KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

PROJECT NO.	**:**	ZNB 5176/2024-H
DESCRIPTION OF SERVICE	**:**	APPOINTMENT OF AN NEC3 PROJECT MANAGER, SUPERVISOR, QUANTITY SURVEYOR, CONSTRUCTION HEALTH AND SAFETY AGENT AS A MULTI-DISCIPLINARY TEAM ON THE PROJECT FOR THE DESIGN AND CONSTRUCTION OF EMERGENCY MEDICAL SERVICES OFFICE ACCOMMODATION AT ITSHELEJUBA HOSPITAL
DISCIPLINE	**:**	PROFESSIONAL PROJECT MANAGER AS NEC3 PROJECT MANAGER PROFESSIONAL ARCHITECT AS NEC3 SUPERVISOR PROFESSIONAL QUANTITY SURVEYOR; PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT

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, 2022, 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, SUPERVISOR, QUANTITY SURVEYOR, CONSTRUCTION HEALTH AND SAFETY AGENT AS A MULTI-DISCIPLINARY TEAM ON THE PROJECT FOR THE DESIGN AND CONSTRUCTION OF EMERGENCY MEDICAL SERVICES OFFICE ACCOMMODATION AT ITSHELEJUBA HOSPITAL

Project Number	:	ZNB 5176/2024-H
Closing Date	:	2 April 2024
Closing Time	:	11:00
Compulsory Briefing	:	Yes
Date	:	14 March 2024
Time	:	10:00
Venue	:	Townhill Office Park, Block 1, Main Boardroom, Townhill Hospital, Pietermaritzburg, 3201

Bid Validity Period: <u>84 days</u>

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 : Nonku Dlamini
Tel : (033) 940 2583
E-mail address : Nonkululeko.dlamini2@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, 2022, 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), 2022 (Act No 1 of 2022) 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

SBD 6.1

DECLARATION

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

---

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);

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

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

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	20
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 at least 51% black owned	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: ……

……

……

……

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 interest[1] in the enterprise, employed by the state? YES/NO

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

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

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.

3.5 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.

3.6 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.

3.6.1. 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 Project Management, Quantity Surveying, Health and Safety and Supervisory professional consulting services with a Construction Project Manager as the lead

For the project: **ZULULAND DISTRICT- ITSHELEJUBA HOSPITAL – CONSTRUCTION OF EMERGENCY MEDICAL SERVICES OFFICE ACCOMMODATION**

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

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

2. Price

The offered price for the multidisciplinary team with a Construction Project Manager as the lead, inclusive of value added tax, is

R (in figures)

.....

and,

.....

Rand (in words)

.....

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

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

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

and who is (if applicable):

Trading under the name and style of:

.....

and who is:

.....

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

.....

In his/her capacity as:

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

4. Signed for the bidder:

.....

Name of representative

.....

Signature

.....

Date

5. Witnessed by:

Name of representative

Signature

Date

6. Domicilium Citandi Et Executandi

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

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

Banker:

Branch:

7. Acceptance

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

8. The terms of the Contract

The terms of the Contract are contained in:

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

and;

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

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

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

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

9. Signed for the Employer:

.....

Name of representative

.....

Signature

.....

Date

Street address:				
	Code:			
Telephone:	Code:		Number:	
Facsimile number:	Code:		Number:	

10. Witnessed by:

Name of representative

Signature

Date

11. Schedule of Deviations

1 Subject ……

Details ……
……
……
……

2 Subject ……..

Details ……
……
……
……

3 Subject ……

Details ……
……
……
……

4 Subject ……

Details ……
……
……
……

5 Subject ……

Details ……
……
……
……

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

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

SECTION G
SPECIFICATIONS, SCOPE, EVALUATION

AN ENTITY TO PROVIDE A MULTIDISCIPLINARY TEAM OF EXPERIENCED AND SKILLED PROFESSIONAL CONSULTING SERVICES WITH A CONSTRUCTION PROJECT MANAGER AS THE LEAD

Project Description:

Zululand District- Itshelejuba Hospital – Construction of Emergency Medical Services Office Accommodation

1. Project Background and Specification

Itshelejuba hospital was discovered by German Missionaries. It started as a mission station for preaching the gospel of Jesus Christ to the people. The people could not understand that the Missionaries were preaching the gospel without meeting expectations of physical wellness.

In 1932 the care of the sick began at Itshelejuba by the Missionary Wilhelm Weber who started the work on the newly founded station. Modern medical help was practically unknown only the traditional medicine was used. During the second world war the first step towards organized medical work at the hospital took place. There was no trained nursing staff at that time. An old farm house was converted to be the first health facility.

The first trained nurse was sent by the Missionaries in 1953, whose name was Sister Ruth Bauseneiek; she was a trained general nurse and midwife. It was extremely difficult for Sister Ruth to bring help to the people because of their traditional and cultural belief towards sickness and its removal. In the first years, each patient who came to her to the hospital meant a victory after a long struggle because even the patient and his close relatives had to endure much enmity in their clans should they ask for help and treatment at the hospital. Up until trust was built between the care givers and the community it was only then that Itshelejuba hospital “Stone of the Doves” contributed to the lives of the people.

The name Itshelejuba “Stone of the Doves" emanated from a group of doves that used to stay on the hills in the stones just beyond the hospital.

After all hardships there was great progress there were other people helping that is bookkeepers, managers and other helpers who were then assisting Sister Ruth.

The Transvaal Department of Health began to support financially, providing funds for medicine, equipment and personnel. In 1962 a Maternity ward was built whereby the health authorities paid 50% of the building and the rest was paid by the German Church Charity group called “Brot Fur die Welt”

In 1965 a TB ward was also constructed by the Department of Health of the Republic of South Africa since tuberculosis became a problem for several years the mission had already tried to find a Doctor for Itshelejuba hospital. Sister Ruth went for further training to German after fifteen years of service.

On 16 May 1969 Dr. Kurt Bergter became the Medical Superintendent of Itshelejuba hospital. The hospital was extended and equipped in order to meet the needs of the community. Due to resettlements by government the hospital was situated in the area of Blacks dominated by Zulu speaking people. There was still a lot of work to be done by Dr. Bergter since the population was growing.

The staff of Emergency Medical Services are currently working in environments that are not conducive nor habitable, now staff is housed in prefabricated units at majority of the districts in the province, some are accommodated at buildings that are dilapidated and require renovations soon. Following various consultations with Head Office EMS unit certain districts were identified for the construction of brick and mortar office buildings. These require design, documentation, construction and close-out.

A contractor is to be appointed where he will responsible for the design and building of the offices, the design team will assist with concepts, design development, design documentation, construction and close-out of the project. A project brief has been approved internally with sufficient information but where the design team feels there is information missing, this can be incorporated into the concept report.

2. Detailed Project Scope of Work

The Site:

Itshelejuba Hospital a district rural hospital. There are 9 Clinics and 1 Gateway Clinic in the catchment area. It also serves people from Mpumalanga Province and Swaziland Hospital Management has donated a piece of land where the offices may be constructed; the site accessed through the main gate of the facility and is located at the back boundary of the facility

Facility Name:	Itshelejuba Hospital			
Owner:	Government - Provincial			
Street Address (or directions):	N2 North, about 30km past Pongola			
Postal Address:	Private Bag X0047 Pongola 3170			
Telephone Number:	+27 (0) 34 413 4000			
Hospital Manager:	Mrs T.M Vilakazi			
Cadastral Description:	Latitude:	-27.2774175	Longitude:	31.34797083
Zoning:	Government			
Planning restrictions:	Nil			
Existing Infrastructure	Wards, Maintenance offices adjacent to the site, a prefabricated unit on the site.			

Locality Map:

Aerial View 1 Itshelejuba Hospital
SOURCE: Google Earth

1. Project Outcomes:

- Promote safer facility to carry out emergency medical services
- Provide conducive working environment
- Improve staff morale
- Improve service delivery
- Trainings which are required weekly will be conducted through an appropriate training room
- Meetings to be held as frequently as required with an appropriate boardroom as currently the hospital boardroom is utilized with limitations.

2. Project Objectives:

- It is to create a sound working environment through an established EMS Base and to bring efficiency and rapidness in office work for EMS staff.
- Job creation during construction and for operation of the EMS office accommodation
- Increase productivity in staff
- Promote health care through thoroughly washed EMS vehicles with a compliant wash bay
- Provide a dedicated waste area for the disposal of medical waste as there is currently no medical waste area
- Provide a dedicated storage area for specialized equipment like cardiac rest measure that are not be near wet surfaces nor hot areas. Currently no dedicated storage availability has influenced negatively on equipment.
- To promote relationships amongst staff through a new crew room where they can interact, they can also socialize at the kitchenette during lunch breaks. Currently staff scatters around the hospital to find spaces to eat-in.

3. Project Success Criteria:

- The project output will be the construction, water and electricity connection and furnishing of the Zululand EMS Base located at Itshelejuba Hospital.
- The project output will be a completed an EMS Base facility that provides adequate infrastructure to implement and provide the operation of EMS Base services
- Efficient service delivery by EMS staff.
- 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 E April 2013 Contract utilising a Design and Build contracting strategy. The appointed Principal Contractor will therefore be responsible for appointing the relevant professionals to produce the design.

Concept:

i. Produce various concepts including reports for presentation at HIAC
ii. Engage end-user / EMS Head Office
iii. Traffic study of ambulance entry & exit at main gate
iv. Obtain approval of concepts presented
v. Space norms study

Design:

i. Design boardroom
ii. Design crew room to accommodate +/- 10 crew members per shift
iii. Design Advanced life support storage room to store specialized equipment
iv. Design Surgical Equipment storage for storage of oxygen masks etc.
v. Design stationery room, admin office and Sub-District Manager office
vi. Design adequate ablution facilities for both male and female
vii. Kitchenette for staff utilize during lunch breaks
viii. Staff locker room for storage of personal belongings
ix. Parking to accommodate ambulances and staff cars
x. Compliant ambulance wash bay to accommodate two vehicles at once with adequate drainage system. (As per the accommodation schedule in project brief)
xi. Produce Design Development report
xii. Obtain approval at HIAC

Design Documentation:

i. Measurements and Bill of Quantities
ii. Electrical and Mechanical bills of quantities
iii. Tender drawings
iv. Obtain approval to proceed

Construction

i. Sign contract
ii. Execution of the works
iii. Provide working drawings
iv. Connection of ablutions to existing sewer
v. Connection of water and electricity
vi. Provide training
vii. Provide operating manuals

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 Multidisciplinary Team Composition

- NEC3 Project Manager (Registered Construction Project Manager)
- Registered Professional Quantity Surveyor
- Registered Professional Construction Health and Safety Agent
- NEC3 Supervisor (Registered Professional Architect)

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

a. NEC3 Project Manager

Provision of all services, deliverables, roles and responsibilities as stated in the NEC3 Option E April 2013 contract as well as in the South African Council for the Project and Construction Management Professions, Board Notice 168 of 2019 Government Gazette No. 42697 of 13 September 2019 and the Framework for Infrastructure Delivery and Procurement Management (FIDPM). 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.

The Project Manager shall be responsible for assessing the designs and 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 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.

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 E April 2013 contract. The Supervisor shall issue reports 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. Quantity Surveyor

The role of the Quantity Surveyor shall be to support the Project Manager in fulfilling all cost related functions on the project. Furthermore, the Quantity Surveyor shall be required to ensure that a minimum of 3 quotations are sourced and adjudicated for all subcontracted works in order to obtain a market related price. Where works is done directly by the Principal Building Contractor, the Quantity Surveyor shall ensure that all costs are market related with evidence to support this being provided to the client. The Quantity Surveyor shall be responsible for producing all deliverables (Construction Stages 1-6) applicable to a Design and Build Procurement Method with a Cost Reimbursable Pricing Strategy as stated in the South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No 391134 of 28 August 2015. The Quantity Surveyor will not be required to undertake tender document preparation, tender adjudication, and contract document preparation. Furthermore, the Quantity Surveyor shall be required to present estimates, cost reports, etc., to DOH as and when required. The Quantity Surveyor shall review the NEC3 and accepts that all financial duties and responsibilities assigned to the employer's agents are carried out by the Quantity Surveyor in support of the Project Manager. The Quantity Surveyor CANNOT GRANT APPROVAL for any items/aspects relating to an increase in cost or time. The Quantity Surveyor will, in conjunction with the Project Manager, prepare a written recommendation and motivation to the Department of Health for the approval by the Health of Health or his delegated authority.

The Quantity Surveyor is also required to produce a Final Account that consists of a fully measured BOQ with actual rates for all the works performed measured in accordance with the Standard System of Measurement 7th edition for the approval by the Health of Health or his delegated authority.

d. Construction Health & Safety Agent

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

e. 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 Team of Professional Service Providers (PSP):

a. 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

b. 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.

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

d. All approvals to be acquired as may be required

9. Planning and Programming

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

PSP Deliverables according to FIDPM stages of work	Duration to produce deliverables from each stage
Stage 1: Inception	1 month
Stage 2: Concept & Viability Report	2 months
Stage 3: Design Development Report & Stage 4: Documentation & Procurement	5 months
Stage 5: Works	12 months
Stage 6: Handover	1 month
Stage 7: Project Close Out	6 months

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

10. Software Application for documents

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

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.

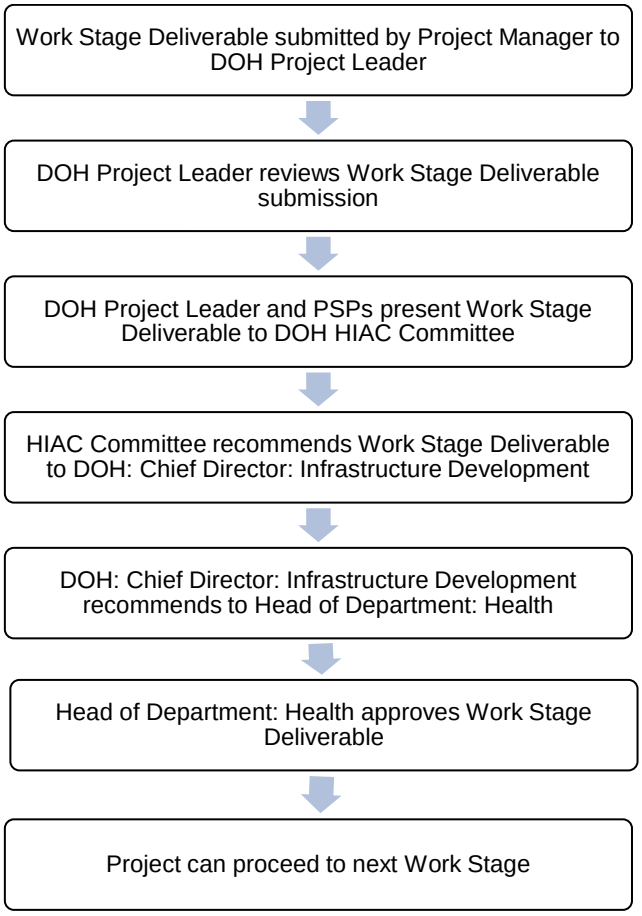
12. Co-operation with Other Service Providers and Affected Parties

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 1, 2, 3, 4 and 6) of the relevant gazettes as stated in point 7 above and corresponding FIDPM Stages (1 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

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

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

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

22.1 Construction Project Manager

Stage 1	10%
Stage 2	10%
Stage 3	25%
Stage 4	10%
Stage 5	40%
Stage 6	5%

22.2 Quantity Surveying

Stage 1	2.5%
Stage 2	7.5%
Stage 3	10%
Stage 4	20%
Stage 5	52.5%
Stage 6	7.5%

22.3 Construction Health and Safety

Stage 1	10%
Stage 2	15%
Stage 3	25%
Stage 4	15%
Stage 5	30%
Stage 6	5%

22.4 Supervisor

The payment of fees for work performed by the Supervisor shall only occur is Construction Stages 5 & 6. 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 (24.1 Construction 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. Project Construction Cost

The estimated project works value is R 17 000 000.00 (Seventeen 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

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

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

Should deliverables as referenced under the Scope of Services (Section G, point 7) 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 9 above).

27. Project Details

a. You are requested to quote for a team consisting of an NEC3 Project Manager, NEC3 Supervisor, Quantity Surveyor, Construction Health and Safety Agent, any other Support Professionals required as part of a Multi-disciplinary team, and their total costs, which should as a minimum consist of:

- NEC3 Project Manager (Registered Professional Project Manager)
- Registered Professional Quantity Surveyor
- Registered Professional Construction Health and Safety Agent
- NEC3 Supervisor (Registered Professional Architect)
- Other Support Professionals

The registered Professional Project Manager (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:

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
Quantity Surveyor	The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No. 39134 of 28 August 2015
Architect	The South African Council for the Architectural Profession, Board Notice 172 of 202, Government Gazette No.45554 of 26 November 2021
Construction Health and Safety	South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019

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 regard, 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 multi-disciplinary team must consist of:

- NEC3 Project Manager (Registered Professional Construction Project Manager)
- Registered Professional Quantity Surveyor
- Registered Professional Construction Health and Safety Agent
- NEC3 Supervisor (Registered Professional Architect)

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 4 years' experience post registration. For Health and Safety Agent, the minimum years required post registration is 2 years. 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 3,0 million
    - Architect: R 3,0 million
    - Quantity Surveyor: R 3,0 million
    - Health and Safety: R 1 million
    - Other: R 1,0 million

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

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

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

Eligibility criteria	Documentation to be provided	FOR EVALUATION COMMITTEE USE ONLY	
		Eligibility Criteria Met (Yes/No)	**Comments**
1. The professional multi-disciplinary team must consist of as a minimum: • Registered Professional Project Manager (NEC3 Project Manager) • Registered Professional Architect (NEC3 Supervisor) • Registered Professional Quantity Surveyor -with a minimum of 4 years post professional registration experience. • Registered Professional Construction Health and Safety Agent -with a minimum of 2 years post professional registration experience. Professional Technologists are to have a minimum of 6 years post professional registration experience.	**TAB LABEL: G-1** 1.1 Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H. 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: • Quantity Surveyor: R 3,0 million • Architect : R 3,0 million • Project Manager : R 3,0 million • Health and Safety: R 1,0 million • Other: R 1,0 million (If applicable)	**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 returnable should be tabbed, labelled and included in the designated areas as per the instructions below.

Evaluation criteria	Documentation to be provided	Points allocated
1. Bidder to demonstrate Technical Competency and relevant Project Experience relating to office accommodation / general building construction projects with a value of over R5 million in the past 10 years per discipline (4 disciplines i.e. NEC3 Project Manager, Quantity Surveyor, NEC3 Supervisor, Construction Health and Safety)	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 CVs to be provided for the Lead Professional per discipline ONLY for a minimum of 3 CVs (if NEC3 Project Manager also assumes role of NEC3 Supervisor). 4 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. Allocation of points will be as follows: - 7 points will be awarded per past project that is of office accommodation nature or general building, that is R15 million or greater in value and has been completed in the past 10 years - 6 points will be awarded per past project that is of office accommodation nature or general building, that is between R12 million and 15 million in value and has been completed in the past 10 years - 5 points will be awarded per past project that is of office accommodation nature or general building, that is between 10 million and R12 million in value and has been completed in the past 10 years - 4 points will be awarded per past project that is of office accommodation nature or general building, that is between R8 million and R10 million in value and has been completed in the past 10 years	84

Evaluation criteria	Documentation to be provided	Points allocated
	- 3 points will be awarded per past project that is of office accommodation nature or general building, that is between R5 million and R8 million in value and has been completed in the past 10 years - 0 points will be awarded on past projects in Office accommodation/ General Building, less than R5 million and has been completed in over 10 years.	
2. Years of experience in the construction field post registration (4 disciplines i.e. NEC3 Project Manager, Quantity Surveyor, NEC3 Supervisor, Construction Health and Safety Agent)	TAB LABEL: H-2 2.Proof of experience in years of the individual in the construction industry, post registration with the relevant council. Allocation of points will be as follows: -4 points will be awarded for professionals with 7 years and above post registration experience. - 3 points will be awarded for professionals with 6 years post registration experience. - 2 points will be awarded for professionals with 5 years post registration experience. - 1 point will be awarded for professionals with 4 years post registration experience. - 0 points will be awarded for professionals with experience that is below 4 years at the time of tender closure.	16

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	PROJECT EXPERIENCE	EXPERIENCE IN OFFICE ACCOMMODATION (Max 3 Projects)	REQUIRED POINTS	POINTS ALLOCATED
	4 disciplines x 3 projects each x 7 points per project	- 7 points will be awarded per past project that is of office accommodation nature or general building, that is R15 million or greater in value and has been completed in the past 10 years	84 Points	
	4 disciplines x 3 projects each x 6 points per project	- 6 points will be awarded per past project that is of office accommodation nature or general building, that is between R12 million and 15 million in value and has been completed in the past 10 years	72 Points	
	4 disciplines x 3 projects each x 5 points per project	- 5 points will be awarded per past project that is of office accommodation nature or general building, that is between 10 million and R12 million in value and has been completed in the past 10 years	60 Points	
	4 disciplines x 3 projects each x 4 points per project	- 4 points will be awarded per past project that is of office accommodation nature or general building, that is between R8 million and R10 million in value and has been completed in the past 10 years	48 Points	
		- 3 points will be awarded per past project that is of office accommodation nature or general building, that is between R5 million and R8 million in value and has been completed in the past 10 years	36 Points	
		- 0 points will be awarded on past projects not of office accommodation nature/ General Building, is less than R5 million completed in over 10 years.	0 Points	
	Total Points allocated in this section		**84 Points**	
2	EXPERIENCE IN INDUSTRY	EXPERIENCE IN CONSTRUCTION INDUSTRY, REGISTERED WITH RESPECTIVE COUNCIL	REQUIRED POINTS	POINTS ALLOCATED
		- 4 points will be awarded for professionals with 7 years and above post registration experience.	16 Points	
		- 3 points will be awarded for professionals with 6 years post registration experience.	12 Points	
		- 2 points will be awarded for professionals with 5 years post registration experience.	8 Points	
		- 1 point will be awarded for professionals with 4 years post registration experience	4 Points	
		- 0 points will be awarded for professionals with experience that is below 4 years at the time of tender closure.	0 Points	
	Total Points allocated in this section		16 Points	
		SUB-TOTAL POINTS	**100 Points**	

SECTION H

OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 5176/2024-H
Service:	APPOINTMENT OF AN NEC3 PROJECT MANAGER, SUPERVISOR, QUANTITY SURVEYOR, CONSTRUCTION HEALTH AND SAFETY AGENT AS A MULTI-DISCIPLINARY TEAM FOR THE DESIGN AND CONSTRUCTION OF EMERGENCY MEDICAL SERVICES OFFICE ACCOMMODATION AT ITSHELEJUBA HOSPITAL
Date:	14 March 2024
Time:	10:00
Venue:	35 Hyslop Road, Townhill Office Park, Townhill Hospital, Main Boardroom, Block 1, Pietermaritzburg

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.

1.2. The South African Revenue Services (SARS) has phased out the issuing of paper Tax Clearance Certificates. From 18 April 2016, SARS introduced an enhanced Tax Compliance system. The new system allows taxpayers to obtain a Tax Compliance Status (TCS) PIN, which can be utilized by authorized third parties to verify taxpayers' compliance status on line via SARS e-filing.

1.3. Bidders are required to apply via e-filing at any SARS branch office nationally. The Tax Compliance Status (TCS) requirements are also available to foreign bidders / individuals who wish to submit bids.

1.4. SARS will then furnish the bidder with a Tax Compliance Status (TCS) PIN that will be valid for a period of 1 (one) year from the date of approval.

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

1.6. Application for Tax Compliance Status (TCS) PIN can be done via e-filing at any SARS branch office nationally or on the website www.sars.gov.za.

1.7. Tax Clearance Certificates may be printed via e-filing. In order to use this provision, taxpayers will need to register with SARS as an e-Filer through the website www.sars.gov.za.

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

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

TAX NUMBER:

PIN NUMBER:

SECTION J
AUTHORITY TO SIGN A BID

A Companies

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

Authority by Board of Directors

By resolution passed by the Board of Directors on

.....

(date)

.....

(name and whose signature appears below)

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

.....

(Name of Company)

In his/her capacity as:

.....

Signed on behalf of Company:

.....

(print name)

.....

Signature of signatory:

.....

Date:

Witnesses:

1. .....

2. .....

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

I, the undersigned

(name)

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

(name)

Signature of signatory:

Date

C **Partnership**

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

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

We, the undersigned partners in the business trading as

(name)

hereby authorized

(name)

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

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

D **Close Corporation**

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

Authority to sign on behalf of the Close Corporation

.....

By resolution of members at a meeting on

.....

(date)

.....

(name and whose signature appears below)

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

.....

(Name of Closed Corporation)

In his/her capacity as:

.....

Signed on behalf of Closed Corporation:

.....

(print name)

.....

Signature of signatory:

.....

Date:

Witnesses:

1.

.....

2.

.....

E **Co-Operative**

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

Authority to sign on behalf of the Co-Operative

.....

By resolution of members at a meeting on

.....

(date)

.....

(name and whose signature appears below)

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

.....

(Name of Co-Operative)

In his/her capacity as:

.....

Signed on behalf of Co-Operative:

.....

(print name)

.....

Signature of signatory:

Date:

.....

Witnesses:

1.

.....

2.

.....

F **Joint Venture**

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

Authority to sign on behalf of the Joint Venture

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

(date)

(name and whose signature appears below)

(name and whose signature appears below)

(name and whose signature appears below)

(name and whose signature appears below)

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

(Name of Joint Venture)

In his/her capacity as:

Signed on behalf of Joint Venture:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

G **Consortium**

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

Authority to sign on behalf of the Consortium
By resolution of the members on

(date)

(name and whose signature appears below)

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

(Name of Consortium)

In his/her capacity as:

Signed on behalf of Consortium:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

SECTION M
RECORD OF ADDENDA

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:			
	Date	**Title or Details**	**No. of Pages**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
Attach Additional Pages if more space is required			
Bidder to attach proof of receipt of above listed addenda			

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 17 000 000.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 1 900 000.00
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	%
Quantity Surveyor	%
Construction Health and Safety	%
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			
6.	Proof of Registration with Companies and Intellectual Property Commission (CIPC) (printout not older than 1 month)		
7.	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:			
8.	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)		
9.	Proof of the relevant professional Indemnity Insurance – Project Manager: R 3,0 million Architect (Supervisor): R 3,0 million Quantity Surveyor: R 3,0 million Health and Safety: R 1,0 million Other: R1,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
10.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		

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 Multi-disciplinary Professional Consultancy Services for the DESIGN AND CONSTRUCTION OF EMERGENCY MEDICAL SERVICES OFFICE ACCOMMODATION
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.
3.12	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.
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.

Clause	
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 Project Manager 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) ..... Tendering on the project: ..... (Name of project as per Form of Offer and Acceptance)

Clause	
5.4.1	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:

Name	Principal and/or employed professional(s)	Specific duties
1.		
2.		

Clause			
	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 and related expenses including all travelling costs, time charges and subsistence allowances related thereto will be paid on a proven-cost basis which shall be approved by Department of Health Project Leader **prior to** trips being taken .Travelling costs (mileage only) shall be claimable in accordance with the rules set out in C2.1.6.3 and capped at no more than 850km per return trip.

C2.1.1.5.1 Travelling time will be compensated in accordance to the Public Works- Reimbursable Rates should the site be more than 100km away from the Service Provider’s practice and provided that two (2) hours of the duration of each return journey shall be excluded from the calculation

C2.1.1.6 N/A

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

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

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

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

right to amend the amounts claimed in order to conform to the rates stipulated in this Contract and make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

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

C2.1.2.2 Interim payments to the Service Provider
For the purposes of ascertaining the interim payments due, the cost of the works, which shall exclude any provisional allowances made to cover contingencies and escalation, shall be:

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

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

Travelling time will be remunerated in accordance to regulations as stated in C2.1.1.5.

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 shall be claimable and capped to no more than 850km per return trip.

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
Quantity Surveying 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
Construction Health & Safety 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
NEC3 Supervisor:					
• Lead Professional:					
• Support Professionals/Candidates:					

Other Professional Resources: (Please state all other Professional Resources forming part of the project team under here. Please indicate the Professional's name and the firm they are from)					

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 PROJECT MANAGER & SUPERVISOR CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT CERTIFICATE AND PROFESSIONAL INDEMNITY

APPENDIX I:

RETURNABLES – FUNCTIONALITY CRITERIA

PROJECT MANAGER & SUPERVISOR CV

PROJECT MANAGER & SUPERVISOR COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARIES / REFERENCE LETTERS

QUANTITY SURVEYOR CV

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

CONSTRUCTION HEALTH & SAFETY CV

CONSTRUCTION HEALTH & SAFETY PROJECT COMPLETION CERTIFICATES, LETTERS OF AWARD / SIGNED FINAL ACCOUNT SUMMARIES / REFERENCE LETTERS

KWAZULU-NATAL PROVINCE
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REPUBLIC OF SOUTH AFRICA

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PROJECT TECHNICAL BRIEF

ITSHELEJUBA EMS BASE

PROPOSED CONSTRUCTION OF BASE AND WASHBAY

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Revision Number	Date	Initials
Draft 1	30 June 2023	ND

Itshelejuba EMS Base: Proposed Construction of Base and Wash-Bay - Project Technical Brief Signoff

Date:	Signature:	Name:	Designation:

PURPOSE OF THIS DOCUMENT

The purpose of this document is to define the scope of the Proposed Construction of Itshelejuba EMS Base and Wash-Bay.

Proposed Construction of new office accommodation - project technical brief. The objective is to provide the design team with adequate information to produce concept, detail design and implement the project.

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
EMS	Emergency Medical Services
FIDPM	Framework for Infrastructure Delivery and Procurement Management
GVA	Gross Value Added
HP	High Pressure
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

Emergency Medical Services operates at the frontline of the health service system and therefore has a direct impact on the possible outcome of a patient in an emergency situation. The purpose of the EMS Programme is to ensure rapid and effective emergency medical care and transport, and efficient, planned patient transport in accordance with agreed national norms and standards.

EMS consists of various components of which the largest and most important is the emergency Service, which is currently delivered in all 11 districts within KZN.

The EMS Programme is outlined as follows:

- Sub-Programme 3.1: Emergency Patient Transport (EPT)

Provide emergency response (including the stabilization of patients) and transport to all patients involved in trauma, medical/ maternal/ and other emergencies through the utilization of specialized vehicles, equipment and skilled Emergency Care Practitioners.

- Sub-Programme 3.2: Patient Transport Services (PTS)

Provide transport services for non-emergency, planned referrals between hospitals, and from PHC Clinics to Community Health Centres and Hospitals for indigent persons with no other means of transport.

- Sub-Programme 3.3: Disaster Management

Mass casualty incident management. Conduct surveillance and facilitate action in response to Early Warning Systems for the Department and activate effective response protocols in line with the provisions of the Disaster Management Act, 2002.

TECHNICAL 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

The proposed Itshelejuba EMS Base and Wash Bay is a new facility and will be serving the Zululand District.

2.1. STRATEGIC SERVICE GOALS AND OBJECTIVES

2.1.1. 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.

1 National Department Of Health, 2007

Figure 1: Sustainable Development goals

2.1.2. 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 rates 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

2.1.3. 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).

2.1.4. 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

2.2. KWAZULU-NATAL

The following information is extracted from the KZN Health Strategic Plan 2020/21 – 2024/25

"KwaZulu-Natal is located in the south-east of South Africa bordering the Indian Ocean. It also borders on the Eastern Cape, Free State and Mpumalanga provinces, as well as Lesotho, Swaziland and Mozambique. The 'Garden Province' of South Africa stretches from the lush subtropical east coast washed by the warm Indian Ocean, to the sweeping savannah in the east and the majestic Drakensberg Mountain Range in the west."

3 ohsc.org. (Office of Standards Compliance)

2.2.1. DEMOGRAPHIC DATA

[4] *"KwaZulu-Natal covers an area of 94 361km², the third-smallest in the country, and has a population of 11 289 086 (Statistics South Africa, 2019), making it the second most populous province in South Africa following Gauteng. The capital is Pietermaritzburg and the largest city is Durban. Other major cities and towns include Richards Bay, Port Shepstone, Newcastle, Estcourt, Ladysmith and Richmond.*

The province's manufacturing sector is the largest in terms of contribution to GDP. Richards Bay is the centre of operations for South Africa's aluminium industry. The Richards Bay Coal Terminal is instrumental in securing the country's position as the second-largest exporter of steam coal in the world. The province has undergone rapid industrialisation owing to its abundant water supply and labour resources.
Agriculture is also central to the economy. The sugar cane plantations along the coastal belt are the mainstay of KwaZulu-Natal's agriculture. The coastal belt is also a large producer of subtropical fruit, while the farmers inland concentrate on vegetable, dairy and stock farming. Another source of income is forestry in the areas around Vryheid, Eshowe, Richmond, Harding and Ngome.

KwaZulu-Natal is divided into one metropolitan municipality (eThekwini Metropolitan Municipality) and 10 district municipalities, which are further subdivided into 43 local municipalities (National Department of Health, 2019)."

Table 2: KwaZulu-Natal Demographic Data (National Department of Health 2019)

Demographic Data	KZN	Unit of Measure
Geographical area	94,361	km^2
Total population (Statistics South Africa, 2019)	11,289,086	Number
Population density (Based on SA Mid-year estimates 2019)	120	Per km^2
Percentage of population with medical insurance (General Household Survey, 2017)	12.6	%

2.2.2. DEMOGRAPHIC PROFILE

The South African and KZN population statistics shows a decline in the birth rate. The 2030 projections show that the Province appears to be more youthful than the Country profile with the under 19 population being a larger percentage of the population compared to the South African norm. The child health programmes in KZN need to cater for this under-19 age dynamic. The growing percentage of the population over 60 in the Province is evident of the increasing life expectancy and also points to the need for programmes around palliative care and chronic diseases of lifestyle.

Source: KZN Health Strategic Plan 2020/21 – 2024/25

2.2.3. SOCIAL DETERMINANTS OF HEALTH

The following information is extracted from the KZN Health Strategic Plan 2020/21 – 2024/25:

"Globally, it is recognized that health and health outcomes are not only affected by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health which include a range of social, political, economic, environmental, and cultural factors, including human rights and gender equality (National Department of Health, 2019).
South Africa is classified as an upper-middle-income country with a per capita income of R55 258. Despite the perceived wealth, most of the country's households are plagued by poverty. Although significant progress was made prior to the economic crisis in addressing poverty, many South African households have fallen back or still remain in the trap of poverty through inadequate access to clean water, proper health care facilities and household infrastructure (Provincial Treasury, 2019).

4 KZN Health Strategic Plan 2020/21 – 2024/25

Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence (National Department of Health, 2019).

Comparing 2011 and 2016 data, there is a decline in people living in informal dwelling and an increase in traditional dwellings. The Province has made gains in the access to piped water and electricity but uMkhanyakude still remains at unacceptably high percentages of households with no access to piped water and electricity for lighting, food preparation and storage.
In 2012, Statistics South Africa published a suite of three important national poverty lines for measuring poverty: The food poverty line (FPL), the lower-bound poverty line (LBPL) and the upper-bound poverty line (UBPL). The absolute poverty line is a measure of the minimum level of resources that individuals should have access to in order to meet their basic needs (Provincial Treasury, 2019)."

And

"Poor people suffer worse health and die younger. People affected by poverty tend to have higher than average child and maternal mortality, higher levels of disease and more limited access to health care and social protection. When a member from a poor household is affected by poor health, the entire household can become trapped in a downward spiral due to lost income and healthcare costs (World Health Organisation, 2003). "

2.2.4. EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE

The following information is extracted from the KZN Health Strategic Plan 2020/21 – 2024/25:

"Epidemiologically South Africa is confronted with a quadruple burden of disease (BOD) because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma (National Department of Health, 2019).

The causes of death in KwaZulu-Natal reflect the fact that the province continues to grapple with a complex burden of disease. This consists of communicable diseases such as pneumonia which have long been important causes of death, as well as relatively new health problems which have emerged over the past few decades, such as HIV and trauma, and finally, tuberculosis, which has been important cause of death globally for centuries but which, in the presence of HIV, has developed into a new and refractory epidemic. "

And

"KZN has been the home of important health research that has revolutionized the treatment of both these diseases; however, in both HIV and TB, an important challenge in control is the retention of patients within the treatment programmes. Similarly, the continued presence of pneumonia and viral diseases on the list of priority causes of death in KZN reflects slow change in the conditions of life for the majority of people in the province. Under-nutrition and poor housing conditions with over-crowding, poor ventilation and poor sanitation increase the risk and spread of pneumonia and other viral diseases, and require the intervention of a number of government departments, including the Department of Health.
The increasing importance of non-communicable diseases, particularly diabetes mellitus (type 2) and hypertension reflect the ageing of the population as well as changing lifestyles (reduced physical activity and increasing consumption of foods high in salt and sugar). Both diabetes and hypertension contribute directly to the development of cardio- and cerebrovascular diseases which are becoming increasingly important causes of death in the province. The high incidence of injury (both intentional and unintentional) has complex aetiologies but reflects the sub-optimal conditions of society, as well as the poor safety on the province's roads. Again, interventions to address these causes of death should come not only from the department of health but from numerous other government departments.

This complex burden of disease, illustrated by the priority causes of death, requires the provision of a complex set of health services. Whilst the community and primary levels of health care have been strengthened in the past few years, and remain the most important level of care for many communicable diseases, HIV and TB, the hospital level of care needs strengthening in response to the increasing importance of cardio- and cerebra-vascular diseases, and injury."

And

"Communicable diseases together with perinatal, maternal and nutritional conditions are a leading cause of death in under 5s for both sexes in all districts. One of the most noticeable differences in cause of death between women and men in the 15 to 24 age group is that deaths due to Injury is much higher in males compared to females who have a high percentage dying from HIV and TB related diseases. Non-Communicable diseases is the major cause of death of people aged 50 and above."

2.3. ZULULAND DISTRICT DATA

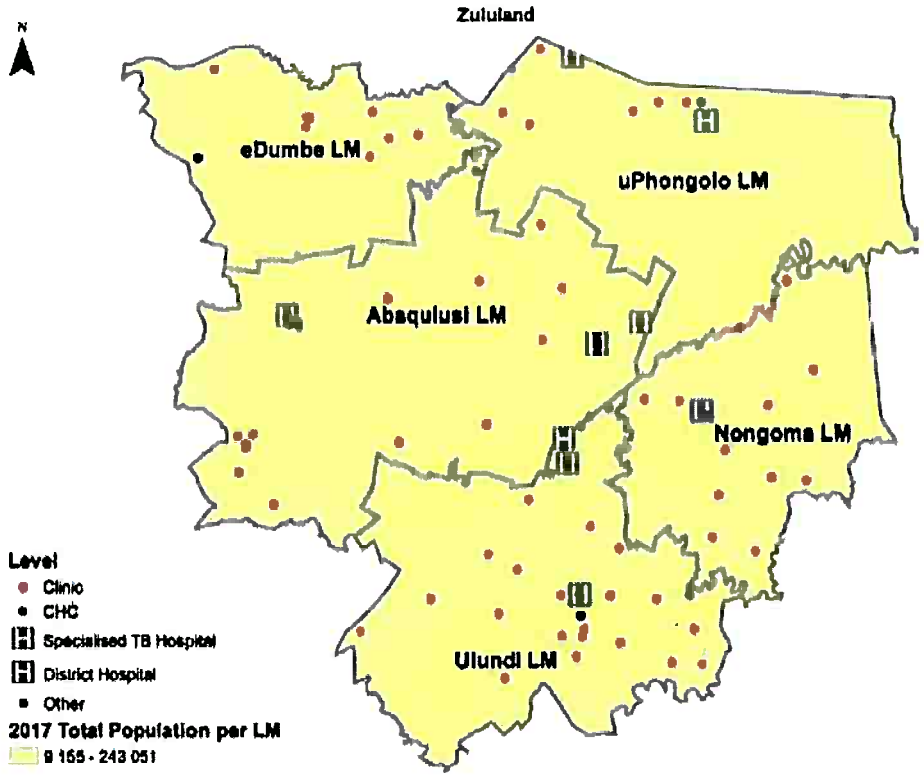
The following is extracted from the Zululand District Health Plan 2020/21 – 2024/25:

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

Area: 14 799 km²
Population (2018/9) c: 877,285
Population density (2018/19): 58/km2
Estimated medical scheme coverage: 6.0%
Cities/Towns: Louwsburg, Nongoma, Paul Pietersburg, Pongola, Ulundi, Vryheid.

Table 3: Table: District Population Density – 2018/19

Local Municipality	Area km	Population	Population Density per km2
kz AbaQulusi Local Municipality	4,185 km2	239 375 (27.3%)	50/ km2
kz Nongoma Local Municipality	2,182 km2	196 416 (22.4%)	89/ km2
kz Ulundi Local Municipality	3,250 km2	199 992 (22.8%)	58/ km2
kz eDumbe Local Municipality	1,943 km2	93 704 (10.7%)	42/ km2
kz uPhongolo Local Municipality	3,239 km2	147 798 (16.8%)	39/ km2
District:	**14 810 km2**	**877 285**	**58/ km2**



Map 1: Mid-year Population Estimates 2016, StatsSA

2.3.1. SOCIAL DETERMINANTS OF HEALTH

The following is extracted from the Zululand District Health Plan 2020/21 – 2024/25

*" **Percentage unemployment (U/E) rate is high at 51.2%** which is 9% above the province (33%) and 12% above the country (29.8%). The high unemployment rate poses a high risk of social ills as is the case in issues of sexual assault which is related to high use of marijuana and other drug related substances especially at UPhongolo, AbaQulusi and Nongoma sub districts. As the number of unemployment increases, more people become uninsured (6%) requiring public health service interventions resulting in overstretching of the public service purse. Unemployment contributes to low food security and subsequent malnutrition (PEM) (DHB 2015, as is the situation with a high severe malnutrition incident within the district of 1.6% (189/115824) DHIS 2018/9*

***There is a high percentage of youth ages 14-24 years unemployment rate of 41.1%.** This category of the community is very active, but unemployable as they also lack skills as 72.6% of them are without higher education qualification. This also may be contributing to the high teenage pregnancy rate ages10-19 years of 23% (DHIS 2018).*
***Percentage of households with flush toilets connected to sewerage is only 18%,** which puts more pressure to the municipality that at least households be provided with pit latrines for them to have access to safe sanitation, to a level at least equal to half (20%) that of the Province which is at (40.3%).*

***Only 51.2% of the population has access to drinking water system** far below both the Provincial and National rates of 86% and 79.6% respectively, this has a contributory factor in the high diarrhoea with dehydration incidence of 5.9% (680/115824) (DHIS 2018/19DHIS) although it has decreased from 37% (1000/102145) in 2015/16. The district needs to plan for community services to improve on early identification and management though the utilisation of the Outreach Program – ward-based outreach teams (WBoTs) and community education on the prevention and management of diarrhoeal diseases at a community level to reduce the incidence as well as mortality due to diarrhoea..."*

Table 4: Social determinants of health (source stats SA Local government handbook)

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

2.3.2. BURDEN OF DISEASE

The following is extracted from the Zululand District Health Plan 2020/21 – 2024/25:

"Key observations on burden of disease:

(a) TB is curable, but is still a leading cause of death within the district

(b) HIV/AIDS is still the second killer disease despite all the efforts put in place to control it

(c) Prematurity is the 4th leading cause of death despite being preventable…"

2.4. EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS) operates at the frontline of the health service system and therefore has a direct impact on the possible outcome of a patient in an emergency. The purpose of the EMS programme is to ensure rapid and effective emergency medical care and transport and efficient, planned patient transport in accordance with agreed national norms and standards.

EMS consists of various components of which the largest and most important is the emergency ambulance service, which is currently delivered in all 11 districts within KwaZulu-Natal. Ambulance Base stations for the accommodation of vehicles, personnel and equipment forms part of the critical infrastructure needs for the EMS to offer a quality service.

Hangers for the parking of Air Ambulance helicopters, Landing pads and Emergency Management Centres are some of the infrastructure needs for Emergency Medical Services. In addition to the above, satellite stations that do not require buildings were identified.

According to the APP Error! Bookmark not defined. the programme purpose and sub-programmes are as follows:

- Programme Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport - The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

- Sub-Programme 3.1: Emergency Transport

  Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.
- Sub-Programme 3.2: Planned Patient Transport

  Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (into referral centres).

The purpose of EMS is to ensure rapid and effective Emergency Medical Care and Transport and deliver efficient Planned Patient Transport in accordance with agreed national norms and standards. In terms of Section 27(1) (3) of the Constitution, no one may be refused emergency medical treatment which, in the broader sense, includes services provided by EMS.

EMS operates at the frontline of the health care system and has a direct impact on health outcomes of a patient in an emergency. Responding to emergencies within the "golden hour" is therefore of paramount importance to maintain seamless high-quality health care from community to tertiary level of care. EMS is currently centralised to standardise service delivery and improve equity, management and service delivery.

Hospitals within the Province were covered with inter-district Planned Patient Transport (PPT) services, however infrastructure to deal with patients waiting is limited.

The Department are institutionalising EMS to improve equitable resource allocation/distribution based on service demands, improve flexibility to respond to changing disease patterns and reconfiguration of health services and to improve coverage of emergency medical services and patient transport in the province and have determined the following EMS package of services will be provided throughout the Province:

- Emergency Primary Response - response to an emergency by a Practitioner with a qualification in BLS or ALS.
- Emergency Ambulance Response – availability of an ambulance and suitably trained crew to further treat and transport patients.
- Aero-Medical Assistance - provided by a contracted private service provider as required by the clinical condition of patients and accessibility to the patient.
- Major Medical Incident Command and Control service.
- Special events management service.
- Inter-facility transport services including:
- Planned Patient Transport services - transportation of elective patients between healthcare facilities;
- Inter-facility transfer ambulances;
- Obstetric ambulance service - specifically aimed at the efficient transport of obstetric patients;
- Inter-facility Intensive Care Units for transportation of patients between facilities.
- Training and Development of Specialist Emergency Physicians.
- Rescue Services.

In addition to the standard package of services, the Department will incorporate the following components incrementally over the next 10 years:

- Trauma counselling and critical incident stress management.
- Public awareness and improving chain of survival.
- Advanced Medical Rescue services.
- Emergency Service Career Development.
- Research & development in EMS and emergency systems.

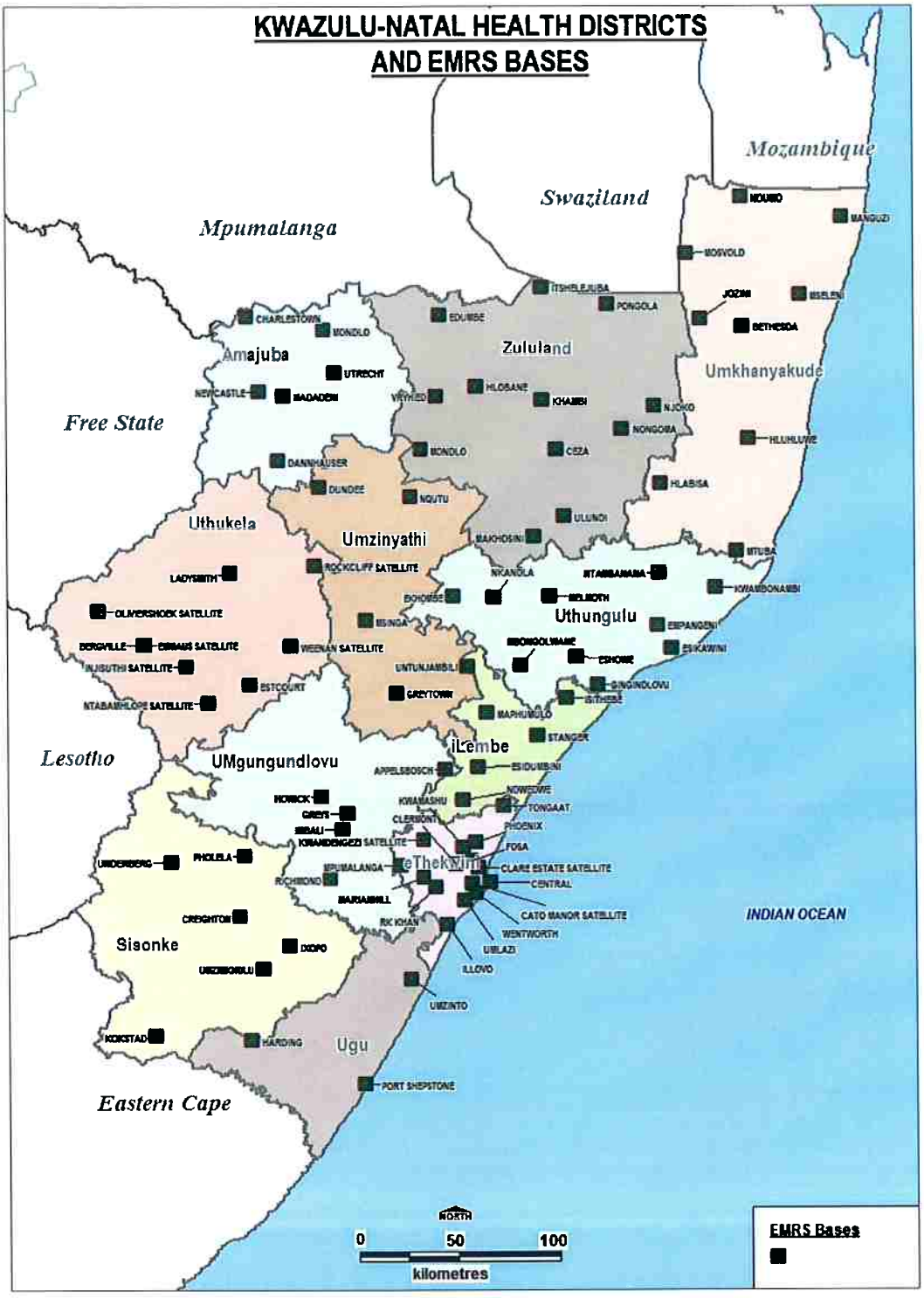
2.4.1. EMERGENCY BASES [5]

Base stations are required for the safe parking and cleaning of vehicles, provision of administrative and other support to staff and storage facilities for equipment and consumables. At present KZN has 79 Ambulances Bases – as indicated in Map below. The majority of these bases are on the premises of existing healthcare facilities. There are no current custom-built base stations with 50% of the bases being in park homes. These structures are high maintenance and considered a temporary fixture which will have to be replaced with suitable fixed structures. EMS will, with expansion of health services, determine:

- The appropriate number and location of large, medium and small ambulance bases (using drive time polygons or travel/ refer analysis – GIS software) and include in the Infrastructure Plan.
- Appropriate sites for satellite bases.
- Resource allocation to large bases will be aligned with service delivery needs of smaller bases and dissemination will be strictly monitored.
- Ambulance bases will make adequate provision for safety of vehicles, storing facilities for equipment, wash bays for ambulances.
- Placement of ambulance bases will serve as additional strategy to improve access to health services, especially in sparsely populated/rural areas where communities fall outside the 5km footprint. Arrangements for transport of these clients to health facilities will form part of patient transport between community and clinic level and will be a component of the revitalisation of PHC.

Below is the current bases and the priority for new/replacement bases.

5 Source: EMS and Map developed by the KZN Department of Health GIS Component



Map 2: EMS Bases in KwaZulu-Natal - 2010/11

The table below shows both existing and new required bases for the Zululand District.

Table 5: Existing EMS Bases

Name of Base	Is the base located within the clinic / CHC / Hosp / Stand-alone or leased facility	Size
Zululand District		
Itshelejuba	Hospital	Small
eDumbe	CHC	TBC
Pongola	Hospital	Small
Vryheid	Leased facility	TBC
Nongoma	Stand-alone	TBC
Ceza	Hospital	TBC
Ulundi	Stand-alone	TBC

2.4.1.1. EMS Wash bays

Ambulance wash bays are a crucial requisite since the blood products cannot be allowed to flow into the normal drainage system. A new standard type is currently in development. Bases will at a minimum comply with the following:

- Is available 24 hours per day;
- Permanent, plumbed, clean and hygienic ablution facilities;
- A suitable wash bay with proper drainage and washing services; and
- Secure undercover parking

2.4.2. ZULULAND DISTRICT EMS

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

The location for the proposed Zululand District EMS Base is located within Itshelejuba Hospital premises and is on the outskirts of the hospital fence. Connections to provide water and electricity to the new facility are available as they currently serve the existing park home. The location is at the back of the facility which is an advantage as no disruptions will be caused by the staff of EMS.

Currently each office/ sub-district has approximately 30 staff members which rotate per shift. The existing pre-fabricated units have become unconducive in terms of space requirements. Most EMS sub-district bases are also stationed at Hospitals and generally EMS staff is sharing working space with Hospital personnel due to insufficient dedicate offices being available. Engagements with EMS management has taken place and they have raised their challenges regarding the office space in their sub district offices.

EMS staff is required to be trained bi-weekly and currently this cannot be done due to insufficient space, and there are no dedicated boardrooms within the prefabricated units.

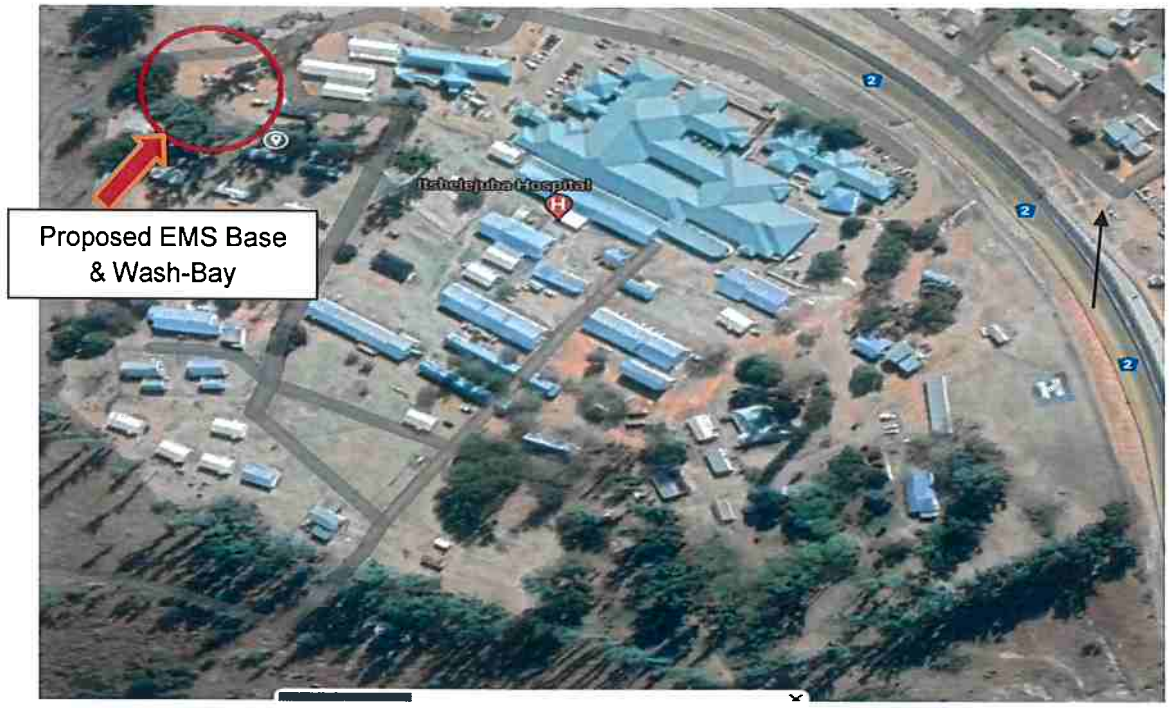
In accordance to the space norms and standards, staff should have a working space between 6 – 8m² in open plan layouts and between 12 – 16m² in individual offices. In general, at EMS sub-districts staff share office space of 5m² with hospital personnel and the distance in between working stations are less than 1.5 meters which is preferable.

Table 5: Zululand EMS Base sub-division

ZULULAND DISTRICT	
EMS base	**Serving areas**
eDumbe Municipality	PaulPietersburg
UPhongolo Municipality	Pongola
AbaQulusi Municipality	Louwsburg & Vryheid
Nongoma Municipality	Nongoma
Ulundi Municipality	Ulundi

2.4.2.1. Location

The location for the proposed Itshelejuba EMS Base and Wash-Bay is located within Itshelejuba Hospital premises in uPhongolo.



Map 3: Location of Itshelejuba Hospital

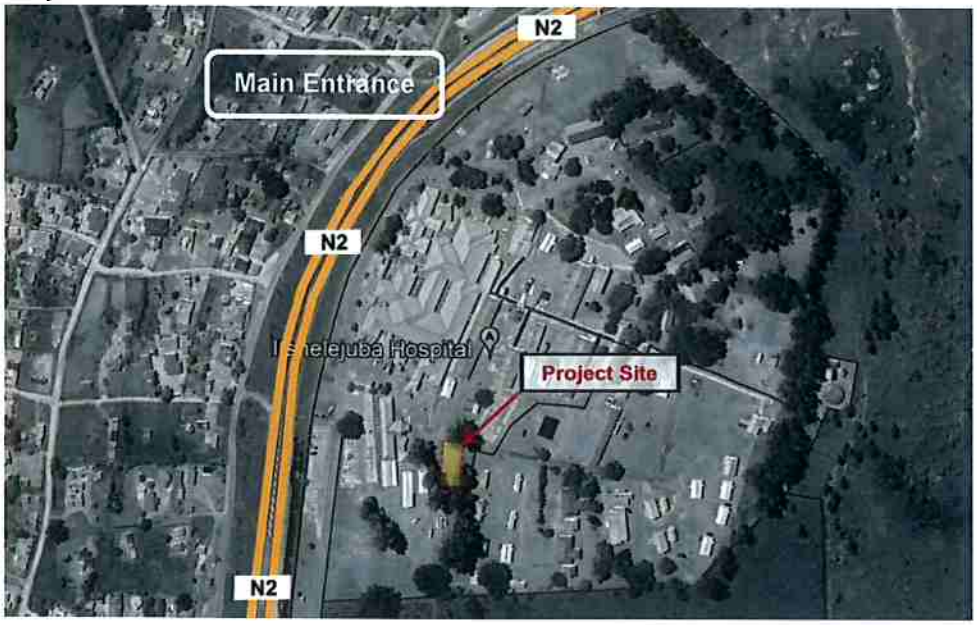
Source: Google Maps

District Municipality	: Zululand District
Local Municipality	: uPhongolo
Town	: Pongola
Cadastral description	: -27.275939, 31.346008
• Address	: N2 North, about 30 km past Pongola, Kwa-Zulu Natal, South Africa

A. Locality – Macro Scale:

Map 4: Itshelejuba Hospital positioning at the town of uPhongolo

B. Locality – Medium Scale:



Map 5: Proposed site

2.4.2.2. Proposed Package of Service

Current Situation

Zululand Health District is situated in the northern part of the Province of KwaZulu-Natal. It is neighboured by King Cetshwayo District in the south. The district is deep rural with many hard to reach areas. Some areas have poor road infrastructure resulting in clients having to walk long distances to access health care services. The services provided by EMS currently are being compromised as staff are, at times, compelled to attend to emergencies without a proper change of clothing as there are no showers. This has a negative impact regarding the spread of diseases as they may have to treat patients with contaminated clothing.

There is one boardroom with very limited space that is used to conduct staff meetings as well as it is also used as a breakfast and lunch area for the EMS staff members. This is not conducive as should there be a meeting in progress, EMS staff members cannot take their lunch hour.

EMS staff requires training by the EMS District Trainer between 2 – 4 times a week and at the current moment these training sessions cannot proceed as frequently as required due to insufficient space for training. Monthly sessions are organised via available venues at times but this has a negative impact as staff does not receive the required skills timeously.

EMS has reported that the current working conditions for Zululand EMS staff are not conducive as staff members have to share confined working spaces in offices. This requires urgent intervention as the current space is a dilapidated temporary structure. The floors are worn out, the ablution facility is insufficient and storage is inadequate.

Itshelejuba Hospital Premises	**Illustration and description of current condition of the location of the new Itshelejuba EMS Base**
	Proposed area for the construction of the new EMS office and Wash-Bay. All trees to be removed.
	

Existing EMS Base Premises	Illustration and description of current condition of existing Zululand EMS Base	
	Existing unit currently being utilized which is a 10 x 5.5m. The unit is connected to existing services i.e. electricity, water, sewer etc.	Image shows area being used as an office/ storage for stretcher beds.
		
	There is no confidentiality of staff's personal belongings as the lockers are place in an open area; over and above the lockers are used to store certain equipment as well. Ideally lockers should be in semi-private spaces (closer to change rooms).	The existing medical equipment storage space is clustered and all equipment is stored inappropriately due to space shortage. The area is also used to store archive records.
		
	The area is utilised as stationery storage area and filling as well. The room is not being utilized by any staff currently as it has been reported that there are roof leaks.	The unit only accommodates one ablution facility which is shared between male and female staff (A total of 12 staff per shift share the one ablution).

The filling racks used are not suitable to be used in prefabricated structures; the unit could be damaged should the racks continue to be packed with files.

Oxygen tanks do not have proper storage and are exposed to all weather conditions.

The room shown below is used as both a kitchenette and equipment storage. There is no kitchen sink for staff to utilize.

The Itshelejuba EMS Base needs to accommodate 15 EMS staff members per shift consisting of:

- Offices
- Ablutions
- Staff support areas
- Training areas
- Recreation areas
- Storage
- Waste areas
- Roads and parking
- EMS Wash Bay

2.5. SERVICE COMMISSIONING PROCESS

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

2.6. OCCUPATIONAL DEVELOPMENT PLAN

Human Resource provisioning will not require adjustment to the existing HR Plan but the operational budget will require adjustment. The organizational development, quality assurance and change management interventions discussed under Organizational Development and Quality Assurance below.

2.7. 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 EMS base / office;
- 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;
- Reception must be immediately visible upon entry should contains a small waiting area;
- IT & communication requirements especially related to the digital platform;
- Appropriate communication, whether radio or telephone, should be in place, so that EMS vehicles can be called to transport patients as the need arise as well as.
- Other systems required include:

o WI-FI

o Bar coding for equipment

o Computer network connections in all management and patient administration and information system

- Electronic Patient Records
- Patient Administration System (PAS)
- Communication System (PACS)
- Alarm - HVAC

3. PROJECT OVERVIEW

3.1.1. OVERALL STRATEGY

3.1.1.1. Project Management Life Cycle

The Project Management Life Cycle is a structure with a set of stages that will be required to transform the idea of the 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).

3.1.1.2. PROJECT LOGISTICS

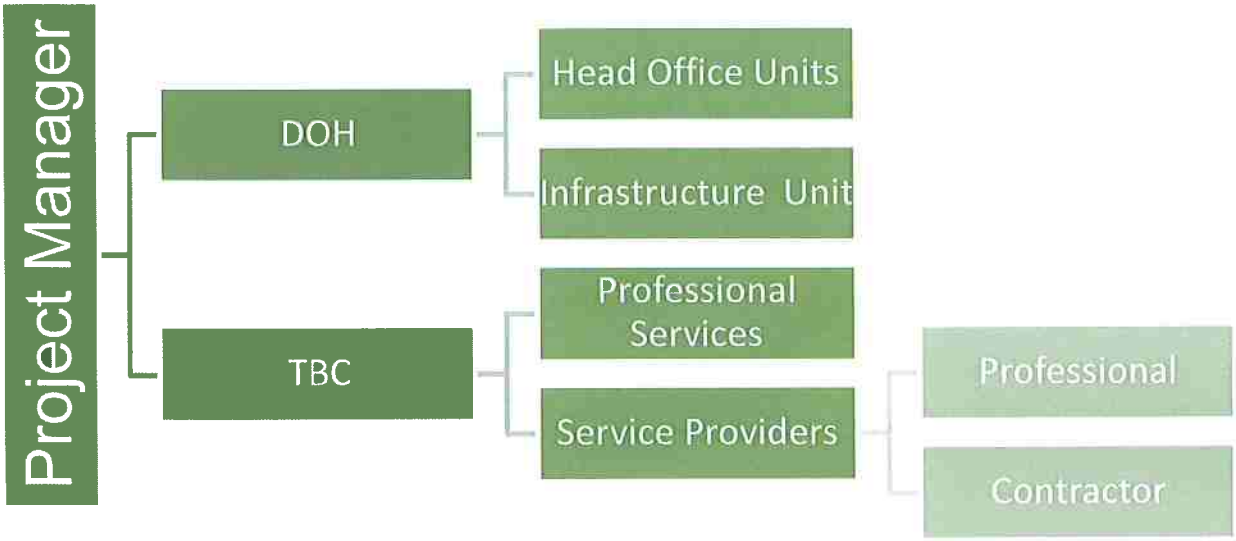
Project logistics involve the managing of resources, which will have a bearing on the project finance, including the following:

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

3.1.2. PROJECT ORGANIZATION

The project organization is structured to facilitate the coordination and implementation of project activities thereby creating an environment that fosters interactions among the team.

The following structure is proposed which need to be developed further:



3.1.3. ASSUMPTIONS

The following assumptions have been made:

- Implementing Agent: KZN-DOH - It is assumed that DOH will implement this project by making all necessary resources available as set out in item 4.1.6.1 below; through a Design and Build contracting strategy
- Supply Chain Management (SCM) - It is assumed that KZN-DOH Central 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;
- EMS 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.

3.1.4. CONSTRAINTS

The main constraint of the project is time as the existing facility is very dilapidated and service delivery is impacted.

3.1.5. DEPENDENCIES

No particular dependencies have been identified at this time.

3.2. PROJECT REQUIREMENTS

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

- Provision of an EMS Sub-district base including offices space, training facilities, recreation facilities, storage and support facilities
- EMS Wash Bay
- Parking and roads
- All support building services

3.2.1. PLANNING-, DESIGN GUIDELINES AND FUNCTIONAL SPATIAL RELATIONSHIP

The project objective is to:

- To build a replacement, fully resourced Itshelejuba EMS Base and Wash-Bay
- To enhance Zululand District EMS services.
- To ensure compliance EMS guidelines.
- To ensure that the environment is conducive in terms of OHS for staff working at the facility
- The success criteria of this project will be the reduction delays in EMS service.

3.2.2. PLANNING AND DESIGN GUIDELINES

The planning and design of The Itshelejuba EMS Base and Wash-Bay shall be informed by consultation with 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
- 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 need and capital, and recurrent budget considerations
- Be physical accessible and welcoming and 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
- 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
- Windows and doors to be burglar proofed
- Main entrance to be security controlled
- Glass should be safety glass
- Windows to allow for enough natural 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

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

3.2.3. DIVISION OF CARE AND AREA SUBDIVISION

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

Table 6: Division of Care for the uMgungundlovu EMS Base and Wash Bay

Type of Service	Service Area	Security grading
Administration	Reception/ Waiting Work station Ablutions	Medium security
Training	Training rooms	Medium security
Unit Support	Utilities, stores and cleaning services	Medium security

The EMS Base will generally be functional 24-hours a day.

3.2.3.1. INTRADEPARTMENTAL RELATIONSHIPS AND FUNCTIONAL ZONES

The EMS Base and Wash bay will be separated into functional zones or specific spaces that support flow patterns in the office accommodation:

(i) Public zone - Waiting areas, reception, kitchen, Boardroom, ablutions

(ii) Semi-public zone - Training room, crew room

(iii) Semi-private zone – offices, storage

(iv) Private Zone – Management offices

(v) Service support spaces- utilities, stores and housekeeping services, roads and parking, wash-bay.

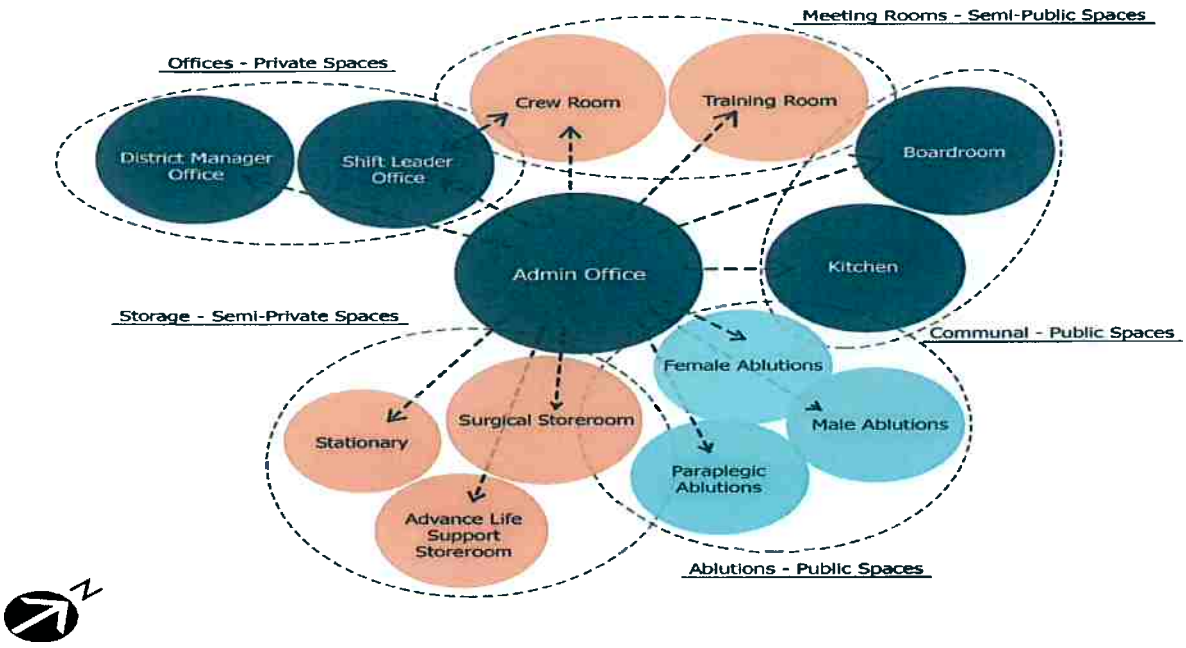


Diagram 1: Functional zones

3.2.3.2. 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 7: Functional Areas

Public zone	Semi-public zone	Semi-private zone	Private Zone	Support Zone
Waiting areas Reception Kitchen Boardroom Ablutions	Training room, Crew room	Offices Storage	Management offices	Utilities Stores Housekeeping Roads and Parking Wash Bay.

3.2.3.1. Key Adjacencies

The adjacencies are as follows: -

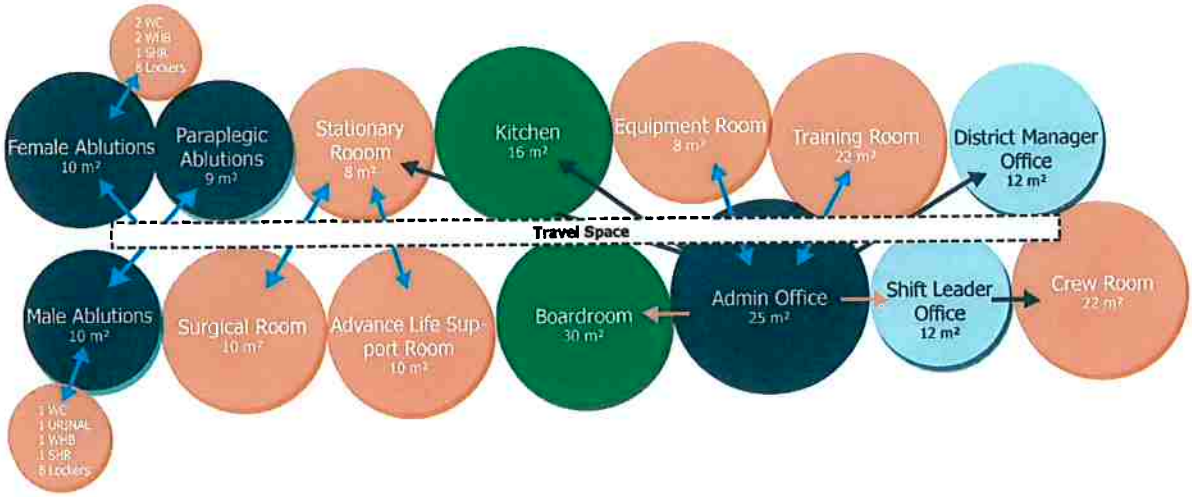


Diagram 2: Key adjacencies

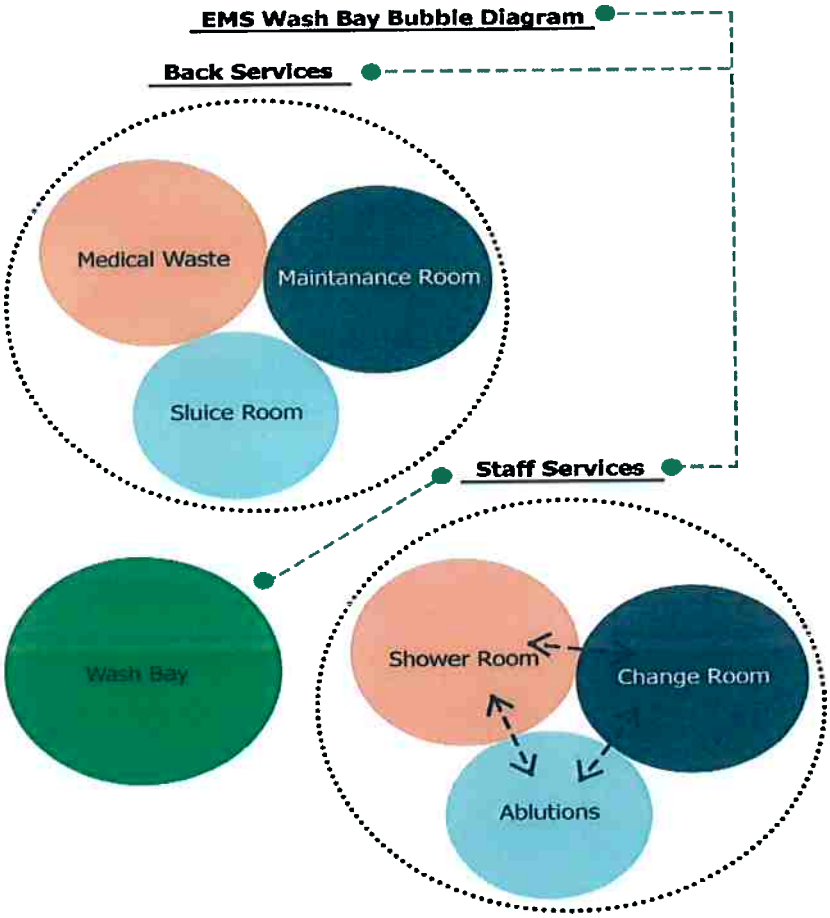


Diagram 3: Key adjacencies for Wash-Bay

3.2.4. ORIENTATION AND RATIONAL PLANNING PRINCIPALS

For the purpose of this section, a designated facility is required

- 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 EMS is to be erected, equipped and maintained to serve as a base for EMS services

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.

3.2.4.1. PHASING, CONTINGENCIES AND REDUNDANCIES

A. Phasing

The project will be in one phase:

i. Construct a new Base and Wash Bay

B. Contingencies

No specific contingencies are required.

C. Redundancies

No redundancy has been identified.

3.2.4.2. ARCHITECTURAL CHARACTER

Architectural character of the facility needs to be kept low key using standard building materials and building elements as per the standard Health specifications. Materials are expected to be readily available in all areas of the province.

The main elements of the building should consist of face brick outer skin with plaster and paint inner skin walls, metal sheeting roof, aluminium windows with integrated burglar bars where required and screens (where applicable), External doors with security gates and internal 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 is 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.

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 facility is to be fully compliant with quality assurance principals as per DoH Standard requirements, SANS 10400 Building Regulations and IUSS guides.

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.

3.2.4.3. SPACE REQUIREMENTS AND APPROPRIATE SPACE NORMS

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, and to information technology. 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.

Below is a table illustrating space norms / requirements for office spaces:

Table 8: Space norms and requirements

Function	Spatial Requirements	Norm	Current Condition
Administration	Open-plan with some local storage.	Workspace should be between 6-8m²	There is no dedicated space for administration
Technical & Management	Open-plan including layout space and or space for large equipment such as drawing boards	Workspace should be between 8 – 16m²	Staff is sharing congested working spaces which do not accommodate all staff on duty simultaneously.
Senior Management	Open-plan or cellular offices. Requirement for some privacy and space for small meetings.	Workspace should be between 16 -20m²	The shift leader uses a space which is also used a kitchenette as an office

Source: Space planning norms and standards for office accommodation used by organs of state.
Further reference is to be made the Space norms regulations for detail and elaboration on office space requirements including paraplegic necessities.

3.2.4.4. CONSIDERATIONS FOR LAYOUT & DESIGN

The EMS Base and Wash bay is a replacement 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.

3.2.4.5. AREA REQUIREMENT AND RELATED COSTING GUIDANCE

The EMS Base and Wash bay is a replacement facility and area requirement and related costing guidance, must be determined in relation to KZN-DOH specifications and IUSS guidelines.

3.2.4.6. STANDARD SPECIFICATIONS FOR THE USE OF MATERIALS IN THE BUILDING

The EMS base is a replacement 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 are 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.

3.2.4.7. BRANDING/AESTHETIC DESIGN PREFERENCES AND REQUIREMENTS

The EMS Base and Wash bay is a replacement 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.

3.2.4.8. FUTURE EXPANSION AND ADAPTABILITY

The EMS Base and Wash bay is a replacement facility and should be designed to be adaptable, flexible in use, to respond to change and to enable possible future expansion or repurposing.

3.2.4.9. 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 excellence.

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.

3.3. SCOPE OF THE WORKS

3.3.1. THE SITE

The identified site for the Itshelejuba EMS Base and Wash bay is at the back of the hospital located near the laundry. This is to ensure that interruption is minimised between hospital activities and EMS staff. The offices are located furthest away from wards to create a buffer zone to reduce noise between the two facilities.

Strategic location of site:

Photo 1: Proposed site in relation to existing buildings

Photo 2: Earmarked location for the proposed EMS Base

3.3.1.1. SITE ORIENTATION

The site is located on the north-eastern side of Itshelejuba Hospital Main entrance, adjacent to the N2. There is no alternative entrance dedicated for EMS vehicle, all the vehicles enter through main entrance.

3.3.1.2. PLANNING RESTRICTIONS

No planning restrictions are known but must be verified by the Project Team.

3.3.1.3. LAND USE DEFINITION

Land use definition must be verified by the Project Team.

3.3.1.4. HERITAGE COMPONENTS

There are no known heritage components on the site but must be verified by the Project Team.

3.3.1.5. THE CONDITIONS OF THE SITE

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

3.3.1.6. GEO-TECHNICAL INFORMATION

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

3.3.1.7. TRAFFIC IMPACT STUDY

A traffic impact study has not been done but will be required to determine the impact of the emergency vehicular use.

3.3.1.8. SPLUMA APPLICATION

The need for a SPLUMA application must be verified the Project Team

3.3.1.9. CLIMATIC CONDITIONS

- General Climate: Heat waves during the summer months
- Temperature: Temperatures go up to 38 degrees between December and February, during the months of winter they range between 15 and 18 degrees at their lowest.
- Rain fall: N/A
- Wind direction: N/A

3.3.1.10. AVIATION FOR EMERGENCY AIRCRAFT

Not required for this service however position of and access to the hospital helipad must be noted and verified.

3.3.1.11. SEISMIC ACTIVITY

No known significant seismic activity.

3.3.1.12. RADIO TOWERS

No known radio towers but this must be verified and any impact on the EMS communication systems are to be noted and discussed with EMS.

3.3.1.13. EXISTING INFRASTRUCTURE

There are a number of other masonry, temporary and alternative structure buildings on the hospital site. It is not expected that this will impact on the project.

3.3.1.14. 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

3.3.1.15. DEPARTMENT ORIENTATION AND POSITIONING RELATIVE TO ENTRANCES

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

3.3.2. PHYSICAL INFRASTRUCTURE PLANNING AND DESIGN

3.3.2.1. SPECIAL DESIGN CONSIDERATIONS

A. <u>General Aspects</u>

- 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 crevice's and joints.
- Normal differently-abled 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.

Orientation

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.

D. Building Construction Technology and Material Usage

Material and construction technology are 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.

E. Structure

The structure is expected to consist of a single-storey brick and mortar structure. Foundations are to be determined on site depending on the geotechnical information. KZN DOH Infrastructure policies are applicable; however, the following must be noted as applicable:

Roofs

- Care to be taken to design for extreme weather events as applicable including severe hail storms.
- Roof designs to be a simple as possible and promote ease of maintenance.
- Provision to be made for all necessary rainwater goods that promote ease of maintenance.
- Timber roof trusses to be supplied with relevant TR1 and TR2 certificates.
- Structural steelwork trusses are to be specifically designed and must also be supplied with relevant Engineers Design drawings and certificates.
- Roof pitches for metal roof coverings to be a minimum of 10° and for Concrete Roof Tiles a minimum of 17½°. In snowfall area's additional Design Criteria is required from a certificated Structural Engineer.
- Roofs material and insulation to be metal sheeting as per KZN DOH specifications
- Flat roofs are not permitted. No box gutters are allowed. Roof (sky) lights must be avoided.
- All valleys to have a minimum of 50mm width between roof finish for ease of cleaning.
- 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:

o 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.

Walls

- Brickwork to comply with KZN DOH specifications
- Wall finishes to comply with KZN DOH specifications
- Where chasing has occurred in plaster, the wall is to be skimmed feathering to existing surface.

External Openings

Adequate natural daylight is required. 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.

All windows, doors, frames, gates to comply with KZN DOH specifications

Internal Openings

Doors and door frames to comply with KZN DOH specifications.

Ceilings

Wet areas to receive fibre cement skimmed ceilings.

Admin areas to received ceiling grid and drop-in ceilings size 600x1 200mm.

F. Clean and dirty areas

The base and wash bay must be demarcated into 'wet' or dirty (potentially infectious) and 'dry' or clean areas, in line with health and safety regulations.

Areas in the base or wash bay, where there may be a risk of acquiring an occupationally related infection, should be designated as 'wet/dirty' areas. There should be a clear demarcation between the dry and wet working areas of the designated facility. This will be provided by a form of physical barrier and should be adequate to deter casual entry by unauthorized persons.

It will be necessary for all persons entering wet areas in the designated facility to change into appropriate protective clothing. Types of clothing and protective equipment to be used will be specified in local rules for the various duties and locations.

G. Administration, changing and washing facilities

The EMS staff and management, and their assistants will require office space. The size of this accommodation will vary with the number of EMS staff and others likely to be employed at any one time in the designated facility. The same considerations will apply to the provision of washing and changing facilities.

H. Accessibility

External circulation should maximise safety and security, convenience, demarcation of spaces, external entrance and exits, fire control designs as well as efficient and effective vehicle movement.

Design of delivery, emergency, non-emergency, pedestrian movement should be designed in such a way that it's separated but co-ordinated.

Use of signage should emphasize and inform, control and direct movement.

Approach from road to building entrance

- The surface must be a compact surface
- Where required kerb cuts must be provided
- The kerb cuts must have a slip-resistant surface

Parking for people with disabilities

- There must be at least one parking space reserved for every 25 (or less) parking bays
- The parking space must be not less than 3,5m wide
- The parking space must be situated on a level surface
- The parking space must be as close as possible to the nearest accessible entrance
- The parking space must be clearly demarcated as being intended for the use of disabled persons only (Sign at the front of the space and on the ground surface in yellow road marking)

Ramps

- The gradient of the ramp or walkway must not be more than 1:12
- The ramp must have an unobstructed width of not less than 1100mm
- The ramp must have a landing at the top and the bottom of the ramp not less than 1,2m in length (clear of any door swing) and the width not less than the ramp
- The surface of the ramp must be slip-resistant
- The angle of approach to the ramp must be zero
- The ramp must have a handrail 850 – 1000mm above the surface
- The end of the handrail must extend beyond the end of the ramp by at least 300mm
- No door leaf or window shall open onto a ramp or landing

Entrance

- There must be at least one entrance accessible for use by a person in a wheelchair
- The accessible entrance must be identified by the international symbol of Accessibility
- The door handle must be pull / lever type
- If the main entrance is not accessible, then there must be directional signs to the accessible entrance and a sign "Not Accessible for wheelchairs"

Path of travel between rooms

- If there is a difference in floor level of more than 25mm, there must be a suitable ramp
- Where there is hanging signs, lights, awnings or protruding objects, there must be a clearance of at least 2000mm above the trafficable surface
- If the protrusion is unavoidable, there must a cane detectable barrier not more than 300mm above floor level
- If there is a difference in floor level, it must be indicated by means of different floor covering
- All walking surfaces must have a minimum of 900mm clear width
- All the floors must be non-slip
- All areas must be well-lit
- All light switches must be not higher than 1 200mm above floor level

Signage and signals

- All signs must be clear and legible with large characters / numbers / pictures
- All numbers etc. must provide a strong contrast to the background
- The signs must be continuous in all routes
- All emergency warning signals must be both audible and visual
- Do signs that provide information on permanent routings and direction must have raised tactile lettering

Doors

- The door handles must be pull / lever type
- The door handles must be situated not more than 1 200mm above floor level
- Thresholds must not be more than 15mm in height
- Doors must not open across a hallway, corridor, stair or ramp so that it obstructs circulation

Stairs

- The handrails and tread noses must have a contrast in colour to the surface
- The handrails must have a minimum extension of 300mm beyond the top and bottom of the staircase
- The stairs must have handrails on both sides

I. Staff areas

- Ensure efficiency of staff by minimizing distances travelled between different areas.
- Redundant spaces and concealed areas to be avoided as these can result in ambush situations.
- Panic buttons to be positioned in appropriate areas.
- The safety of the maintenance staff must be considered in the design and maintenance should be possible from the exterior of the building.
    - Plumbing must be on the exterior face of the building and therefore due consideration in the design shall be given to eliminating all internal pipe work.
    - Flat roofs and box gutters must be avoided. All roofs to be suitably pitched and a service walkway provided inside the roof space for effective maintenance of the building.
    - The pitch at the roof trusses must be at least 2 m high to walk up right along the length of the building.
    - Routing of wastewater pipe work in ceiling spaces, overhead voids or through occupied spaces must be avoided.

J. Ablution facilities

- Non slip low maintenance floor covering is required in bathrooms and wall tiles in ablution areas. All toilets to be low maintenance and vandal-proof (i.e. Geberit type or similar).
- Toilet cubicles to provide for privacy.
- Bathroom facilities and appliances to be especially tamper proof. Shower facilities to ensure privacy but at the same time safety and security

Universal Toilet facilities

- There must be at least one unisex toilet available (per floor) for use by people with disabilities
- The toilet must clearly be signposted with the international symbol for Accessibility
- The toilet cubicle must be a minimum of 1 800mm x 1 700mm in size
- The door of the toilet must be a sliding door OR outward opening door of at least 750mm wide
- The door must have lever type handles with a height of 800 – 1 200mm above floor level
- Where a locking device is fitted, it must have an external emergency override facility
- It must have a suitable means of indicating if the toilet is occupied
- There must be a distance of 450mm – 500mm between the centre line of the toilet pan and the nearest side wall
- There must be grab rails fixed to the wall closest to the toilet and the rear wall
- The handrails must not be more than 800mm above floor level
- The distance from the front edge of the pan to the rear wall must be a minimum of 660mm
- The top surface of the seat pan must be between 460mm and 480mm above the floor level

- The lid and seat must remain upright when raised – only admin areas
- The flush handle must be lever type and extended
- The toilet paper holder must be on the side wall closest to the toilet seat within easy reach
- The height of the washbasin from the floor to the top edge must not be more than 830mm
- The washbasin must have a vertical clearance of 650mm from under the basin to the floor
- The water tap must have lever handles
- The water taps must be clearly marked hot / cold
- The cold-water tap must be within easy reach of the person sitting on the toilet
- There must be a fixed mirror above the washbasin with the lower edge not higher than 900mm above floor level
- The hand drying facilities must be accessible from a wheelchair

K. Plant Rooms

The number and sizes of plant rooms will be determined by the engineers. Refer to IUSS guidelines "Engineering Services" Plant rooms comprise all areas housing mechanical, electrical and civil services.

L. External Circulation to Site, Roads and Parking

Existing Entrances

Itshelejuba Hospital main entrance is off the N2, on to Highlands a small narrow road that leads you directly into the hospital. The N2 is a national road and access to the site is not shared with any commercial entities. The road is often clear and without traffic.

Figure 2.2.5 Entrance and Exit onto site

Vehicular and Pedestrian Access and Parking

The scope of the project includes access roads as required, official vehicles, staff and visitor's parking.

Also refer to Part B - Clinical Brief above for circulation and movement.

Parking

Staff and visitor parking areas will be required and this must be clearly signposted to direct traffic to appropriate parking areas. The Maternity and Neonatal Unit should be designed in a manner that, there is easy access and waiting space for ambulant patient's transport.

Secure staff parking located separately but integrated with existing staff parking.

EMS vehicles and Official Parking

Access for EMS vehicles be separate from visitors and staff

Manoeuvring areas and parking area for vehicles be designed to allow vehicles to enter and exit in a forward direction and allow the largest vehicle or disaster vehicles using the facility to turn around.

Lockable, undercover bays to be provided as required.

Public Parking

Visitor's parking must be provided on site (integrated with existing visitor's parking)

Staff Parking

Secure staff parking located separately from visitor's parking. The staff parking area must be secure with well-lit adequate walkways to the unit. It is proposed that staff parking be undercover with metal sheet cover as per KZN DOH specifications.

Roads

New roads to be considered as required.

M. Aesthetics

All materials used, must comply to the SANS requirements and other legislative instruments applicable. Durable, sustainable and applicable aesthetic finishes should be applied.

N. Finishes and Materials

The goal of the design is to provide an interior that is salutogenic. Design concepts should create a calming atmosphere. This can be achieved by using materials that are based on nature and have subtle colour following evidence-based theory.

- It must be agreed at the beginning of the contract, that the type of finishes, fixtures and colour schemes, to be used in the facility must be approved.
- Finishes should be customised to the area, i.e. in the admission area, wet areas.

- All fixtures and finishes must be firmly fixed and secured.
- Colour used on walls and fabrics must be therapeutic and compatible. The architect can suggest colour schemes, but the ultimate decision will rest with EMS Management and staff.
- Durability, cleanliness and timelessness are qualities that should be incorporated into all material selections.
- All finishes and materials to comply with KZN DOH specifications.

O. Joinery

Work surfaces at desk height should be made of solid surface materials which resist chipping and staining. Co-ordinate locations of computers, printers, keyboards, power and data ports as required by unit's needs. Provide accessible countertop heights for wheelchair users. Hardware accessible type should be used throughout. Joinery to comply with KZN DOH specifications.

P. Safety and Controlled Access Systems

The EMS base will require security. Security Services from Department of Health must be consulted to finalise requirements

- Security services and related physical infrastructure of the site must provide a safe environment to staff and the public at large, on a 24-hour basis. Security personnel will be responsible for the safety and control of the flow of between entrances and public spaces and service spaces.
- Building must have electronic access control with smart identity cards. Biometrics will be required for high security areas and where items of high value or sensitive nature are located within the building. Offices within a building which meet the same criteria will also have to be secured with biometrics.
- All buildings must have security cameras that can monitor movement within buildings and all movement leading into and from the building. All patient, storage, drop off and dispatch areas (excluding ablution facilities) will be monitored with cameras. These cameras will be recording on a Digital Video Recorder (DVR henceforth) and will link to the DVR at the security station.
- Panic buttons to be provided
- All windows to have burglar bars and external door security gates
- Privacy to be observed as required
- Fire resistant materials to be used
- Glass should be safety glass
- The KZN Department of Health security specifications are to be applied

Q. Fire Fighting, Prevention & Detection

- It is important to design the fire detection, fighting / prevention and control system.
- An evacuation plan to be drafted together with the architect and Management of FSPC.
- The necessary signage and escape routes to be identified in the plan.
- Fire-fighting equipment and fire hose fittings should not be accessible to patients and should be recessed.
- Smoke detectors, fire sprinkler system and fire alarm system to be installed.

R. Way Finding

The way finding and signage design must be fully compliant with the KZN Department of Health Communications requirements and must be bilingual as approved.

- Way finding and signage must be considered from inception and be integrated with the Interior Decorating. It must cater for the needs of different groups of people that will access the facility.
- The use of cost-effective, electronic signage systems in main admission/wait areas must complement the overall way-finding strategy.
- Signage must be clear and according to universal signage, to assist the illiterate as well as accommodate the blind.
- A direction-finding system should be posted near the entrance / lifts and must indicate the route to each building.
- Signage to be standard as far as possible and must accommodate possible future changes

S. Interior Design

The interior design strategy must reflect the public, semi-public, and private nature of the base. The creation of individual identities or themes for the different areas in the base is encouraged.

Holistic and creative approaches must be applied to the selection of colours, symbols, artwork, graphics, soft furnishings, fixtures and fabrics. The procurement, durability, maintenance and cleaning of specified interior design materials and elements is critical. Consideration also to be given to performance of materials to reduce the risk of heat trapment and transfer by convection and conduction due to the choice of materials and their properties.

T. Information- and Communication Technology

- The building must have emergency power.
- All rooms must have double power skirting in with the bottom channel used for wall boxes and the top channel used for power supply.
- All buildings must have saturated cabling, meaning that there must be enough network points in each office for one computer, one telephone and one network printer, and in open offices each workstation must have two network points (one for the PC/laptop and one for the telephone) and one wall box per workstation on the power skirting for printers.
- Ceilings must have rodent stations in to prevent rodents from destroying the cables.

3.3.2.2. BUILDING SERVICES

The base is a replacement facility requiring a number of systems. Existing systems must be investigated to determine suitability and capacity and should it be found to be inadequate, provision to be made for augmentations or upgrades.

The following building services is to be considered (not inclusive) bearing in mind that all exiting services must be investigated and upgraded if required:

A. Mechanical Services

- Mixed mode operation uses mechanical systems when ambient and internal conditions require this, but otherwise rely on passive system to maintain thermal comfort and meet ventilation rate requirements.
- Natural ventilation needs to take cognisance of the geographical location, surrounding infrastructure and the site orientation of the base.
- A wind load and pattern study be conducted justify the choice of ventilation design. Furthermore, the temperature profile must be provided to investigate and advise on suitability of natural ventilation.
- Consideration should also be given to utilise solar water heating systems to heat the domestic water.

B. Air-Management

- Air-conditioning must be provided to offices, selected stores, meeting rooms, and so on.

Air Quality and Distribution

In general, clean areas shall be maintained at positive air balance and dirty area shall be maintained at negative air balance with respect to the adjoining areas.

The focus must remain on natural ventilation which can be augmented with ventilation and extraction as required.

Corridors may not be used to supply or exhaust/return air from adjacent rooms.

Heating, Ventilation and Air-conditioning

General Air conditioning system may be provided to heat, cool and ventilate the clinical service areas as required by SANS 10400. The air-conditioning system shall be designed to operate in occupied and unoccupied modes to suit applicable schedule. **VRV systems may not be used.**

The focus must remain on natural ventilation which can be augmented with ventilation and extraction as required.

Exhaust System

Controlling odour with proper exhaust is critical with dirty areas. The HVAC design shall provide for exhaust air from spaces to control the transfer of odours and provide proper room pressurization and proper air changes per hour that may be required per code standards.

The focus must remain on natural ventilation which can be augmented with extraction as required.

Table 9: Risk Allocation for Airborne Transmission

RISK ALLOCATION FOR AIRBORNE TRANSMISSION		
LOW	**MEDIUM**	**HIGH**
Cleaners Room	Reception	Training rooms
Dirty Utility	Waiting areas	Crew rooms
Storerooms	Drop-off	
Record room	Dispatch	
Staff rooms		

Table 10: Risk Allocation for Droplet and Contact Transmission

RISK ALLOCATION FOR DROPLET AND CONTACT TRANSMISSION		
LOW	**MEDIUM**	**HIGH**
Storerooms	Reception	Training rooms
Offices	Waiting areas	Crew rooms
Record rooms	Drop-off	
Staff rooms		

Medical Gases

No Medical gases required.

C. Electrical Services

Power supply to be provided from existing services.

The main distribution board shall be split into essential and non-essential supplies. All the space heating and cooling shall be connected to the non-essential side of the main distribution boards and shall not be supplied from the standby power generator. All electrical power to the rest of the facility shall be deemed essential and shall be connected to the standby generator.

Low Voltage (LV)

- The Low Voltage (LV) switchgear must be installed in accordance with SANS 10142- Part 1: Code of Practice for The Wiring of Premises: Low Voltage installations.
- The LV board shall be split into essential and non-essential supplies.
- All the space heating and cooling shall be connected to the non-essential side of the main distribution boards and shall not be supplied from the standby power generator.
- All electrical power to the rest of the facility shall be deemed essential and shall be connected to the standby generator.

Standby Power

The provision of a generator must be subject to the capacity.

The standby generator must serve loads, such as lighting systems, air handling units, alarms (fire, medical gases, nurse call, burglar/intruder), socket outlets in the critical areas, exit signs, plant rooms, communications systems (Public Address, IT server rooms, access control / CCTV, PABX), ventilation and smoke removal systems, sewage disposal, fire-fighting operations, pumps (generator fuel, sewage, water, sumps), X-Ray machines, and body storage.

The standby generator has to comply with the following:

- The standby diesel generator shall be housed in a weather-proof with sound proof attenuated canopy.
- The standby diesel generator shall be provided complete with an Automatic Mains Failure (AMF) Panel with a changeover switch.
- The engine shall have sufficient capacity to start up and shall within 15 seconds from mains failure, supply the full rated load at the specified voltages and frequency.
- Bulk fuel tank and day tank incorporated into the generator base which enables the generator to run at full load for 72 hours.
- The standby diesel generator has to be remote monitored and operated for maintenance purposes.
- The standby diesel generator bulk tank and canopy shall be of the rust resistant type for coastal rea to avoid rust.

Uninterrupted Power Supply (UPS) Power

The UPS system must be installed in the administration area to provide continuous power supply. The UPS system must be supplied by essential supply and provide power for least 30-minute backup on full load. The UPS unit shall be housed in an air-conditioned environment and shall have a separate battery cabinet. The system shall comprise of a Rectifier/charger, inverter, by pass switch, control and monitoring all contained in a free-standing floor mounted panel. This unit shall operate as a fully on-line automatic system.

Solar voltaic panels should be considered to charge the UPS batteries during daytime if failed the backup generator should take over.

IT Switches and Servers in Mini IT Suite

- Under floor air conditioner under raised floor
- UPS power to each unit
- Data terminals

Communication Services

Communication systems to be provided at every desk/workstation and the business centre. The following must be provided:

- **Radio network**
  - As per provincial requirements for EMS

- **Telephone Service**
  - Cabling & telephone terminals as per provincial requirements for telephones
  - PABX/VOIP to be provided as per provincial requirements and integrated to the existing Hospital system. The telephone receiving room to be placed in an area that is occupied 24/7

- **Data Network**

Data cabling and terminals as per provincial requirements for computers, printers

- **Wi-Fi**

  A Wi-Fi system may be considered for the base

- **Lightning Protection**

  The Lightning Protection system shall be installed to provide external structural protection. The system shall consist of a number of earth electrodes that connect to a lattice of conductors forming an earth mat. The earth mat shall be connected to the re-enforcing steel of the structure.

D. Fire Prevention and Control

The system shall comply with the requirements of the SABS 0313:1999 and SANS 10142.

- National Building Regulations and the SANS 10400:(ex. SABS 0400:1990)
- Code of Practice for the Application of the National Building Regulations
- The designer must obtain the approval of the Local authority during documentation. Records to be obtained of approvals etc.
- All necessary signage is to be provided and to comply with SANS1186 and SANS 10400.
- Fire extinguishers and fire hose reels must be clearly indicated in buildings by means of 300mm x 300mm signs in accordance with the SANS and OHSA regulations. Signs to be fixed approximately 2, 500mm above floor level and must be visible from all angles.
- Fire extinguisher handles height to be positioned at 1,500mm above floor and shall be installed with a timber backing plate.
- It is recommended that fire extinguishers should not exceed 4,5Kg in weight for ease of handling.

E. Water

Domestic Water

The base has or must have access to a 72-hour domestic water tank.

Solar Heating

Serious consideration should be given to utilize solar water heating systems to heat the domestic warm water.

Heat pumps

Heat pump systems can be considered for water heating.

Fire Water

A fire water reservoir that complies with the relevant local authorities' regulation is available.

Sewer system

Sewer to be connected to the existing system. If natural gravitation will not provide the required pressure, booster pumps must be installed.

Storm Water Drains

The storm water drains must be designed and constructed that they can be cleaned of ground, sand and other waste with relative ease.

3.3.2.3. INFECTION PREVENTION AND CONTROL

Design and development on infection prevention and control are to be based on optimal space integration, surface finishes and ventilation systems. Optimal space integration and separation must assist with the control of the disease spread and promote the demarcation of various spaces, support services, clean and dirty spaces.

The zoning of different spaces must integrate with a circulation system to ensure efficient access to and between the spaces. The use of finishes must meet the standard IUSS requirements, KZN specifications and other applicable regulations.

Natural ventilation should be maximised in the design of the facility, and an open window policy is encouraged although it may be difficult in areas with extreme weather conditions.

General hygiene supported by strategically positioned hand wash basins and / or sanitising stations in "dirty" areas and in public ablutions are key components in the reduction of cross contamination in the facility.

Clinical hand wash basins are to be provided in accordance with the following:

- No integral splash backs
- Passive infra-red taps are not acceptable
- Faucets should not be fitted with low-flow, aerating devices which may increase the rate of aeroionisation
- Water flow from tap must be directed away from drain
- No overflows
- Elbow-action faucets, preferably separate hot and cold taps

The waste from the base will be classed as general waste or medical waste and should be disposed of according to the department's waste policy.

Clean in, dirty out principle, is required where possible. Clean supplies should enter be stored in clean storage spaces. The resultant waste products discarded into a medical waste area which should be positioned close to the exit doors, to enable waste removal staff to readily retrieve waste without entering the core clinical areas in the facility.

3.3.3. ACCOMMODATION

The following is not inclusive and must be verified:

Table 11: Accommodation schedule

ROOM/AREA	NO	SIZE	TOTAL	NOTES
		m²	m²	
Main office accommodation				The office accommodation with all needs of the EMS staff.
Sub-District Manager	1	16	16	Responsible District Manager office space.
Shift Leader	1	16	16	Supervisor for the crew in shift, space is for one on one meetings with semi-privacy.
Admin Support	1	25	25	Support of all administration of the EMS office, this includes archiving of files, ordering of stationery & life support equipment.
Surgical Storeroom	1	10	10	Storage of bandages, masks, gloves etc.
Advance life support storeroom	1	12	12	Storage of incubators, oxygen masks,
Crew room	1	24	24	For staff on duty to await for call outs.
Training room	1	32	32	Demonstrations of how to deliver life support / interaction between staff and supervisors.
Boardroom	1	36	36	For staff meetings under the UMhlabuyalingana sub-district.
Kitchen	1	16	16	To be utilized by staff during tea breaks and lunch breaks.
Equipment Room	1	13	13	Stretchers, etc.
Stationery Room	1	6	6	All office equipment necessary.
Female Ablutions	1	15	15	To enable female staff members to shower & change when required, with the inclusion of lockers. External access from Wash Bay is required
Male Ablutions	1	15	15	To enable male staff members to shower & change when required, with the inclusion of lockers. External access from Wash Bay is required
SUB TOTAL			**236**	
Wash bay area				For the decontamination and washing of ambulances / medical rescue vehicles.
Sluice Room	1	12	12	Also referred to as a dirty utility room, used for the disposal of human waste products and disinfection of associated items.
Medical Waste	1	8	8	For the disposal of any solid waste that is generated in the diagnosis, treatment or immunization of humans.
General Waste	1	6	6	For the disposal of any general waste that is generated in the diagnosis, treatment or immunization of humans.
Maintenance Room	1	12	12	Used to store degraded EMS equipment, wheelchairs, old tyres etc.
Cleaning Store	1	8	8	To store cleaning supply for the use of washing of ambulances
Bottle store	1	6	6	To store gas bottles to restock ambulances
Wash Bay	1	60	60	For the decontamination and washing of ambulances / medical rescue vehicles.
SUB-TOTAL			**112**	
TOTAL			**348**	

3.4. 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 a requirement for this project to 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

3.5. 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.

3.5.1. 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.

Table 12: Preliminary HTS Equipment list

PHASE 1: PLANNING (PART A)				
SECTION	**DESCRIPTION**	**QTY**	**ESTIMATED COST**	
			Per each	**Total**
MAIN OFFICE ACCOMMODATION				
Sub-District Manager	4-Drawer Lockable Filing Cabinet, Stainless Steel	2	R 3 500	R 7 000
Sub-District Manager	6-shelf, 2-Door Lockable Stationery Cupboard, Stainless Steel	1	R 4 000	R 4 000
Sub-District Manager	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Sub-District Manager	Chair Mid Back, Height Adjustable, Swivel with arm rest	1	R 3 000	R 3 000
Sub-District Manager	Chair, Mid Back with no arm rest, Steel base	2	R 2 500	R 5 000
Sub-District Manager	Desktop Computer	1	R 15 000	R 15 000
Sub-District Manager	Laser Printer	1	R 6 000	R 6 000
Sub-District Manager	L-shaped Office Desk with mobile lockable drawers	1	R 8 000	R 8 000
Sub-District Manager	Notice Board	1	R 1 000	R 1 000
Sub-District Manager	Wall Clock	1	R 250	R 250
Sub-District Manager	White Board	1	R 1 000	R 1 000
Shift Leader	4-Drawer Lockable Filing Cabinet, Stainless Steel	2	R 3 500	R 7 000

PHASE 1: PLANNING (PART A)				
SECTION	**DESCRIPTION**	**QTY**	**ESTIMATED COST**	
			Per each	**Total**
Shift Leader	6-shelf, 2-Door Lockable Stationery Cupboard, Stainless Steel	1	R 4 000	R 4 000
Shift Leader	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Shift Leader	Chair Mid Back, Height Adjustable, Swivel with arm rest	1	R 3 000	R 3 000
Shift Leader	Chair, Mid Back with no arm rest, Steel base	2	R 2 500	R 5 000
Shift Leader	Desktop Computer	1	R 15 000	R 15 000
Shift Leader	Laser Printer	1	R 6 000	R 6 000
Shift Leader	L-shaped Office Desk with mobile lockable drawers	1	R 8 000	R 8 000
Shift Leader	Notice Board	1	R 1 000	R 1 000
Shift Leader	Wall Clock	1	R 250	R 250
Shift Leader	White Board	1	R 1 000	R 1 000
Admin Support	4-Drawer Lockable Filing Cabinet, Stainless Steel	4	R 3 500	R 14 000
Admin Support	6-shelf, 2-Door Lockable Stationery Cupboard, Stainless Steel	4	R 4 000	R 16 000
Admin Support	Bin - 8 Litre waste paper, stainless steel	4	R 500	R 2 000
Admin Support	Chair Mid Back, Height Adjustable, Swivel with arm rest	4	R 3 000	R 12 000
Admin Support	Chair, Mid Back with no arm rest, Steel base	8	R 2 500	R 20 000
Admin Support	Desktop Computer	4	R 15 000	R 60 000
Admin Support	L-shaped Office Desk with mobile lockable drawers	4	R 8 000	R 32 000
Admin Support	Notice Board	1	R 1 000	R 1 000
Admin Support	Wall Clock	1	R 250	R 250
Admin Support	White Board	1	R 1 000	R 1 000
Surgical Storeroom	6-shelf, 2-Door Lockable Stationery Cupboard, Stainless Steel	1	R 4 000	R 4 000
Advanced life support storeroom	Infusion Pump Docking Station	2	R 10 000	R 20 000
Advanced life support storeroom	Syringe Driver Docking Station	2	R 10 000	R 20 000
Crew room	Coffee Table	1	R 2 000	R 2 000
Crew room	Couch, 1-seater	1	R 2 500	R 2 500
Crew room	Couch, 2-seater	2	R 4 000	R 8 000
Crew room	Notice Board	1	R 1 000	R 1 000
Crew room	Wall Clock	1	R 250	R 250
Crew room	White Board	1	R 1 000	R 1 000
Training room	60" Smart Television Set, Wall-mounted	1	R 10 000	R 10 000
Training room	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Training room	Chair, Mid Back with no arm rest, Steel base	8	R 2 500	R 20 000
Training room	Notice Board	2	R 1 000	R 2 000
Training room	Wall Clock	1	R 250	R 250
Training room	White Board	1	R 1 000	R 1 000

PHASE 1: PLANNING (PART A)				
SECTION	**DESCRIPTION**	**QTY**	**ESTIMATED COST**	
			Per each	**Total**
Boardroom	70" Smart Television Set, Wall-mounted	1	R 15 000	R 15 000
Boardroom	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Boardroom	Boardroom Table, 16-seater	1	R 20 000	R 20 000
Boardroom	Chair Mid Back, Height Adjustable, Swivel with arm rest	16	R 3 000	R 48 000
Boardroom	Notice Board	1	R 1 000	R 1 000
Boardroom	Wall Clock	1	R 250	R 250
Kitchen	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Kitchen	Dining Chair, Stackable	8	R 500	R 4 000
Kitchen	Dining Table, 4-seater	2	R2 500	R 5 000
Kitchen	Microwave Oven, 30L	1	R 1 500	R 1 500
Kitchen	Refrigerator, 400L	1	R 8 000	R 8 000
Kitchen	Sandwich Maker	1	R 500	R 500
Kitchen	Toaster	1	R 400	R 400
Equipment Room	Infusion Pump Docking Station	3	R 10 000	R 30 000
Equipment Room	Syringe Driver Docking Station	3	R 10 000	R 30 000
Equipment Room	Wall clock	1	R 250	R 250
Stationery Room	3-Step Ladder	1	R 1 000	R 1 000
Female Ablutions	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Female Ablutions	She Bins	3	R 500	R 1 500
Male Ablutions	Bin - 8 Litre waste paper, stainless steel	1	R 500	R 500
Maintenance Room	None	0	R 0	R 0
Cleaning Store	Cleaning equipment and materials	1	R 30 000	R 30 000
			TOTAL	**R 550 650**

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 follow 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 13: 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 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

Stage	Name	End of Stage Deliverables
		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.
		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.

Stage	Name	End of Stage Deliverables
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 OUTCOME

- Promote safer facility to carry out emergency medical services
- Provide conducive working environment
- Improve staff morale
- Improve service delivery
- Training sessions which are required weekly will be conducted through an appropriate training room

- Meetings can be held as frequently as required with an appropriate boardroom as currently the hospital boardroom is utilized with limitations.

4.1.2.2. PROJECT OBJECTIVES, DELIVERABLES AND CRITICAL SUCCESS FACTORS

The project objectives include the following:

- It is to create a sound working environment through an established EMS Base and Wash bay; and to bring efficiency and rapidness in office work for EMS staff.
- Job creation during construction and for operation of the EMS office accommodation
- Increase productivity in staff and relationships amongst staff through provision of recreational and rest areas.
- Promote health care through thoroughly washed EMS vehicles with a compliant wash bay
- Provide a dedicated waste area for the disposal of medical waste as there is currently no medical waste area
- Provide a dedicated storage area for specialized equipment like cardiac rest measure which are not be near wet surfaces nor hot areas. There is currently no dedicated storage which has impacted negatively on equipment.

The project deliverables have been identified as follows:

(i) To complete the Project Technical brief and received approval thereof;
(ii) To appoint Implementing Agent (Consultants) 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 EMS Base/ office 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 is 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.
- Efficient service delivery by EMS staff
- Completion of project within the agreed time-scales, budget and required quality.

4.1.2.3. 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.

4.1.2.4. WORK BREAKDOWN STRUCTURE

A Work Breakdown Structure must be developed to include required structures.

4.1.2.5. ROLES AND RESPONSIBILITIES OF THE PROJECT TEAM

The following expectations by KZN-DOH are highlighted:

Appointment of External Service Providers

The KZN-DOH will enter into a legally binding agreement with the Professional Service Provider (PSP) team. 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)

Appointment of Contractors or Suppliers

The KZN-DOPW 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

4.1.2.6. 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

4.1.2.7. 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, this involves an audit of the project deliverables, lessons learned and the development of a Post Occupancy Report.

4.1.2.8. 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 14: Milestones and Tasks

Milestone	Anticipated Completion Date	Target % Complete
PROJECT INITIATION DATE	04/01/2022	100%
STAGE 1B BRIEF (current stage)	30/06/2023	100%
APPOINTMENT OF CONTRACTOR	29/12/2023	100%
APPOINTMENT OF DESIGN TEAM	31/01/2024	100%
STAGE 2 CONCEPT & VIABILITY	15/05/2024	90%
STAGE 3 DESIGN DEVELOPMENT	30/09/2024	95%
STAGE 4 PROCUREMENT DOCUMENTATION	13/12/2024	98%
STAGE 5 CONSTRUCTION START	28/02/2025	100%
CONSTRUCTION 0 - 25%	30/05/2025	100%
CONSTRUCTION 26 - 50%	31/08/2025	100%
CONSTRUCTION 51 - 75%	30/11/2025	100%
CONSTRUCTION 76 – 100%	05/02/2026	90%
PRACTICAL COMPLETION	28/02/2026	100%
HANDED OVER	28/02/2026	100%
WORKS COMPLETION	31/03/2026	100%
FINAL COMPLETION	30/06/2026	100%
CLOSE OUT	15/12/2026	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 Cash flows
	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 is reflected as follows:

Infrastructure component

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

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

4.1.4.2. FEES, BUILDING AND RELATED INFRASTRUCTURE BULK SERVICES

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

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN DEPARTMENT OF HEALTH

EMS ACCOMODATION

					7500		
A	**DESCRIPTION**	**UNITS**	**QTY**		**RATE**	**AMOUNT**	**%**
	New EMS staff accomodation	m2	391		R 8 275.86	R 3 235 861.26	100
	Wash bay	m2	74			R 5 000 000.00	
	Ambulance Parking	m2	190		4500	R 855 000.00	
	SUB-TOTAL					**R 9 090 861.26**	
B	**DESIGN DEVELOPMENT AND PROJECT CONTINGENCY**				ADD 5%	R 454 543.06	
			SUB-TOTAL			**R 9 545 404.32**	
C	**ESCALATION**						
	Pre -tender		0.07			R 668 178.30	
			SUB-TOTAL			**R 10 213 582.63**	
	Post -tender	Cash flow	Escalatable		CPAP		
		0.6	0.85		0.06	R 312 535.63	
	total escalation					R 980 713.93	
			TOTAL			**R 10 526 118.25**	
	TOTAL ESTIMATED CONSTRUCTION COST(EXCL VAT)					R 10 526 118.25	
D	PROFFESIONAL FEES				Add 18.5%	R 1 947 331.88	
E	DISBURSMENT		5% of proffessional fees			R 97 366.59	
	TOTAL ESTIMATED CAPITAL EXPENDITURE (EXL VAT)					**R 12 570 816.72**	
F	VALUE ADDED 15%					R 1 885 622.51	
	TOTAL ESTIMATED CAPITAL EXPENDITURE (INCL VAT)					**R 14 456 439.23**	

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	0.00	
Current estimate for Furniture	R	550 650 .00	
Provision for Escalation	R	0.00	
Estimated fees	R	0.00	
Estimated Commissioning Cost	R	0.00	
Estimated escalation	R	0.00	
Estimated additional Operational Cost	R	0.00	
Estimated HT (Furniture & Equipment) Cost (incl. VAT)	**R**	**633 247,50**	

4.1.4.4. Commissioning

Commissioning (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for Commissioning (Salaries only)	R	
Provision for Escalation	R	
Estimated fees	R	
Estimated Commissioning Cost (incl. VAT)	R	

4.1.4.5. Operational Cost

The estimated additional operational cost for the Itshelejuba EMS is as follows:

Annual Operating Cost (incl. VAT) – 2022/23 Financial Year		
Funding source	Budget control head office	
Budgetary Item	**Amount**	**Explanatory Notes**
Salaries		
Electricity, water, medical gases, fuels		
Food, catering services		
Rates & taxes		
Lease costs		
Legal		
Consumables		
Estimated Annual Operating Cost (incl. VAT)		

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 408 939.69	R 0.00	R 408 939.69
Yr. 24/25	R 1 226 819.08	R 7 894 588.65	R 9 121 407.73
Yr. 25/26	R 408 939.69	R 2 631 529.55	R 3 040 469.24
Sub-total	**R 2 044 698.46**	**R 10 526 118.20**	
TOTAL INCL. VAT			**R 14 456 439.23**

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 Maternity and Neonatal unit that 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 requires 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.

Benefits of project quality management:

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

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 10: Architect
Electrical Engineer	Level 10: Engineer
Mechanical Engineer	Level 10: 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 Emergency Medical Services
Emergency Medical Services Liaison	Must have knowledge of provincial and departmental policies re Emergency Medical Services
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services
Security Services Liaison	Must have knowledge of national, provincial and departmental policies re security, level of security required
Infection Prevention Control (IPC) Liaison	Must have knowledge of national, provincial and departmental policies re IPC, materials and fittings for accommodation
Zululand Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Emergency Medical Services Must have knowledge of Hospital Infrastructure and Maintenance plans

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):

Team Member	Skill level required
Principal Agent	University degree, Professional registration and 6 years post registration experience Project Managem ent skill required. 5 years' experience in the Health planning environment
Architect	University degree, Professional Architect registration and 5 years post registration experience in the health field
Electrical Engineer	University degree, Professional registration and 4 years post registration experience
Mechanical Engineer	University degree, Professional Engineer registration and 4 years post registration experience in the health field
Civil/Structural Engineer	University degree, Professional Engineer registration and 4 years post registration experience
Quantity Surveyor	University degree, Professional QS registration and 4 years post registration experience
Land Surveyor	4 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional Engineer registration and 3 years post registration experience
Sustainable Specialist	4 Years' Experience in the Infrastructure environment
General building contractor	CIBD 6GB
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
- Itshelejuba Hospital
- KZN Department of Public Works
- Professional Service Provider team

• Communication is expected to take place between:

- KZN-DOH Zululand District and EMS Services as well as surrounding Communities
- 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. 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 15: 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, e.g. Peer Review, and Provincial structures; Adequate lead time is being built into planning and execution
	Poorly defined relations between the stakeholder	Low	Delays in obtaining input and approvals	High	Roles & responsibilities to be to clearly defined .Sufficient planning and consultation meetings
Project Procurement Project Procurement	Delays with procurement processes	High	Delays to project	High	Suitable procurement strategies to be followed and well-prepared documentation to be compiled
	Experienced and qualification of consultants	Medium	Inappropriate and/or costly structures Delays to project Poorly run projects	Medium	Clear requirements and functionality requirements to be included in procurement documents. Also refer to 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
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

Risk Category	Identified Risk	Risk Analysis			
		Probability	Consequence	Impact	Risk Mitigation Measure
	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.
	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 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
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 defect's 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 16: 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

The following need to be procured:

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

F. The scope for the project is as defined under item 3 above.

G. Estimate costs are as follows:

▪ Professional Service Providers	R 2 100 000.00
▪ Contractors and Sub-Contractors	R 12 000 000.00
▪ HTS	R 560 000.00
▪ Commissioning	R 0

H. The project is included in the B5

I. 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

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.

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 **Error! Reference source not found.**
  - The CIDB grading for the Contractor will be 6GB
- 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; 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 and Build strategy

○ Pricing Strategy: Cost Reimbursable – Option

○ Form of Contract: NEC3

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 DOH SCM Targeted Procurement
- Procurement Document: Standard DOH 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: Design and Build, 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
- Submit tender specification to BSC 3 weeks
- Approval by BSC 1 week
- Invite tenders 1 week
- Receive tenders 1 week
- Record tenders 1 day concurrent
- Prepare report on tenders received 1 week

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
- Determine if tenders are responsive — 1 week
- Evaluate tenders — 3 weeks
- Perform risk assessment — 1 week
- Prepare tender evaluation report — 2 weeks
- Submit tender evaluation report to BEC — 1 week
- Recommendation by BEC — 1 week
- Prepare submission to BAC — 1 week
- Submit submission to BAC — 1 week
- Recommendation by BAC — 2 weeks
- Prepare submission to HOD — 1 week
- Submit submission to HOD — 1 week
- Approved by HOD — 2 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
- Appeals period — 2 weeks
- Acceptance by contractor — 1 week
- Receive compulsory documentation — 1 week
- Prepare contract documentation — 1 week
- Accept and Sign Contract documentation by Contractor — 1 week
- Sign Contract documentation by HOD — 1 week

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 enable 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 Stakeholder Management Plan must be monitored, updated and revised as required but at least on a monthly basis.

4.2. ORGANISATIONAL DEVELOPMENT

The specific interventions for EMS Services include care and treatment. These interventions are rendered through a multidisciplinary approach by EMS officials, etc.

EMS Bases are managed by professional unit managers, supported by EMS staff and support at unit.

4.2.1. KEY ELEMENTS FOR A SUCCESS

- Prompt and accurate diagnoses, treatment and care
- Guidelines or protocols for clinical management
- Effective advocacy, communication and social mobilisation

4.2.2. STAFFING SITUATION AND ADDITIONAL STAFFING REQUIRED

Table 17: Existing Staff Establishment

STAFF ESTABLISHMENT: PROPOSED ITSHELEJUBA EMS BASE			
DETAIL	**SERVICE AREA**	**NO OF STAFF**	**RANK OF STAFF**
Sub District Manager	Office	1	Assistant Director Level 09
Station Manager	Office	0	Station Manager Level 08
Shift Leader	Office	2	Shift Leader Level 07
EMS staff / Crew	(Crew/rest room)	15/ shift (31 in total)	Crew Members (Permanent Staff)

STAFF ESTABLISHMENT: ISTHELEJUBA EMS BASE					
DETAIL	**SERVICE AREA**	**NO OF STAFF (clinical)**	**RANK OF STAFF**	**NO OF STAFF**	**RANK OF STAFF (non-clinical)**
Admin	Admin office			1	Admin Clerk level 05
General Orderly	Office - Cleaning materials			1	G.O level 4

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 EMS 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 EMS Base/ office accommodation. 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 EMS base and Wash-Bay 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.

The following reporting requirements must be adhered to:

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

4.5. STATUTORY REQUIREMENTS

Legislation: Minimum applicable

- The South African Constitution
- CIDB
- PPPFA 2017
- EPWP Guidelines
- All applicable building environment acts
- 85 of 1993 Occupational Health and Safety Act
- Hazardous Substances Act (HAS) and Regulations
- National Water Act (NWA)
- Waste Act 59 of 2008
- Occupational Health & Safety Act No. 85 of 1993
- National Building Regulations and Building Standard Act 103 of 1977

Policies: Minimum applicable

- KZN Applicable Health Policies such as Structural Installations for KZN DOH Rev. 2013
- KZN Applicable Health Policies: Physical Facilities Planning Policy (April 2001)

Norms and Standards: Minimum applicable

SANS 10400 – K: 2011. The application of the National Building Regulations. Part K, Walls
KZN Health Design for Structural Policy Rev. January 2013

SANS 10400 – L: 2011. The application of the National Building Regulations. Part L, Roofs
KZN Health Design for Structural Policy Rev. January 2013

4.5.1.1. STATUTORY PERMISSIONS REQUIRED

- SPLUMA approval — May be required
- Environmental Impact Assessment: — N/A
- AMAFA approval: — N/A
- Access to Provincial /National Roads: — N/A
- Water Affairs: — May be required
- National Environmental Management Act: — May be required

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 18: 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 differently-abled people employed
- Total payments to local communities
- Total payments to local material suppliers
- Total no. of DPI Contractor / Sub-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

5. ACKNOWLEDGEMENTS

STAKEHOLDER	AUTHORITY	CONTACT PERSON
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Department of Health: Client Department: Tel.: Mobile: Email:	Director: Planning	Infrastructure Development Ms. Michelle De Goede 033 940 2611 066 372 2525 michelle.degoede@kznhealth.gov.za
Department of Health: Client Department: Tel.: Mobile: Email:	Acting Director	Pietermaritzburg Hub Mr. Raswai Potsane 033 940 2538 072 422 5679 Raswai.potsane@kznhealth.gov.za
Department of Health: End User Department: Tel.: Mobile: Email:	Director	Emergency Medical Services (EMS) Ms. Nikiwe Bridgette Zungu 033 846 7279 083 5011 955 Bridgette.Zungu@kznhealth.gov.za
DOH Zululand District End User Department: Tel.: Mobile: Email:		Emergency Medical Services (EMS) Ms. B Buthelezi 072 319 8361 TBC TBC

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DOH Zululand District	Emergency Medical Services (EMS)
End User Department:	Ms. B Buthelezi
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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: Busangani Daphney Buthelezi

Designation: EMS District Manager

Date: 07/08/2023 07 August 2023

Signature: B Buthelezi

Name: BRIDGET NIKIWE ZUNGU

Designation: DIRECTOR

Date: 08/08/2023

Signature:

Name:

Designation

Date:

Signature: