, plumbing and mechanical fittings must be vandal-proof. Electrical fittings must be tamper proof.
- Adequate housekeeping spaces must be provided in appropriate and secured spaces. The building should be easy to clean and to maintain. Finishes and detail should not collect dirt in crevices and joints.
- Normal disabled friendly design to be implemented.
- The facility must have proper and good illumination at night.
- The site preparation, construction and operation / maintenance of the building itself must be environmentally friendly and compliant with all environmental legislation.
- Energy and water efficiency and the use of solar to be considered in the design.
- Paint used on walls to be washable paint.
- Internal layout of the building must be such that the number of internal spaces requiring forced ventilation shall be minimised. While this would be the preferred design option, it must at all times be taken into account that the provision of open window spaces and the design thereof are restricted and limited by the nature of the service provided and that security and safety standards according to the level of daily operations, must at all times outrank the requirement for reduced forced ventilation.

B. <u>Orientation</u>

Maximisation of building orientation is necessary for thermal control and building usage. The thermal control, maximising the relationship between external and internal views is important for staff and visitors. Thus, all staff areas, including waiting areas may offer un-obstructed visual and physical access to the external environment.

Wind direction will pay an important role in building orientation when ventilation calculations are done.

C. <u>Building Construction Technology and Material Usage</u>

Material and construction technology is dependent on availability, applicability, labour intensives, maintenance requirements and innovative use of materials. Energy considerations are also to be adopted in the construction technology and material use.

KwaZulu-Natal specification documents must be used in determining material and construction technology usage.

D. <u>Structure</u>

The structure is expected to consist of a multi-storey concrete structure with brick infill building/s.

Foundations are to be determined on site depending on the geotechnical information.

Roofs

Please note the following:

- Flat roofs and box gutters are specifically prohibited.
- Roofs may be used to promote natural ventilation including passive extraction.
- Care to be taken to design to extreme weather events as applicable including severe hail storms.
- Roof designs to be a simple as possible and to be highly maintainable.
- Provision to be made for all necessary rainwater goods that promote ease of maintenance.
- Provision for services are to be considered in the roof void.

There should be ease of access into the roof space and a minimum of 450mm wide walkway with lighting shall be provided for maintenance personnel within the roof void. Enough headroom shall be provided to allow for maintenance personnel.

The required roof space configuration should allow:

- Space for the electrical spine.
- Space for hot and cold-water pipe work.
- Space for ventilation fans and ductwork.
- Space for hide-way air conditioning unit and ductwork.
- Access to all the above for servicing, maintenance and additional services (long life and loose fit).
- Thermal regulation of the accommodation below by adequate natural ventilation of the roof space.
- Roofs material to be metal sheeting as per KZN DOH specifications

External Openings

Adequate natural daylight – 150 lux is required in the patient day room. External doors to be protected, as the doors are vulnerable to damage and need adequate protection.

All doors to be access controlled except for dedicated fire escape door that must be fitted with the required access control systems.

Internal Openings

A minimum clear width for the movement of a stretcher is 1400mm where no turning is necessary in the doorway i.e. a corridor width of 2200mm. The preferred door width to rooms should allow for wheelchair access of 915- 1220mm.

Doors and door frames to comply with KZN DOH specifications.

4. PROJECT MANAGEMENT PLAN

4.1. PROJECT MANAGEMENT AND CONTROLS

4.1.1. 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
- Time Management
- Cost Management
- Quality Management
- Resource Management
- Communication Management
- Risk Management
- Stakeholders Management
- Change Management

Also included is the Procurement Strategy and Management plan

The project will be managed, and will required sign-off and/or approvals, utilising the Infrastructure Delivery Management Systems which included seven (7) stages, as detailed in the Framework for Infrastructure Delivery and Procurement Management (FIDPM) below:

Table 9: IDMS Stages

Stage	Name	End of Stage Deliverables
1	Initiation	Initiation Report or Prefeasibility Report
		(i) The Initiation Report, which defines project objectives, needs, acceptance criteria, department's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the Concept Report.
		Or
		(ii) A Prefeasibility Report, is required on mega capital projects to determine whether or not to proceed to the Feasibility Stage, where sufficient information is presented to enable a final decision to be made regarding the implementation of the project.

Stage	Name	End of Stage Deliverables
		Stage 1 for this project is complete when the Clinical brief and project brief has been approved.
2	Concept	Concept Report or Feasibility Report
		(i) The Concept Stage represents an opportunity for the development of different design concepts to satisfy the project requirements, as developed during Stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a particular conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, time-frame and other information that may be required.
		(ii) The Concept Report should as a minimum, provide the following information:
		a) Document the initial design criteria, cost plan, design options and the selection of the preferred design option, or the methods and procedures required to maintain the condition of infrastructure for the project.
		b) Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and specialist advice.
		c) Provide an indicative schedule for documentation and construction or maintenance services, associated with the project.
		d) Include a site development plan, or other suitable schematic layouts of the works.
		e) Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
		f) Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement of the Construction Regulations, issued in terms of the Occupational Health and Safety Act.
		g) Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent stages and identified health, safety and environmental risk.
		(iii) A Feasibility Report shall, as a minimum, provide the following information:
		a) Details regarding the preparatory work covering:
		• A needs and demand analysis with output specifications.
		• An options analysis.
		b) A viability evaluation covering:
		• A financial analysis.
		• An economic analysis, if necessary.
		c) A risk assessment and sensitivity analysis;
		d) A professional analysis covering:
		• A technology options assessment.
		• An environmental impact assessment.
		• A regulatory due diligence.
		e) An implementation readiness assessment covering:
		• Institutional capacity.
		• A procurement plan.
		Stage 2 for this project is complete when the Concept Report (utilising the prescribed HIAC Stage 2 report) is complete and approved.
3	Design Development	Design Development Report
		(i) The Design Development Report shall as necessary:
		a) Develop in detail the approved concept to finalise the design and definition criteria.

Stage	Name	End of Stage Deliverables
		b) Establish the detailed form, character, function and costings.
		c) Define all components in terms of overall size, typical detail, performance and outline specification.
		d) Describe how infrastructure or elements or components thereof are to function, how they are to be safely constructed, how they are to be maintained and how they are to be commissioned.
		e) Confirm that the project scope can be completed within the budget or propose a revision to the budget.
		Stage 3 for this project is complete when the Design Development Report (utilising the prescribed HIAC Stage 3 report) is approved.
4	Design Documentation	Design Documentation
		(i) Design documentation provides the:
		a) production information that details, performance definition, specification, sizing and positioning of all systems and components that would enable construction;
		b) manufacture, fabrication and construction information for specific components of the work informed by the production information.
		Stage 4 for this project, is complete when the Design Documentation Report (utilising the prescribed HIAC Stage 4 report) is approved.
5	Works	Completed Works capable of being used or occupied
		(i) The following is required for completion of the Works Stage:
		a) Completion of the works is certified in accordance with the provisions of the contract; or
		b) The goods and associated services are certified as being delivered in accordance with the provisions of the contract.
		Stage 5 is complete when the Works Completion Report (utilising the prescribed HIAC Stage 5 report) is approved.
6	Handover	Works which have been taken over by user or owner; completed training; Record Information
		(i) The following activities shall be undertaken during the handover stage:
		a) Finalise and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;
		b) Hand over the works and record information to the user organisation and if necessary, train end user staff in the operation of the works.
		Stage 6 is complete when the Handover/Record Information Report (utilising the prescribed HIAC Stage 6 report) is approved.
7	Close-Out	Defects Certificate or Certificate of Final Completion; Final Account; Close-Out Report
		(i) The Close-Out Stage commences when the end user accepts liability for the works. It is complete when:
		a) Record information is archived;
		b) Defects certificates and certificates of final completion are issued in terms of the contract;
		c) Final amount due to the contractor is certified, in terms of the contract;
		d) Close-Out Report is prepared by the Implementer and approved by the Client Department.
		Stage 7 is complete when the Close-out Report (utilising the prescribed HIAC Stage 7 report) is approved.

4.1.2. PROJECT SCOPE MANAGEMENT

The following broad Scope Management Plan has been formulated:

4.1.2.1. Project Objectives, Deliverables and Critical Success Factors

The following project objectives have been identified:

- To build a new fully resourced Community Health Centre (CHC).
- To enhance uMkhanyakude district CHC services.
- To ensure compliance National Code of Guidelines for the CHC to the greatest extent allowable.
- To ensure that the environment is conducive in terms of OHS for staff working at the facility and to ensure dignity and privacy for public utilising the facility.
- To ensure that the dignity and the rights of the health care users are maintained.

The project deliverables have been identified as follows:

(i) To complete the Clinical and Project briefs and received approval thereof;
(ii) To appoint Implementing Agent to undertake the implementation of the project;
(iii) To develop a feasibility study and concept development and received approval thereof;
(iv) To Design and document the project for work implementation and received approval thereof;
(v) To construct the new mortuary and received approval of the works;
(vi) To finalise the hand over, completion and close out of the project.

The following success factors will be applied to this project:

- The project must be lead, managed and planned to ensure that the objective are met. This will be monitored in line with the Department's reporting systems;
- The correct and suitable persons be appointed to the project team to ensure the successful completion of the project and to ensure that opportunities be created at all levels for learning and development;
- Operations and Work processes must be put in place to ensure smooth, integrated and managed project implementation on all levels;
- Sufficient Stake holder engagements to take place so that the project is implemented successfully; and
- Project finances as managed to ensure appropriated application thereof.

4.1.2.2. Scope Control 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 IDMS 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.

4.1.2.3. Work Breakdown Structure

The following is a high-level Work Breakdown Structure and must be developed further to include required structures. The WBS below only detail Stage 1 progress.

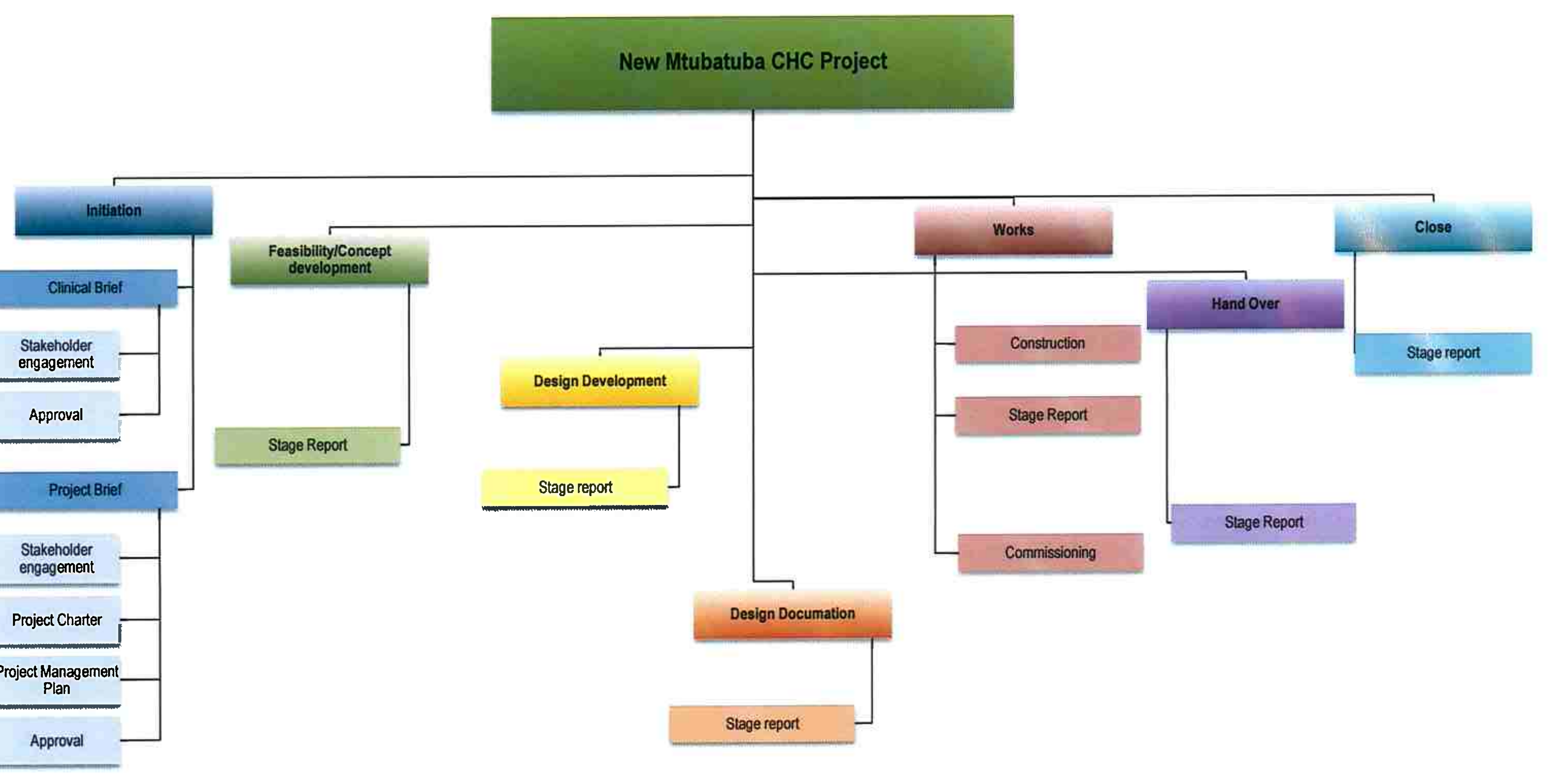


Figure 20: Work Breakdown Structure

4.1.2.4. Roles and Responsibilities of the Project Team

A. Appointment of External Service Providers

The KZN-DOH 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)

B. Appointment of Contractors or Suppliers

The KZN-DOH 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

4.1.2.5. 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

4.1.2.6. 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 the Health Infrastructure Approval Committee (HIAC) at each stage and the required prescripts need to be adhered to including requirements included in the 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.

4.1.2.7. 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.

4.1.3. 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 recommended:

Table 10: Milestones and Tasks

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	01/01/2023 – 28/02/2023	0%
Stage 1	Stage 1	PRE-FEASIBILITY	31/01/2023 - 28/02/2023	3%
Procurement		AWARD (PSP)	FEASIBILITY	31/03/2023
Stage 2	Stage 2	DESIGN	31/05/2024	30%
Stage 3	Stage 3	TENDER	30/11/2023	40%
Stage 4	Stage 4	CONSTRUCTION	01/12/2023-30 Nov 2026	81%
Procurement		Construction 0 - 25%	01/12/2023	51%
Stage 5	Stage 5	Construction 26 - 50%	01/09/2024	61%
		Construction 51 - 75%	01/06/2025	70%
		Construction 76 - 100%	30/04/2026	81%
		PRACTICAL COMPLETION	01/05/2026	81%
		HANDED OVER	01/07/2026	84%
		WORKS COMPLETION	01/09/2026	91%
	Stage 6	FINAL COMPLETION	31/08/2027	96%
Stage 6	Stage 7	Close-out	31/12/2027	100%

4.1.4. 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

4.1.4.1. 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:

(vii) 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.

4.1.4.2. Fees, Building and related infrastructure bulk services

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

Building Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 274 125 081.91	Date of estimate: 24 May, 2023
Pre-tender escalation	R 9 868 502.95	0.3 % per month for 12 months
Post-tender escalation	R 2 960 550.88	0.3 % for 6 months x 0.6
Estimated Fees	R 8 422 400.00	20 % of construction cost
Contingency	R 28 695 413.57	10 % provision
Estimated Building Cost (incl. VAT)	**R 286 954 135.00**	
Estimated Building Rate per m2 (incl. VAT)	**R 51 499.00 / m²**	

4.1.4.3. Health Technology

HT (Furniture & Equipment) Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for HT (Equipment)	R 12 027 500.00	
Current estimate for Furniture	R 6 579 793.19	
Provision for Escalation	R 0.00	
Estimated fees	R 0.00	
Estimated Commissioning Cost	R 500 000.00	
Estimated escalation	R 250 000.00	
Estimated additional Operational Cost	R 0.00	

HT (Furniture & Equipment) Cost (incl. VAT)	
Estimated HT (Furniture & Equipment) Cost (incl. VAT)	**R 19 357 293.19**

4.1.4.4. Commissioning

Commissioning (incl. VAT)			
Funding source			
Budgetary Item	Amount		Explanatory Notes
Current estimate for Commissioning (Salaries only)	R	2 000 000.00	Additional expenditure for salaries only.
Provision for Escalation	R	200 000.00	@ 5% per year
Estimated fees	R	1 000 000.00	Estimate fees for 2026/27 financial year
Estimated Commissioning Cost (incl. VAT)	**R**	**3 200 000.00**	

4.1.4.5. Operational Cost

The estimated additional operational cost for the Mtubatuba CHC is as follows:

Annual Operating Cost (incl. VAT) – 2018/19 Financial Year		
Funding source	Budget control head office	
Budgetary Item	**Amount**	**Explanatory Notes**
Salaries	R124 877 901.75 p/a	Provide breakdown
Electricity, water, medical gases, fuels	R 3 520 000.00 p/a	Using global expenses / Estimate
Security services	R 2 500 000.00 p/a	Using global expenses / Estimate
Rates & taxes	R 3 900 000.00 p/a	Using global expenses / Estimate
Estimated Annual Operating Cost (incl. VAT)	**R 134 797 901.75 p/a**	

4.1.4.6. Multi-year budget for the project

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

MTEF and beyond	**Fees**	**Construction**	**Total**
Yr 22/23	R 0.00	R 0.00	R 0.00
Yr 23/24	R 500 000.00	R 2 500 000.00	R 3 000 000.00
Yr 24/25	R 3 000 000.00	R 120 000 000.00	R 123 000 000.00
Yr 25/26	R 2 000 000.00	R 120 000 000.00	R 122 000 000.00
Yr 26/27	R 2 000 000.00	R 60 000 000.00	R 62 000 000.00
Yr 28/29	R 422 400.00	R 7 071 429.00	R 7 493 829.00
Yr 29/30	R 0.00	R 0.00	R 0.00
TOTAL	**R8 422 400.00**	**R 309 571 429.00**	**R 309 571 429.00**

4.1.5. 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:

4.1.5.1. Quality control

The Quality Management Plan must monitor and document the successful completion of the Community Health Centre (CHC) and that it is fully compliant to specification and guidelines.

The plan must monitor the following:

- Compliance to standards (Please refer to the IUSS HEALTH FACILITY GUIDES as applicable)
- Deviations
- Variations
- Acceptance by End-User
- Patient satisfaction

4.1.5.2. 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

4.1.5.3. Quality control

Quality control involves the required operational techniques meant to ensure quality standards. This includes identifying, analysing, 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.

Ensuring quality measures and controls are adhered to, requires a multi-disciplinary team approach.

Benefits of project quality management:

- Quality products
- Customer satisfaction
- Increased productivity
- Financial gains
- Removes silos/better teamwork
- Discrepancy

4.1.6. 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.

4.1.6.1. Project Team

The project team must, 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 12: Architect
Electrical Engineer	Level 10: Engineer
Mechanical Engineer	Level 12: Engineer
Civil/Structural Engineer	Level 10: Engineer
Quantity Surveyor	Level 10: 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
Specialised and Clinical Support Liaison	Must have knowledge of provincial and departmental policies re Forensic Pathology Services
Forensic Pathology Services Liaison	Must have knowledge of provincial and departmental policies re Forensic Pathology Services
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services

Team Member	Skill level required
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
UMkhanyakude Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Forensic Pathology Services Must have knowledge of Hospital Infrastructure and Maintenance plans

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 Architect 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 Engineer registration and 6 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional Engineer registration and 3 years post registration experience
Quantity Surveyor	University degree, Professional QS registration and 6 years post registration experience
Land Surveyor	5 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional **Engineer** 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

4.1.7. 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 programme MS Teams
- 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
- Internal registry services

- Personnel

Communication will be between KZN-DOH Infrastructure Development and:

- National Department of Health
- KZN-DOH Head Office directorates
- KZN-DOH uMkhanyakude District Office

- KZN-DOH Head Office Forensic Pathology Services
- KZN-DOH Head Office and Professional Service Providers
- KZN-DOH Head Office and Forensic Pathology Services
- KZN-DOH Head Office and Contractor/s

- Communication is expected to take place between:
  - KZN-DOH uMkhanyakude District and Mtubatuba Community
  - Between Professional Service Providers

- Media

Communication will be delivered through:
  - E-mails and other on-line systems - Ms Outlook MS Teams
  - Documents – Hard copy and electronic (Micro Soft Word, Excel, Project), Adobe Acrobat PDF
  - Drawings – Autodesk AutoCAD, Revit
  - Bills of Quantities – Win QS

4.1.8. 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 risk plan will deal with current issues as well as identified risks.

4.1.8.1. Issue Management

Current issues need to be managed by monitoring, acting and tracking progress. Issue log needs to be monitored, updated and revised as required for the duration of the project. The following Issues are identified:

Table 11: Issue Log

Issue Category	Issue	Owner	Actions
Existing facility	Deteriorating existing facility	DOH	Project to be implemented as soon as possible
Existing facility	Long distances of travel to render service to the public	DOH	Project to be implemented as soon as possible

4.1.8.2. Identified risks

The following is some of the risk identified for this project. These risks are not all inclusive and the log needs to be monitored, updated and revised as required for the duration of the project.

Table 12: Risk Log

Risk Category	Identified Risk	Risk Analysis			
		Probability	Consequence	Impact	Risk Mitigation Measure
Institutional Arrangements	Changing Environment, i.e. 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
Project Procurement	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 item4.1.6.1 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	Medium	Project delays	High	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
Human Resources	Inadequate human resources in terms of capacity and skills	Medium	Delays to project	Medium	Project team to be appointed as per item4.1.6.1 above Clear requirements and functionality requirements to be included in procurement documents.

Risk Category	Identified Risk	Risk Analysis			
		Probability	Consequence	Impact	Risk Mitigation Measure
	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
Environmental	Adverse site conditions as it is a green fields site Non approval of PDA, EIA's, etc	Low	Delays to project Costly solutions	Low	Careful planning and monitoring; Site investigations to be done
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

4.1.9. PROCUREMENT MANAGEMENT PLAN

4.1.9.1. 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 13: 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

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

A. <u>The following need to be procured:</u>

- Professional Service Providers (if required). Please refer to item 4.1.6.1 above
- Contractors and Sub-Contractors
- Suppliers and installers

B. The scope for the project is as defined under item 1.1 above.

C. <u>Estimate costs are as follows:</u>

▪ Professional Service Providers	R 8 422 400.00
▪ Contractors and Sub-Contractors	R 274 125 081.91
▪ HTS	R 19 357 293.19
▪ Commissioning	R 3 200 000.00

D. The project is included in the B5

E. PG 1 will be complete when HIAC approves gate 1.

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

Due to the deteriorating of the existing facility it is proposed that the project be accelerated as far as possible;

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:

- Establish the Base Information
  - The scope of the project is described in item
  - The CIDB grading for the Contractor will be 8GB

- Delivery Plan information
  - Expenditure Analysis – This project does not form part of a programme and shall be implemented as an individual project

- Organisational Analysis – The project shall be reviewed against organisational goals and priorities to ensure it is consistent with the strategic plans of the Department

- Market Analysis – Tenders shall be based on an open procedure to test the market for both professional services and construction.
- Procurement objectives
  - Delivery procurement objectives:

    The primary objective of the project is the delivery of functional infrastructure including buildings, plant and equipment, roads, electricity supply, water supply and so on; s 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

- 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
  - Outsourcing (Works)
  - Outsourcing (Professional Services)

- Contracting Arrangements for Works
  - Service Requirements Options for Works: General contractor
  - Contracting Strategy: Design by Employer strategy
  - Pricing Strategy: Bills of Quantities

- Form of Contract: GCC or NEC Option B.

- 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
    - Minimum score must be 70%

- Contracting Arrangements for Services
  - External Resources may only be procured if there are 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):

- Contracting Arrangements for Professional Services
  - Professional Service Areas: Full Service
  - Contracting Strategy: Traditional, separate as per item 4.1.6.1 above
  - Pricing Strategy: Gazetted rates
  - Form of Contract: CIDB PSP Document

- Procurement Strategy for Professional Services
  - Procurement Arrangements for Service Providers
    - Functionality Criterion Requirements (also refer to item 4.1.6.1 above):
      - Skills
      - Experience with Health projects
      - Previous work successfully complete
      - Resources
  - Procurement Procedure: Public Open Tender
  - Targeted Procurement Procedure: Standard DOH SCM Targeted Procurement

- Procurement Document: Standard DOH Bid Document
- Tender Evaluation Criterion:
  - Responsiveness
  - Quality Evaluation
  - Price and Preference
  - Minimum score must be 70%

- Updating and Revising the Delivery Management Strategy

  The above Procurement Strategy deviates from the IPMP because the existing facility is deteriorating rapidly and this project is to be implement as soon as possible.

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

4.1.9.4. 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.

4.1.9.5. 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

4.1.9.6. 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

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

- 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.

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

- 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

4.1.9.9. 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.

4.1.10. STAKEHOLDER MANAGEMENT

The stakeholder management plan outlines how the project team plans to manage the goals and expectations of key stakeholders during the project lifecycle.

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. The following plan must be monitored, updated and revised as required but at least on a monthly basis.

Table 14: Stakeholder plan

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
National Department of Health											
Infrastructure											
Mr N Mphaphuli	Director: Revitalisation Projects	H	Timely updates on project progress Successful completion of project Value for money Compliance	Clinical brief submitted, Review in progress	Clinical Brief Approval	Stage 1	Regular communications	Email Telephonic Meetings Reports	-		
					Guidance on Norms and standards	Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
					Oversight	Duration of project			Ad hoc		
Provincial Department of Health											
Head Office											
Dr T S Tshabalala	Head of Department	H	Successful completion of project	Aware of the project, no formal communication	Approval of clinical brief Approval of Project Brief	Stage 1	Approval submissions	Submissions Telephonic Meetings Reports	Ad hoc		
						Stage 4			Ad hoc		
						Duration of project			Ad hoc		
Mr K B L Vilakazi	Chief Financial Officer	H	Effective management of project budgets and compliance	Aware of the project, no formal communication	Support for approval of clinical brief Support for approval of Project Brief	Stage 1	Approval submissions	Submissions Telephonic Meetings Reports	Ad hoc		
						Stage 4			Ad hoc		
						Duration of project			Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
Dr. T.D. Moji	DDG: District Health Services:	H	Provision of facility for implementation of services to community	Aware of the project, no formal communication	Support for approval of clinical brief Support for approval of Project Brief	Stage 1	Approval submissions	Submissions Telephonic Meetings Reports	Ad hoc		
						Stage 4			Ad hoc		
						Duration of project			Ad hoc		
						Stage 4			Ad hoc		
						Duration of project			Ad hoc		
Mr S Mhlongo	Acting Chief Director: Infrastructure Development	H	Successful completion of project	Aware of the project, no formal communication	Support Approval of stages Oversight	Stage 1	General correspondence Reports Submissions	Email Telephonic Meetings Reports	Ad hoc		
						Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		
Ms M de Goede	Director: Infrastructure Planning	H	Successful completion of project	Planner	Planning Budget control Approvals Oversight	Stage 1	General correspondence Planning documents Reports Submissions	Email Telephonic Meetings Reports	Ad hoc		
						Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		
Ms Y Thambiran		H			Planning	Stage 1		Email	Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
	Deputy Director: Quality Assurance		Successful completion of project Commissioning of facility	Consulted and assisting with planning	Support Commissioning Oversight	Stage 2	General communication Planning documents Reports Submissions	Telephonic Meetings Reports	Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
Mr T Sosiba	Deputy Director: Organizational Development	H	Successful completion of project Commissioning of facility Organizational Development	Consulted and assisting with planning	Planning Support Commissioning Oversight	Stage 1 Stage 5 Stage 6	General communication Planning documents Reports Submissions	Email Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc		
Mr T. Ngidi	Acting Director: Health Technology	H	Equipping the facility	Consulted and assisting with planning	Oversight Support Guidance on Norms and standards	Stage 1 Stage 4 Stage 5 Stage 6 Stage 7	General communication Planning documents Reports Submissions	Email Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc		
Mr. J. Mndebele	Chief Director: District Health Services	H	Successful completion of project Commissioning of facility	Consulted and assisting with planning	Oversight Support Guidance on Norms and standards		General communication Planning documents Reports Submissions	Email Telephonic Meetings Reports			
Mr K Mtshali	Chief Director: Supply Chain Management	H	Effective management of project procurement and contract administration and compliance	Unaware of the project, no formal communication	Support for approval of clinical brief Support for approval of Project Brief Procurement strategy	Stage 1 Stage 4 Stage 5 Duration of Contract Stage 2	Approval submissions	Submissions Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
					Procurement process	Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		
Maj. Genl. MM Dladla	Director: Security Services	M	Compliance to Department Security Policies	Unaware of the project, no formal communication	Oversight Support Guidance on Norms and standards	Duration of project	General correspondence	General communicatio n	Ad hoc		
Miss. B. Mhlongo	Environmental Health / Waste Management	M	Compliance to Department Waste Management Policies	Unaware of the project, no formal communication	Oversight Support Guidance on Norms and standards	Duration of project	General correspondence	General communicatio n	Ad hoc		
uMkhanyakude Health District											
Ms. MP Themba	uMkhanyakude District: District Director	H	Successful completion of project	Consulted and assisting with and is aware of the project.	Support Guidance on Norms and standards	Stage 1	General communication Planning documents Reports Submissions	General communicatio n	Ad hoc		
						Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
MTUBATUBA COMMUNITY HEALTH CENTRE											
TBC	TBC	H	Successful completion of project	Consulted and assisting with and is aware of the project.	Support Guidance on Norms and standards	Stage 1	General correspondence Reports Submissions	Email Telephonic Meetings Reports	Ad hoc		
						Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		
Pietermaritzburg Infrastructure Management Hub											
Mr R. Potsane	Acting Director	H	Successful implementation of project	Consulted	Support Implementation & Project Management Oversight	Stage 1	General correspondence Reports Submissions	Email Telephonic Meetings Reports	Ad hoc		
						Stage 2			Ad hoc		
						Stage 3			Ad hoc		
						Stage 4			Ad hoc		
						Stage 5			Ad hoc		
						Stage 6			Ad hoc		
						Stage 7			Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
Implementing Agent											
TBC	TBC	H	Successful implementation of project	Consulted	Implementation & Project Management Oversight	Stage 2 Stage 3 Stage 4 Stage 5 Stage 6 Stage 7	General correspondence Reports Submissions	Email Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc		
Professional Service Providers											
TBC	TBC	H	Successful implementation of project	Previously appointed, no communication yet	Implementation & Project Management	Stage 2 Stage 3 Stage 4 Stage 5 Stage 6 Stage 7	General correspondence Reports Submissions	Email Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc Ad hoc		
Contractor											
TBC	TBC	H	Successful implementation of project	TBC	Implementation	Stage 5 Stage 6 Stage 7	General correspondence Reports Submissions Minutes	Email Telephonic Meetings Reports	Ad hoc Ad hoc Ad hoc		

STAKEHOLDER	ROLE	INTEREST LEVEL (H/L)	EXPECTATIONS	WHERE ARE THEY NOW	WHERE ARE THEY NEEDED	STAGE & PRIORITY	HOW DO THEY GET THERE	COMMUNICATION			
								METHOD	FREQUENCY	LAST	NEXT
Other interested parties											
Mtubatuba Community	TBC	M	Improve health care to community	No communication yet	Consultation when required Employment	Duration of project	General correspondence	General communicatio n	Ad hoc		
The Mtubatuba Local Authority	TBC	M	Improve health care to community	No communication yet	Consultation when required Approvals	Duration of project	General correspondence	General communicatio n	Ad hoc		

4.2. ORGANISATIONAL DEVELOPMENT

This is a new facility and the full staffing compliment associated with a CHC in terms of the organogram associated with such a facility would have to be implemented.

4.2.1. STAFFING SITUATION AND ADDITIONAL STAFFING REQUIRED

Executive Management and Support Staff	Post Title	No. of Posts	Current Notch	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
	C.H.C. Manager	1	R958 824.00	R354 764.00	R1 313 588.88
	Deputy Manager: Nursing	1	R930 747.00	R344 376.00	R1 275 123.39
	Assistant Director: HRM	1	R424 104.00	R156 918.48	R581 022.48
	Assistant Director: Finance & SCM	1	R424 104.00	R156 918.48	R581 022.48
	Assistant Director: Systems	1	R424 404.00	R156 918.48	R581 022.48
	Assistant Manager Nursing: M&E	1	R627 474.00	R232 165.38	R859 639.38
	Public Relations Officer	1	R359 517.00	R133 021.29	R492 538.29
	Administrative Clerk (Secretary)	1	R202 233.00	R 74 826.21	R 277 059.21
	Sub totals of Component	**6**	**R4 351 107.00**	**R1 609 908.32**	**R5 961 016.59**

Clinical Services (Medical)	Post Title	No. of Posts	Current Notch	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
	Clinical Manager	1	R1 288 095.00	R476 595.15	R1 764 690.15
	Medical Officers	13	R11 785 020.00	R4 386 457.40	R16 171 477.40
	Clinical Associates	3	R882 963.00	R326 696.31	R1 209 659.31
	Subtotal	**17**	**R13 956 078.00**	**R5 189 748.86**	**R19 145 826.86**

Nursing Services	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
	Assistant Manager Nursing (Spec)	3	R1 872 648.00	R692 879.00	R2 565 527.76
	Operational Managers(Spec)	5	R2 856 210.00	R1 056 797.70	R3 913 007.07

	Clinical Nurse Practitioners	26	R10 113 324.00	R3 741 929.88	R13 855 253.88
	Professional Nurses (Spec)	10	R3 889 740.00	R1 439 203.80	R5 328 943.80
	Professional Nurses (Gen)	25	R6 519 000.00	R2 412 030.00	R8 931 030.00
	Staff nurses	32	R5 566 464.00	R2 059 591.68	R7 626 055.68
	Nursing Assistants	20	R2 690 280.00	R995 403.60	R3 685 683.60
	Subtotal	**121**	**R33 507 666.00**	**R 12 397 836.42**	**R45 905 502.42**

Allied Professionals	**Post Title**	**No. of Posts**	**Combined Notches**	**Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)**	**Total Cost**
Dietetic Services	Chief Dietician and Dietician	2	R851 298.00	R314 980.26	R1 166 278.26
Optometry Services	Optometrist, Ophthalmic Nurse, Prof Nurse General	3	R1 009 356.00	R373 461.72	R1 382 817.72
Diagnostic Imaging Services	1xChief Radiographer, 5x Radiographers 1x Ultra-Sonographer 1x Admin Clerk	8	R2 565 869.00	R949 371.53	R3 515 240.53
Physiotherapy Services	1x Chief Physio 2x Physiotherapist 2x Physio Assistants	5	R1 633 101.00	R604 247.37	R2 237 348.37
Occupational Therapy Services	1x Chief Occ. Therapist 2x Occ. Therapist 2x Occ. Therapy Assistants	5	R1 633 101.00	R604 247.37	R2 237 348.37
Speech & Audiology Services	1x Chief Speech & Audio Therapist 1x Speech Therapist 1x Audiologist	3	R1 240 029.00	R458 810.73	R1 698 839.73
Pharmaceutical Services	1x Assistant Manager : Pharmacy 1x Pharmacy Supervisor 4x Pharmacists 10 Pharmacy Assistants 1 x Admin Clerk 1x General Orderly	18	R6 772 878.00	R2 505 964.86	R9 450 603.89
Psychology & Social Work Services	1x Clinical Psychologist 2x Registered Counsellors 1X Social Work Supervisor	11	R3 290 106.00	R1 217 339.22	R4 507 445.22

	2x Social Workers 5 Social Auxillary Workers				
Dental Services	1x Dentist 1x Oral Hygienist 1x Dental Therapist 2 Dental Assistants	5	R1 810 785.00	R669 990.45	R2 480 775.45
	Subtotal	**121**	**R20 806 523.00**	**R 7 698 413.51**	**R28 504 936.51**

Monitoring & Evaluation, IPC, and Quality Control	**Post Title**	**No. of Posts**	**Current Notches**	**Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)**	**Total Cost**
	Clinical Programme Co-Ordinator: Quality Assurance	1	R450 939.00	R166 847.43	R617 786.43
	Clinical Programme Co-Ordinator: IPC	1	R450 939.00	R166 847.43	R617 786.43
	Facility Information Officer	1	R294 321.00	R108 898.77	R403 219.77
	Data Capturers	2	R343 074.00	R126 937.38	R470 011.38
	Subtotal	**5**	**R1 539 273.00**	**R569 531.01**	**R2 108 804.01**

H.R Management Services	**Post Title**	**No. of Posts**	**Current Notches**	**Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)**	**Total Cost**
	Human Resource Practitioners	2	R588 642.00	R217 797.54	R806 439.54
	Human Resource Clerk (Supervisor)	2	R588 642.00	R217 797.54	R806 439.54
	Human Resource Clerk	8	R1 617 864.00	R598 609.00	R2 216 473.68
	Occupational Health Nurse	1	R388 974.00	R143 920.68	R532 894.38
	Employee Assistance Practitioner	1	R359 517.00	R133 021.29	R492 538.29
	Health And Safety Officer	1	R359 517.00	R133 021.29	R492 538.29
	H.R. Registry Clerk	1	R202 233.00	R74 826.21	R277 059.21
	Subtotal	**16**	**R4 105 389.00**	**R1 518 993.93**	**R5 624 382.93**

Finance and Supply Chain Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
	Senior Finance Management Officer	1	R359 517.00	R133 021.29	R492 538.29
	Finance Management Officer	2	R588 642.00	R217 797.54	R806 439.54
	Finance Clerk	3	R606 699.00	R224 478.63	RR831 177.63
	Senior Supply Management Officer	1	R359 517.00	R133 021.29	R492 538.29
	Supply Chain Practitioner	2	R588 642.00	R217 797.54	R806 439.54
	Supply Chain Clerk	6	R1 213 398.00	R448 957.26	R1 662 355.26
	General Orderly	4	R501 492.00	R185 552.04	R687 044.04
	Subtotal	**19**	**R4 217 907.00**	**R1 560 625.59**	**R5 778 532.59**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Patient Admin & Auxillary Services	Systems Management Officer	1	R294 321.00	R108 898 .77	R403 219.77
	Administrative Clerk Supervisor	1	R294 321.00	R108 898 .77	R403 219.77
	Administrative Clerks	10	R2 022 330	R748 262.10	R2 770 592.10
	Subtotal	**12**	**R2 610 972.00**	**R966 059.64**	**R3 577 031.64**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Transport Management Services	Transport Management Officer	1	R294 321.00	R108 898 .77	R403 219.77
	Administrative Clerk	1	R202 233.00	R108 898 .77	R403 219.77
	Drivers	3	R514 611.00	R190 406.07	R705 017.07
	Subtotal	**5**	**R1 011 165.00**	**R408 203.61**	**R1 511 456.61**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Mortuary Services	Admin Clerk Supervisor	1	R294 321.00	R108 898 .77	R403 219.77
	Mortuary Services Assistant	2	R404 466.00	R149 652 .42	R554 118.42
	Subtotal	**3**	**R698 787.00**	**R258 551.19**	**R957 338.19**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Laundry Services	Linen Worker Supervisor	1	R171 537.00	R63 468.69	R235 005.69
	Linen Orderly	4	R588 144.00	R217 613.28	R805 757.28
	Sewing Orderly	1	R147 036.00	R54 403.32	R201 439.32
	Subtotal	**6**	**R906 717.00**	**R335 485.29**	**R1 242 202.29**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Maintenance Services	Chief Artisan	1	R434 787.00	R160 871.19	R595 658.19
	Artisans	4	R978 948.00	R362 210.76	R1 341 158.76
	Handymen	4	R588 144.00	R217 613.28	R805 757.28
	Subtotal	**5**	**R2 001 879.00**	**R740 695.23**	**R2 742 574.23**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Telecommunication Services	Principal Telecom Operator	1	R281 559.00	R104 176.83	R385 735.83

	Telecom Operator	4	R686 148.00	R253 874.76	R940 022.76
	Subtotal	**5**	**R967 707.00**	**R358 051.59**	**R1 325 758.59**

Systems Management	Post Title	No. of Posts	Current Notches	Estimated additional costs to employer (@ 37%, i.e. allowances, bonuses, C.O.T, etc.)	Total Cost
Waste Management Services	Waste Management Officer	1	R359 517.00	R133 021.29	R492 538.29
	Subtotal	1	**R359 517.00**	R133 021.29	**R492 538.29**

Estimated Total Cost = R124 877 901.75

4.3. CHANGE MANAGEMENT

Change management is a systematic approach to successfully implement changes that this project will bring about. The purpose of change management is to implement steps to effect change, control change and to help people to adapt to the change.

The change Management plan will consist of:

- Preparing the Health Service, District and the Department for the change,
- Developing a plan for the change,
- Implement for the change,
- Entrench the change in the Department.
- Review progress and analyse results.

Change can be a time of exciting opportunity for some and a time of loss, disruption or threat for others. Change is an inherent characteristic of any organisation, all organisations whether in the public or private sector must change to remain relevant. Change can originate from external sources through technological advances, social, political or economic pressures, or it can come from inside the organisation as a management response to a range of issues such as human resource issues or reconfiguration of the infrastructure e.g. construction of the new mortuary. It can affect one small area or the entire organisation. Nevertheless, all change whether from internal or external sources, large or small, involves adopting new mind-sets, processes, practices and behaviour.

Irrespective of the way the change originates, change management is the process of taking a planned and structured approach to help align an organisation with change. In its most simple and effective form, change management involves working with an organisation's stakeholder groups including staff to help them understand what change means for them, helping them make and sustain the transition and working to overcome any resistance. The basic goal of all change management is to secure buy-in to the change, and to align individual behaviour and skill with the change.

Ultimately, the goal of change is to improve organisation by altering how work is done. Change impacts the following four parts of how the organisation operates:

- Processes
- Systems
- Organisational Structure, and
- Job roles

The new community health centre will require the new ways of operating and a common understanding between management and the staff has to be developed. It is therefore important that Change Management Plan be developed and implemented to create a common understating amongst all end users. Staff management plan ensures the organisation has an adequate human capacity to support its post change needs. The plan should also address the issue of redirecting resources in situations where the change creates a gap in the skills and needs of the Hospital. Planning for change implementation generally involves understanding where the organisation is currently and identifying aspects that need to change in order to take the organisation from its current state to its desired state.

4.4. OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT

"The aim of the OHS Act is to provide for the safety and health of persons at work and in connection with the use of plant and machinery. It further provides for the protection of people other than people at work from hazards arising out of or in connection with the activities from people at work."

Source: https://www.labourguide.co.za

A Safety plan will be required from the start of the project and must be managed and reported on a monthly basis. The following minimum Occupation Health and Safety requirements is applicable to this project:

- The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its regulations, and subsequent revisions.
- A Construction Work Permit will be required as the current estimated project value is over the stipulated R 40 million.

The following reporting requirements: must be adhered to:

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

4.5. STATUTORY REQUIREMENTS

4.5.1. LEGISLATION

Legislation: Minimum applicable legislation (latest version) include:

- Inquest Act, (Act 58 of 1959)
- National Health Act, Act 63 of 2003.
- Births and Deaths Registration Act, (Act 51 of 1992.)
- Health Professions Act, (Act 56 of 1974.)
- Health Professions Amendment Act, (Act 29 of 2007.)
- Correctional Services Act, (Act 111 of 1998.)
- Occupational Health and Safety Act, (Act 85 of 1993.)
- Occupational Diseases in Mines and Works Act, (Act 78 of 1973.)
- Public Finance Management Act, (Act 29 of 1999.)
- SANS 10400
- Kwazulu-Natal Planning and Development Act, 2008 (Act No. 06 of 2008) (PDA)

4.5.2. NORMS AND STANDARDS

Minimum applicable Norms and Standards

- IUSS: Primary Healthcare
- IUSS Health Facility Guides: Waste management
- IUSS Health Facility Guides: Building Engineering Services
- IUSS Health Facility Guides: Environment and Sustainability
- IUSS Health Facility Guides: Infection Prevention and Control
- IUSS Health Facility Guides: Information Technology Infrastructure

IUSS Health Facility Guides: Materials and Finishes

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4.6. SOCIAL IMPACT MANAGEMENT

Social Impact Management covers a wide field but for the purpose of this project the focus is on the following:

4.6.1. EXPANDED PUBLIC WORKS

In the National Development Plan 2030, the EPWP is positioned to contribute to Government's goals of alleviating poverty, developing local communities, providing work opportunities and enhancing social protection. The Department of Health is actively involved in the EPWP programme since 2011.

The project team must develop a plan to manage the EPWP component of this project and have to report as follows:

Table 15: EPWP Requirements

EPWP Minimum Requirement Between	100 Million and above
Reporting	All required
Local Area	South Africa 80% KwaZulu-Natal 60% District Municipality 40% Local Municipality
Branding	Site, Uniform and tender documentation
Recruitment	According to DOPW Recruitment guideline document
PSC	Full PSC, CIDB Guidelines to be followed
CLO	Required
Tender Specification	Required

4.6.2. TARGETED JOB OPPORTUNITIES

Over and above, the project must report on the following:

- No. of local people employed
- No. of local youth employed
- No. of Person days of employment
- No. of Woman employed
- No. of disabled people employed
- Total payments to local communities
- Total payments to local material suppliers
- Total no. of DPI Contractor / Sun-contractor

The report must be done monthly and is not exclusive to contractors.

4.6.3. CAPACITATION

While employment goes a long way, it is also important that the workforce and the team be capacitated. Therefore, the team must report on the following as applicable:

- Project Management training
- Construction Management training
- Financial management training
- Construction skills training HIV/AIDS awareness training

- GBV awareness training

The list above is not inclusive.

4.7. GREEN BUILDING DESIGN

The climate of the world is changing and therefore it is crucial that the construction industry as well as Department of Health adapt accordingly.

It is not required to achieve this project achieve a Green Star rating, however it is proposed that the essence of a 4-Star green rating be applied, with specific focus on the following:

- Indoor Environment Quality (IEQ)
- Energy
- Water
- Materials
- Emissions
- Innovation

4.8. HEALTH TECHNOLOGY SERVICES

The Health Technology Unit is responsible for providing a professional, cost effective and safe Clinical Engineering Service to all Health Institutions and Auxiliary Medical Services in the Province of KwaZulu-Natal, in line with the Departmental vision of ensuring quality health-care for all citizens of the Province.

Health Technology covers a wide range of apparatus, consumables, devices, equipment and instruments. Planning and budgeting have to be considered jointly for it to be effective and need to take place within the context of policy, financial, and other constraints.

Based on this information, the Essential Service Packages must be developed into:

- human resource requirements, and training needs;
- space requirements, and facility and service installation needs; and
- equipment requirements.

4.8.1. STANDARD EQUIPMENT LIST

The tool used in the process of defining what equipment is needed for the Maternity and Neonatal unit is a Standard Equipment List. This is:

- a list of equipment typically required for each healthcare intervention (such as a healthcare function, activity, or procedure). This list will show all equipment required organised by activity space or room and by department;
- developed for the relevant level of healthcare delivery

- 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 it economically viable.

The Standard Equipment List reflect the level of technology of the equipment and 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).

It is important that any equipment listed:

- will fit into the rooms and space to be provided and reference is made to any building norms defining room sizes, flow patterns, and requirements for water, electricity, light levels and so on;
- will indicate the necessary utilities and associated plant (such as the power, water, waste management systems) to be made available for it
- can be operated and maintained by existing staff and skill levels, or for which the necessary training is available and affordable.

The Standard Equipment List is an aid to the planning process. In order to plan what equipment to purchase, awareness of any shortfalls in equipment is needed. To determine such shortfalls, the existing equipment Inventory needs to be compared with the Standard Equipment List. This will indicate whether any equipment is currently missing or needs to be purchased. It will thus assist in determining what equipment, is:

- necessary;
- surplus;
- extravagant; and
- missing

The initial HTS list is below and will be required to be updated and/or revised.

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 estimated list for HTS has been added above.

According to the Ideal Clinic guideline and in consultation with Health Technology Services the following minimum equipment will be required:

PROJECT NAME: MTUBATUBA COMMUNITY HEALTH CENTRE – H

HT (Furniture, Equipment, ICT & Linen) Cost (incl. VAT)	
Funding source	

HT (Furniture, Equipment, ICT & Linen) Cost (incl. VAT)		
Budgetary Item	**Amount**	**Explanatory Notes**
Current estimate for HT (Equipment)	R10 169 100,00	Medical equipment, Radiology equipment & ICT
Current estimate for Furniture	R3 854 000,00	Medical & office furniture
Current estimate for Linen	R300 000,00	Linen & clothing
Estimated HT Cost (incl. VAT)	**R14 323 100,00**	

HT LIST TO BE INCLUDED TO THE INFRASTRUCTURE MAIN CONTRACTOR
Hydrofoil for staff rest room
Soap dispenser
Paper towel dispenser
Curtain tracks & curtains (Windows & Privacy)
Bed Screen Curtains and rails
Shower curtains for change rooms
White boards
Notice boards
Work station for nurses stations and reception
Floor mounted bench for change rooms
Shelving for all storage rooms
Ceiling IV holder
Fixed cloth hangers for change rooms
Wall mounted examination lamps
Wall mounted suggestion boxes
Waiting areas chairs

Table 16: HTS equipment Requirements.

4.8.2. HEALTH TECHNOLOGY SERVICES IN THE CONTRACT

A full list of HTS requirements will be developed and items that need to be included in the contract will be identified.

4.9. See Annexure ACOMPARATIVE EXAMPLES

Kwamashu CHC is an example where the standard plans have been implemented in a single store, as per the prototype drawings. It is characterized by the comfortable roadways, parking and robust construction with face brick tiled roofs.

Photo 1: Kwamashu CHC

Photo 2: Kwamashu CHC

Photo 3: Kwamashu CHC

Photo 4: Kwamashu CHC

4.9.1. OTHOBOTHINI COMMUNITY HEALTH CENTRE.

Othobothini CHC is a newly completed CHC where some changes have been made to the standard plans to respond to localised rural needs. The CHC illustrates the there is a variation in the colour pallet and manner in which finishes are combined to create contextual character if compared to their CHCs.

DoH Standard drawings are available although they should be completely re-visited however, many specifications can be applied.

Drawings of facility, drawings of equipment, photos and a site visit can be arranged.

Photo 5: Othobothini CHC entrance

Photo 6: Othobothini CHC

Photo 7: Othobothini CHC acute department

Photo 8: Othobothini CHC reception area

4.10. PROPOSED SCHEDULE OF ACCOMMODATION

The following is an estimated requirement and must be verified and adjust as required.

Table 17: Proposed schedule of accommodation

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Guardhouse Block	1				Excluding Under cover areas
External Portico	1	28	28		Under cover
Walkway	1	33	33		Under cover
Security					
Security reception/scanning	1	14	14		Can include wake-thru scanner
Security room	1	6	6		
Private search room	1	5	5		Contain gun safes
Kitchenette	1	6	6		
Toilet and locker area	1	8	8		Toilet is unisex
Public Ablutions					
Male	4	4	16		
Female	4	4	16		
Disabled toilet	4	5	20		To include nappy change station
MAIN CHC BULDING MODULES 1 – 4					
Main Block					
Help desk/security	1	9	9		
Central Waiting area	1	150	150		
Open play area	1	9	9		
Vitals room	1	8	8		
Reception with cubicles	1	23	23		3 booths with privacy screens. I booth disabled friendly

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Records room	1	50	50		
Data Capturers	1	11	11		
Manager's office	1	12	12		
Staff room	1	18	18		
Kitchenette	1	4	4		
Staff ablutions	1	12	12		Toilets is unisex
Equipment store	1	24	24		
Stationary	1	7	7		
Surgical & Dry goods store	1	12	12		
Medicine store	1	15	15		
CCMDD	1	13	13		
Minor ailments Block					
Sub-waiting	1	32	32	Addition of small play area	
Open play area	1	5	5		
Vitals room	2	6	12		
Consulting room	2	16	32	A total of 12 consulting rooms is listed, calculated as per current Clinic Headcounts and CHC standards. Number of consulting rooms to be adjusted with confirmation of referral clinics.	
Sputum	4	4	16		
Disabled toilet	1	3	3		Off main passage
Urine collection	1	3	3	Additional	Off main passage, with hatch from disabled toilet
Acute Care (emergency centre)					
Walk in entrance	1	6	6		
Trolley/wheelchair bay	1	4	4		
Admission/reception	1	6	6		
Public ablution: Male	2	2	4		
Public Ablution: Female	2	2	4		
Public Ablution: Disabled	1	4	4		
Mothers room	1	6	6		
Admission sub- waiting area	1	10	10		
Vitals area	1	6	6		
Emergency room	2	25	50		
Nurses station	2	4	8		
Treatment/procedure	1	25	25		
Respiratory area	1	16	16		
Consulting room	2	32	64	A total of 12 consulting rooms is listed, calculated as per current	

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
				Clinic Headcounts and CHC standards. Number of consulting rooms to be adjusted with confirmation of referral clinics.	
Disaster store	1	16	16		
Observation bays	4	12	48		
POP Room	1	25	25		
Counselling room	1	16	16		
Medicine store	1	16	16		
Stores	4	10	40		
Sluice/dirty utility	1	12	12		
Clean utility	1	6	6		
Cleaners room	1	6	6		
Offices	2	12	24		
Staff room	1	20	20		
Patients toilets	2	4	8		
Doctor overnight facility	1	20	20		
Staff ablution facilities	1	6	6		
Kitchen with stores	1	40	40		
Health Support Services					
Dental					
Dental Surgery	2	14	28		
Store Room	1	4	4		
Rehabilitation					
Office - Occupational Therapy	1	12	12		
Rehab Group Room	1	80	80		
Store Room	1	10	10		
Speech Therapy Room	1	20	20		
Office - Reception	1	12	12		
Reception Waiting Area	1	12	12		
Sub Waiting Area	1	12	12		
Store Room - General	1	12	12		
Radiology					
X-Ray Reception	1	12	12		
Office	2	12	24		

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
X-Ray Room	1	21	21		
Sluice Room	1	12	12		
Patients Toilet	1	6	6		1 toilet
Ultra Sound	1	14	14		
Patient Change Room	2	12	24		
Laboratory					
Reception Drop - Off	1	7	7		
Laboratory	2	30	60		
Office	1	12	12		
Sluice Room	1	12	12		
Store Room	1	12	12		
CSSD					
Dirty Receiving	1	15	15		
Packing Room	1	50	50		
Staff Change Room and Ablutions	1	15	15		1 toilet + 1 shower
Office	1	12	12		
Store Room - Clean	1	12	12		
Store Room - Sterile	1	12	12		
General Store Room - General	1	12	12		
Store Room - Cleaner	1	12	12		
Autoclave		5	5		
Short Stay Ward					
Waiting Room	1	12	12		
Office - Reception	1	6	6		
Reception Open Plan	1	6	6		
Doctors Waiting	1	6	6		
Isolation room	1	25	25		Enclosed toilet
4 Bed Ward	2	45	90		8 beds
Kitchenette	1	12	12		
Store Room	1	12	12		
Store Room - Kit	1	12	12		
Sluice Room	1	12	12		
Male Patient Toilet and Ablutions	1	14	14		2 toilets + 1 shower
Accessible Patient Toilet and Ablutions	1	4	4		1 toilet + 1 bath

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Female Patient Toilet and Ablutions	1	14	14		2 toilets + 1 shower
Pharmacy					
Dispensing/Counselling	1	40	40		
Dispensing Store	1	35	35		
Office - Pharmacy	1	12	12		
Store Room	1	12	12		
Rest Room - Staff	1	12	12		
Female Staff Toilet	1	6	6		1 toilet
Male Staff Toilet	1	6	6		1 toilet
Store Room - Secure	1	5	5		
Pallets Storage Area	1	12	12		
Packing - Room	1	12	12		
Loading Area	1	55	55		
Off-Loading Area	1	15	15		
Holding Area	1	13	13		
Clerk Room	1	17	17		
Main Medical Storage Room	1	60	60		
Eye Health					
Optometry Room	1	16	16		
Waiting Area	1	12	12		
Administration					
Office	1	12	12		
Reception	1	12	12		
Stationery Room	1	12	12		
Records Room	1	12	12		
Server Room	1	12	12		
Telecomm Room	1	12	12		
Electrical Room	1	12	12		
Waiting Area	2	12	24		
Female Patient Toilet	2	4	8		8 toilet
Accessible Patient Toilet	2	4	8		2 toilet
Baby Change	2	4	8		
Male Patient Toilet	2	4	8		4 toilet
MOU					
Reception and records	1	9	9		
Staff Ablution Facilities	1	10	10		

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Staff Room	1	12	12		
Delivery Suite	1	30	30		
Ante Natal room	1	16	16		
Post Natal room	2	30	60		
Maternity Toilet and shower	1	30	30		
Maternity sluice	1	30	30		
Store	3	30	30		
Sub waiting area	1	30	30		
Cleaner room	1	6	6		
Dirty linen	1	6	6		
Clean utility	1	6	6		
General Ablutions	2	2	2		
Office	1	14	14		
Chronic Care Block					
Sub-waiting	1	22	22		
Open play area	1	7	7	Addition of small play area	
Vitals room	1	8	8		
Consulting room	4	16	64	A total of 12 consulting rooms is listed, calculated as per current Clinic Headcounts and CHC standards. Number of consulting rooms to be adjusted with confirmation of referral clinics.	
Sputum	4	4	16		
UPS / Server	1	6	6		Off main passage
Preventive & Promotive Block					
Sub-waiting	1	35	35		
Open play area	1	21	21		Under cover
External play area	1	44	44		
Open external play area	1	7	7		
Vitals room	2	8	16		
Consulting room	4	16	64	A total of 12 consulting rooms is listed, calculated as per current Clinic Headcounts and CHC standards. Number of consulting rooms to be adjusted with confirmation of referral clinics.	

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Multi-purpose rooms	2	16	32		Can be used for Counselling rooms, Nutrition rooms, Immunisation rooms or Allied service clinics
Isolated Waiting area	2	4	8	Additional	Off main waiting, no specific stream. To be used as required, can also be used as Mother's room
Server/UPS	1	7	7		Off main waiting
Mother's room	1	8	8		Can have multi-use
Service block					
Public Ablutions					
Male	1	3	3		
Female	1	3	3		
Disabled toilet	1	4	4		To include nappy change station
Procedure room	1	12	12		Can be used for MMC
Emergency room	1	20	20	Additional	Can be used for emergency Labour / MMC
Porter's alcove	1	3	3	Additional	
Linen store	1	3	3	Additional	
Cleaner's store	1	5	5		
Cleaner's restroom	1	12	12	Additional	To be shared with Garden staff
Cleaner's Ablutions					
Male	1	3	3	Additional	To be shared with Garden staff
Female	1	3	3	Additional	To be shared with Garden staff
Shower	1	3	3	Additional	To be shared with Garden staff
Dirty utility	1	12	12		
External Store block					
Yard	1	21	21		
Laundry	1	3	3	Additional	
Garden store	1	3	3		
General waste	1	10	10		
Medical waste	1	8	8		
Gas store	1	25	25		
Youth & After hours service centre					
Youth				Additional	
Store	1	2	2		
Toilet	1	3	3		
Waiting area	1	9	9		
Counselling	1	10	10		

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Consulting	1	16	16		
After Hours				Additional	
Community Outreach	1	24	24		
Store	1	3	3		
Kitchenette	1	4	4		
Disabled toilet	1	3	3		
Toilet	1	2	2		
Store	1	3	3		
Boardroom	1	20	20		
Crises Centre					
Sub Waiting Area	1	15	15		
Reception	1	7	7		
Store Room	1	5	5		
Female Patient Toilet and Ablutions	1	12	12		1 toilet + 1 shower
Counselling / InterviewRoom	1	15	15		
Consulting / Examination Room	1	15	15		
TOP Recovery Room	1	55	55		5 beds
Rape Treatment Room	1	13	13		
ANCILLARY BUILDING MODULE					
Mother's lodge					
Lounge	2	20	40		
Bedroom	4	27	108		16 beds
Female Patient Showers	2	9	18		4 showers
Female Patient Toilets	2	9	18		4 toilets
Dining/Kitchen	2	20	40		
ANCILLARY BUILDING MODULE					
Skills Development Centre					
Teaching Area	1	50	50		
Main Foyer Entrance	1	5	5		
Male Patient Toilet	1	4	4		1 toilet
Accessible Patient Toilet	1	4	4		1 toilet
Female Patient Toilet	1	4	4		1 toilet
Staff Toilet	1	4	4		1 toilet
Store Room	1	12	12		

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Office	1	12	2		
ANCILLARY BUILDING MODULE					
Nutrition Skills development Centre				Additional. This module is so that the nutrition does not share with skills development as the activities interfere with each other.	
Teaching Area	1	50	50		
Main Foyer Entrance	1	5	5		
Male Patient Toilet	1	4	4		1 toilet
Accessible Patient Toilet	1	4	4		1 toilet
Female Patient Toilet	1	4	4		1 toilet
Staff Toilet	1	4	4		1 toilet
Store Room	1	12	12		
Office	1	12	12		
ANCILLARY BUILDING MODULE					
Maintenance/Mortuary Building					
Office - Maintenance	1	12	12		
Maintenance Workshop	1	60	60		
Store Room - Maintenance	1	27	27		
Kitchenette/Dining	1	10	10		
Male Staff Change Room and Ablutions	1	18	18		2 toilets + 2 showers
Female Staff Change Room and Ablutions	1	18	18		2 toilets + 2 showers
Mortuary Body Reception	1	40	40		
Office - Mortuary	1	12	12		
Mortuary Sluice Room	1	12	12		
Mortuary Cold Room	1	25	25		
Mortuary Boxing Room	1	25	25		
ANCILLARY BUILDING MODULE					
Garaging/EMS					May be located off site. To be confirmed by EMS Services.

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Mobile Garage	5	28	140		
Ambulance Garage	2	24	48		
Vehicle Wash Bay	1	26	26		
Kitchen/Lounge	1	25	25		
Office	1	10	10		
Store Room - Maintenance	1	4	4		
Male Staff Change Room and Ablutions	1	8	8		1 toilet + 1 shower
Female Staff Change Room and Ablutions	1	8	8		1 toilet + 1 shower
ANCILLARY BUILDING MODULE					
Mobile Services					
Office - Open Plan	1	100	100		15 desks
Kitchen/Lounge	1	23	23		
Store Room - Medical	1	12	12		
Utility Room	1	12	12		
Office - Admin	1	12	12		
Male Staff Toilet	1	12	12		1 toilet
Female Staff Toilet	1	12	12		1 toilet
ANCILLARY BUILDING MODULE					
Electrical Services					
Generator Room	1	27	27		
L.V. Cubicle Room	1	20	20		
Transformer Room	1	22	22		
Store Room - Waste Storage	1	20	20		
Store Room - Domestic Waste	1	20	20		
Store Room - Garden	1	20	20		
Store Room - Medical Waste	1	20	20		
ANCILLARY BUILDING MODULE					
Flammable Services					
Store Room	1	30	30		

Room/area	No	Size	Total	Deviation	Notes
		m^2	m^2		
ANCILLARY BUILDING MODULE					
3 Bedroom house				Although provision is made in the standard plans for staff housing, this module has been omitted from this facility as no accommodation is provided for urban CHCs as per Department of health Employee housing Policy July 2004. If required to be motivated by the District.	
ANCILLARY BUILDING MODULE					
1 bedroom unit				Although provision is made in the standard plans for staff housing, this module has been omitted from this facility as no accommodation is provided for urban CHCs as per Department of health Employee housing Policy July 2004. If required to be motivated by the District.	
ANCILLARY BUILDING MODULE					
Bulk Stores					
Office	2	12	24		
Store room	2	50	100		
Cage area	1	50	50		
ANCILLARY BUILDING MODULE					
HAST Unit				Additional. The Unit is not standard but is currently operating at the Clinic	
Counselling Room	3	16	48		
Office - Pharmacist	1	12	12		
Store Room - Medical	1	12	12		
Male Patient Toilet	1	4	4		1 toilet
Accessible Patient Toilet	1	4	4		1 toilet
Female Patient Toilet	1	4	4		1 toilet
Staff Toilet	1	4	4		1 toilet

Room/area	No	Size	Total	Deviation	Notes
		m²	m²		
Rest Room - Staff	1	15	15		
Total Room Area			4845		
15% Circulation			727		
Total			**5588**		**Excluding Outside waiting area**

SIGNATURES

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PART D – 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: M.L.A. MKHWANAZI

Designation: District Engineer

Date: 06/07/2023

Signature: [signature]

Name: M. P Themba

Designation: District Director

Date: 06/07/2023

Signature: [signature]

Name:

Designation

Date:

Signature: