



PROJECT NO.: ZNB 5361/2023-H

DESCRIPTION OF SERVICE: APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE CONSTRUCTION OF A PAEDIATRIC WARD AT KWAMAGWAZA HOSPITAL.

DISCIPLINE: MULTIDISCIPLINARY TEAM LED BY A CONSTRUCTION PROJECT MANAGER

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

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

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SECTION A

INVITATION TO BID

DESCRIPTION:

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY A CONSTRUCTION PROJECT MANAGER TO PROVIDE PROFESSIONAL CONSULTING SERVICES FOR THE CONSTRUCTION OF PAEDIATRIC WARD AT KWAMAGWAZA HOSPITAL.

Project Number : ZNB 5361/2023-H
Closing Date : 30 November 2023
Closing Time : 11:00

Compulsory Briefing: Yes
Date : 10 November 2023
Time : 10:00
Venue : KwaMagwaza Hospital, Kwa-Magwaza road, Melmoth, 3835.

Bid Validity Period: 84 Days

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

BID DOCUMENTS MAY BE POSTED TO:

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

OR

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

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

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

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

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)
THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT
AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS
OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF
CONTRACT

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

NAME OF BIDDER:

POSTAL ADDRESS:

Code:

STREET ADDRESS:

Code:

TELEPHONE:

Code:

Number:

CELL PHONE :

Code:

Number:

FACSIMILE NUMBER:

Code:

Number:

E-MAIL ADDRESS:

VAT REGISTRATION NUMBER:

SIGNATURE OF BIDDER:

DATE:

CAPACITY UNDER WHICH THIS BID IS SIGNED:

ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:

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

ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

Department : KZN - DEPARTMENT OF HEALTH
Contact Person : Takalani Netshipale
Tel : (033) 940 2519
E-mail address : Takalani.Netshipale@kznhealth.gov.za

SECTION B

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS

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

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances, whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bid submitted must be complete in all respects.
5. Bid shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids will be rejected as being invalid.
7. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
8. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
9. No bid submitted by telefax, telegraphic or other electronic means will be considered.
10. Bid documents must not be included in packages containing samples. Such bids will be rejected as being invalid.
11. Any alteration made by the bidder must be initialled.
12. Use of correcting fluid is prohibited and will render the bid invalid.
13. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

SECTION C

REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE

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

CSD NUMBER

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

(To be completed by bidder)

This is to certify that I

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

Who represents

.....
(state name of bidder)

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

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

.....
Name of bidder

.....
Signature of bidder or authorised representative

.....
Date

SECTION E

BIDDERS DISCLOSURE – SBD 4

1. PURPOSE OF THE FORM

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

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

2. Bidder's declaration

2.1 Is the bidder or any of its directors / trustees / shareholders / members / partners or any person having controlling interest¹ in the enterprise, employed by the state? **YES / NO**

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

Full Name	Identity Number	Name of State institution

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

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

2.2.1 If so, furnish particulars:

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

YES / NO

2.3.1 If so, furnish particulars:

3. DECLARATION

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

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² 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.

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

3.6 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.

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

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

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

Signature

Date

Position

Name of Bidder

SECTION F

FORM OF OFFER AND ACCEPTANCE

1. Offer

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

An Entity to provide a multidisciplinary team of experienced and skilled professional consulting services with a Construction Project Manager as Lead Consultant

For the project: CONSTRUCTION OF IATRIC WARD AT KWAMAGWAZA HOSPITAL

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

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

2. Price

The offered price for multidisciplinary team with a Construction Project Manager as lead consultant, and other Consultancy Services, inclusive of value added tax, is

R (in figures)

and,

Rand (in words)

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

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

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

or

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 LEAD CONSULTANT

1. Project Description:

CONSTRUCTION OF A PAEDIATRIC WARD AT KWAMAGWAZA HOSPITAL

2. Project Background and Specification

KwaMagwaza Hospital has a history dating back to the 1860s, first intended as the Nzimela Mission through an agreement between King Mpande and Robert Robertson. It has a complicated history reaching as far as Swaziland and laced with war and destruction. Out of the aftermath rose a stone church, this new age giving birth to an era of firsts circa Titus Mthembu as the first African Priest. Very few of the rooms of Staff House, the original St Mary's hospital have their original function today.

Some distance away a new female ward was built in the 1920s and a myriad of rondavels made up the male ward in the 1930s. The hospital was extended in the 1950s where various brick and mortar buildings were erected for multiple purposes but some buildings, due to financial constraints, were prefabricated. The additions were done to accommodate the ever-evolving demands of healthcare provision, with a specific intention for child health care and programmes. This branch of medical care eventually came to be known as paediatric care.

On 8 March 2022, a team from KwaZulu-Natal Department of Health Infrastructure Development visited the KwaMagwaza Hospital. The main objective was to conduct a condition assessment of the facility that had previously been reported to require intervention and the preliminary findings were sent to the Director of Engineering and Technical Support. The findings and recommendations emanating from the inspection conducted were to construct a new Paediatric Ward. The Paediatric facility is a crucial component of hospitals as this is where infants and children are treated. Special attention to the Paediatric services is required to maintain the protection of the children's health and provide the correct care service to them in a facility that is functional and safe.

Upon proper assessment, the Infrastructure development team that visited the KwaMagwaza Hospital found that the building currently housing the paediatric unit does not comply with the department's standards and regulations. It was then decided that a new location within the hospital premises would have to be identified as the proposed site to construct a compliant facility. The standards that will be implemented amongst other regulations is the IUSS for Paediatric and Neonatal Facilities Gazetted.

3. Detailed Project Scope of Work

The scope of this project is inclusive of a decanting plan while the new ward is being constructed, the

reason for decanting is that the existing structure is high risk and poses a threat to the patients and staff. The following details will form part of the scope of work and will be amended according to the need and available access. Refer to Approved Signed Brief in **Appendix D** for the full project scope of works.

Section 1: HAST building Renovations for the decanting of Paediatric ward

This section can be run concurrently with the main project. The scope extends to producing drawings for the renovations required at the HAST Building to accommodate the paediatric ward and quantifying the scope covered. The works to be done on the existing HAST building are:

- Replacement of floors and roof structure.
- Partitioning of walls to accommodate the paediatric ward.
- Making good of walls and painting.
- Installation of ceilings and cornices.
- Rewiring of electrical system.
- Installation of oxygen gas and mechanical works

Sections 2: Paediatric Ward Construction

The following scope covers the main works to be executed, these details bring light to the areas scheduled to accommodate the paediatric ward.

- **Public Space**
 - Parking and drop off.
 - Waiting area.
 - Ablutions, baby change and breastfeeding areas
 - Help desk.
- **Admin spaces:**
 - Nurse's station
 - Offices
 - Clinical workstation.
- **Services and Support**
 - Kitchen
 - Stores
 - Sluice
 - Cleaning supplies
- **Staff:**
 - Staff room
 - Lockers
 - Ablutions
 - Doctor's overnight accommodation
- **Patients (28 beds + 10 mothers lodge bed):**
 - 03 x In- Patient Isolation beds

- 04 x High Care beds
- 10 x In-Patient paediatric beds
- 02 x In-Patient orthopaedic beds
- 03 x In-Patient surgery
- 02 x In-Patient Neonates beds (tiny tots)
- 02 x Burns unit beds
- 02 x SAM (Severe Acute Malnutrition) beds
- 10 waiting mother beds
- A play area will be constructed either inside or outside the ward.
- The walls will be plastered and painted
- Roof covering and ceiling to be installed
- Appropriated windows and doors with the necessary controlled access
- Floor coverings
- Appropriate electrical fittings and connections
- Necessary air cooling, warming and cleaning systems
- Plumbing, water reticulation and sewer disposal.



Figure 1: KwaMagwaza Hospital Location



Figure 2: Existing Paediatric Ward Location.



Figure 3: Existing HAST location

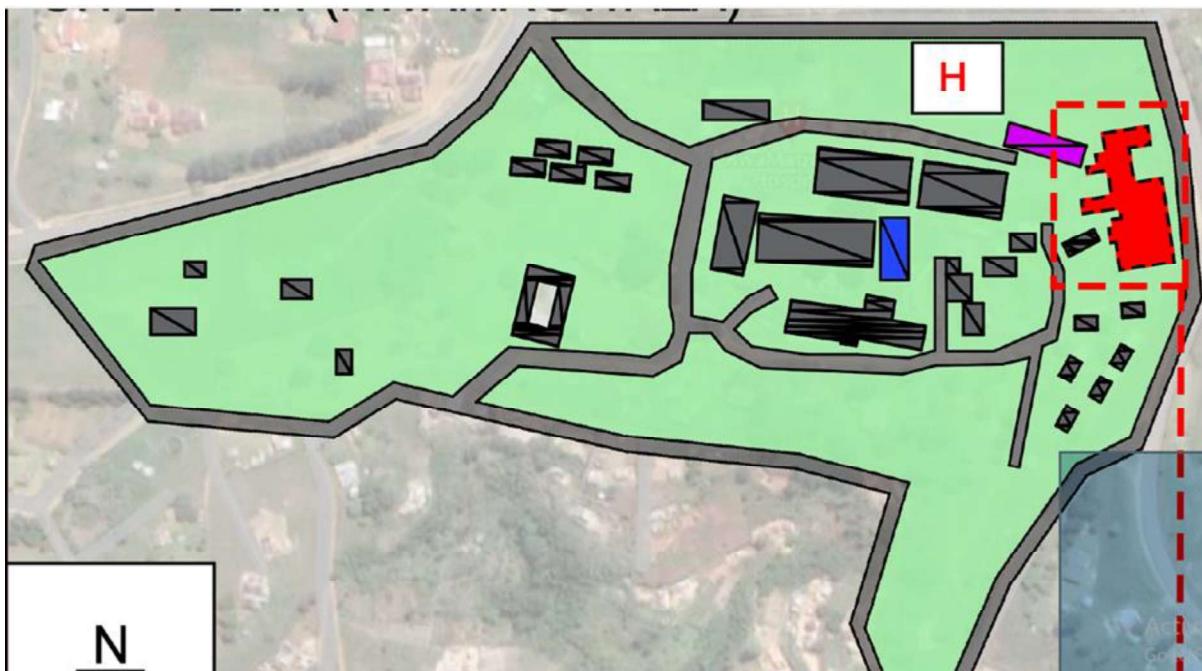


Figure 4: Proposed site for new paediatric ward location

4. Project Outcomes:

Strategic outcome as per National Development Plan Vision for 2030 is listed below:

- Reduce maternal, infant, and child morbidity and mortality
- Promote equity and access to appropriate level of care
- Reduce prevalence of non-communicable chronic disease
- For KwaMagwaza Hospital to have a dedicated paediatric unit as the current one cannot be maintained or upgraded, as it is structurally non-compliant.

5. Project Objectives:

- To provide high care for new babies and provide sufficient health care to children up to 12 years at KwaMagwaza Hospital.
- To help increase and sustain the district's growth rate.
- To build the nation's life expectancy by investing in high quality primary health care.

6. Project Success Criteria:

Provision of a dedicated paediatric ward at KwaMagwaza Hospital will help mitigate some of the issues faced by the district. It must be able to provide health care in a functional and effective environment where children, both in and out patients, can heal and thrive in a conducive environment. The success of the project will be measured by the compliance of infrastructure buildings that are safely renovated, upgraded and repaired for functionality purposes. This will be possible if:

- There is a dedicated paediatric unit at KwaMagwaza Hospital.
- Habitable office and patient accommodation
- Clinical space that meets IUSS Health Care Services standards
- Dignified ablution facilities
- Corridor link for accessibility and servicing
- Rationalisation of levels of services within the catchment area.

7. Scope of Works of the Construction Project:

The construction process takes shape long before that initial excavated scoop of dirt, once an order has been issued, then begins the contractual obligations as stated in the contract agreement. The site is then handed over to the service provider where the site office will be established as required. Throughout the construction process through corroboration between the client, principal agent and contractor, according to the extent of services rendered correctly, interim payments will be issued to the contractor. The following items is the works that will occur once site is established and all team members are orientated:

- HAST building renovation and decanting of paediatric ward.
- Land surveying for existing services as well as establishing foundation levels.
- Bulk excavations for strip foundations and stockpiling excavated materials if legible for reuse.
- Laying of reinforcing steel according to the bending schedule.
- Casting of concrete foundations to the required strength, vibrating the concrete to eliminated air bubbles and curing the concrete.
- Substructure brickwork construction with waterproofing and backfilling using excavated materials.
- Laying of reinforcing and waterproofing for the concrete floor slab.
- Pouring, vibrating and curing concrete floor slab of correct strength.
- Superstructure brickwork construction with appropriate gaps for all openings.
- Formwork for all beams and columns where required.
- Casting beams and columns at correct strength and method.
- Installing roofing as specified.
- Furnishing all openings as specified.
- Excavations and installation of Sewer, Storm water and Portable Water systems.
- Electrical and mechanical fittings.
- Snags
- Health Technology Systems (furniture, medical equipment, IT hardware and software, linen & crockery and cutlery)
- Commissioning of all equipment as required.
- Snags & Retention.
- Closeout.

Refer to Approved Signed Brief in **Appendix D** for the full project scope of works.

8. Statutory Requirements:

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

9. Required Multidisciplinary Team Composition

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

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

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

10.1. Construction Project Manager

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 Project Management Profession.

10.2. Engineers/Technologists

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015 to Stage 2 to Stage 7

10.3. Architect

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

10.4. Quantity Surveyor

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

10.5. Construction Health & Safety Agent

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

10.6. Land Surveyor

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

10.7. Geotechnical Engineer/Technologist

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

10.8. Environmental Specialist

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

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

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

- The Facility
- DOH District
- DOH Head Office
- DOH Paediatric Care
- National DOH
- Local authority
- Other Authorities
- Statutory bodies
- Other Departments

- 11.2. All consultants will be required to present end of stage deliverables for review and recommendations to the Health Infrastructure Approval Committee according to FIDPM and KZN DOH policies.
- 11.3. All additional required presentations to be done as may be required.
- 11.4. All approvals to be acquired as may be required

12. Planning and Programming

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

PSP Deliverables according to FIDPM stages of work	Duration to produce deliverables from each stage
Stage 2: Concept & Viability Report	10 months
Stage 3: Design Development Report	2 months
Stage 4: Documentation & Procurement	9 months
Stage 5: Works	35 months
Stage 6: Handover	5 months
Stage 7: Project Close Out	22 months
TOTAL PROJECT TIME	83 months

Upon award, The Lead Consultant is required to submit for approval a formal programme listing activities, level of detail, critical path activities and their dependencies, frequency of updating key dates, particulars of phased completion, programme constraints, milestone dates for completion, etc. including the activities to be carried out by the Employer or by others. The programme should factor in the receipt and subsequent approval (by Head of Health or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 2, 3, 4 and 6) of the relevant gazettes as stated in point 9 above and corresponding FIDPM Stages (2 to 7),

13. Software Application for documents

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

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

14. Use of Reasonable Skill and Care

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

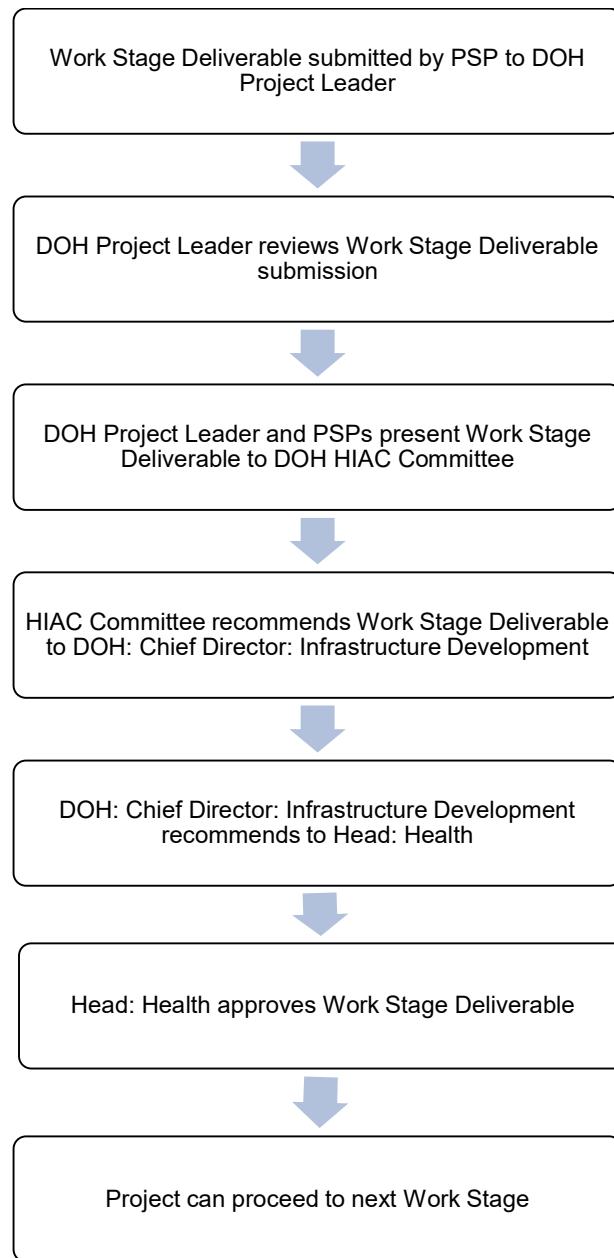
15. Co-operation with Other Service Providers and Affected Parties

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

16. Copyright

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

17. General Approval Process per Work Stage



18. Access to Land / Buildings / Sites

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

19. Quality Management

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

20. Format of Communications

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

21. Key Personnel

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

22. Management Meetings

Project Management meetings to monitor project progress will take place every 14 calendar days (One Technical Meeting and one Progress Meeting per month)

23. Forms for Contract Administration

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

24. Daily Records

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

25. Fee Claims and Apportionment of Fees

Receipt and subsequent approval (by Head of Health or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 1, 2, 3, 4 and 6) of the relevant gazettes as stated in point 10 above and corresponding FIDPM Stages (2 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

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

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

Construction Project Management (Principal Consultant and Principal Agent)

Stage 2	10%
Stage 3	25%
Stage 4	10%
Stage 5	40%
Stage 6	15%

Architecture

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

Structural Engineering

Stage 2	20%
Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	10%

Civil Engineering

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

Quantity Surveying

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

Electrical Engineering

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

Mechanical Engineering

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

Construction Health and Safety

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

26. Use of Documents by the Employer

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

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

27. Mentorship of Employers Trainees / Interns

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

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

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

28. Project

The estimated project works value is **R 109 728 967,97 (One Hundred and Nine Million, Seven Hundred and Twenty Eight Thousand, Nine Hundred and Sixty Seven Rands and Ninety Seven cents Exclusive of 15% VAT)** for the construction of a new paediatric ward at KwaMagwaza Hospital.

29. Cost and pricing of the project

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

The tendered lump sum percentage is to include for any and all surcharges applicable to the project for all professionals and **THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT**. All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in point 10 above).

30. Project Details

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

- Construction Project Manager (Principal Consultant and Principal Agent)
- Structural Engineer/Technologist
- Civil Engineer/technologist
- Architect
- Quantity Surveyor
- Electrical Engineer/Technologist
- Mechanical Engineer/Technologist
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer/Technologist (Appointed Post Award)
- Environmental specialist (to be appointed post award)

The relevant Guidelines are as per the following:

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

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

31. Conditions of Appointment

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

- 31.2. Upon project award, Consultants may only amend the list of the required Lead Professionals upon written replacement request to the Client prior to the signing of the project contract. The replacement request will only be reviewed should the new Lead Professional be at the same level of qualification as the previously supplied name or better.
- 31.3. Registered Professionals listed as the Lead Professional for each Professional discipline on the project (as per Form A) must play an active and visible role on the project. Lead Professionals must attend a minimum of 70% of all meetings. Failure to comply with this condition will constitute a breach of this contract.
- 31.4. Consultants must submit all returnable documents as listed on Appendix B herein. Failure to submit all the requested documents will result in the bid not being considered.

32. Evaluation Criteria

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

PHASE 1: Responsiveness

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

PHASE 2: Eligibility and Quality/Functionality Evaluation

Eligibility Criteria

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

The professional multi-disciplinary team must consist of:

- o Professional Registered Construction Project Manager (Lead Consultant/Principal Agent)
- o Professional Registered Architect
- o Professional Registered Quantity Surveyor
- o Professional Registered Structural Engineer/Technologist
- o Professional Registered Civil Engineer/Technologist
- o Professional Registered Mechanical Engineer/Technologist
- o Professional Registered Electrical Engineer/Technologist
- o Professional Registered Construction Health and Safety Agent

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professional Leads must be Registered Professionals or Registered Professional Technologists. All Registered Professionals and Candidates must be in good-standing with their respective council and their membership must be valid. Proof of good-standing will be required to be submitted for all Professionals and Candidates **prior to the signing of the contract**. Failure to provide this proof will result in the award being withdrawn. PROFESSIONAL LEAD MUST HAVE A MINIMUM OF 10 YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE AND THE REST MUST HAVE A MINIMUM OF 5 YEARS. THE PROFESSIONAL LEAD FOR CONSTRUCTION HEALTH AND SAFETY AGENT MUST HAVE A MINIMUM OF 2 YEAR POST PROFESSIONAL REGISTRATION EXPERIENCE.

Proof of Registration for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Registrations in the provided designated sections

will render the bid non-responsive and result in the bid being excluded from further consideration.

The bidder may submit one Professional Indemnity worth **R20 million** for both Civil and Structural Engineering **OR** may submit two separate Professional Indemnities, one worth **R5 million** for Civil Engineering and another worth **R15 million** for Structural Engineering. Bidder may also submit one Professional Indemnity to cover the total value of all Professional Indemnities provided that it states all the relevant disciplines or it states that it will cover all types of works.

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:
 - Civil and Structural Engineering: R 20,0 million
 - Architectural: R 8,0 million
 - Quantity Surveyor: R 3,0 million
 - Electrical: R 4,0 million
 - Mechanical: R 1.0 million
 - Health and Safety: R 1,0 million
 - Other: R 2,0 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
<p>1. The professional multi-disciplinary team must consist of:</p> <ul style="list-style-type: none"> • Registered Professional Project Manager with experience in building works (Lead Consultant/Principal Agent) with a minimum of 10 years post professional registration experience. • Registered Professional Structural Engineer/Technologist with experience in structures and steel works • Registered Professional Civil Engineer/Technologist • Registered Professional Quantity Surveyor • Registered Professional Electrical Engineer/Technologist • Registered Professional Mechanical Engineer/Technologist <p>with a minimum of 5 years post professional registration experience.</p> <ul style="list-style-type: none"> • Registered Professional Construction Health and Safety Agent <p>with a minimum of 2 years post professional registration experience.</p>	<p>TAB LABEL: G-1</p> <p>Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H.</p> <p>Completed Form A (Appendix E)</p>
<p>2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:</p> <ul style="list-style-type: none"> • Civil and Structural Engineering: R 20,0 million (The bidder may submit one Professional Indemnity worth R20 million for both Civil and Structural Engineering OR may submit two separate Professional Indemnities, one worth R5 million for Civil Engineering and another worth R15 million for Structural Engineering.) • Architectural: R 8,0 million • Quantity Surveyor: R 3,0 million • Electrical: R 4,0 million • Mechanical: R 1.0 million • Health and Safety: R 1,0 million • Other: R 2,0 million <p>Bidder may also submit one Professional Indemnity to cover the total value of all Professional Indemnities provided that it states all the relevant disciplines or it states that it will cover all types of works.</p>	<p>TAB LABEL: G-2</p> <p>Proof of valid Professional Indemnity Insurance for each discipline complying with the minimum amounts stated shall be attached under the appropriate cover page provided under Appendix H</p>

ELIGIBILITY SUMMARY TABLE
NB: For Evaluation Committee use only

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

Quality/Functionality Criteria

Each bid is required to meet the minimum qualifying evaluation score of **70 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
<p>1. Bidder to demonstrate Technical Competency and relevant Experience relating to a general building, including specialised buildings, with a value of over R 30 million in the past 7 years per discipline (8 disciplines i.e. Construction Project Management, Structural Engineering, Civil engineering, Architecture, Mechanical Engineering, Quantity Surveying, Electrical Engineering, Construction Health and Safety)</p>	<p>TAB LABEL: H-1</p> <p>1.1 Bidder to complete one (1) Curriculum Vitae (CV) for the allocated Lead Professionals per discipline. The required CVs may be from different firms, one firm allocated per one or more discipline. The following conditions must be met to receive points in this category:</p> <p>1.1.1. CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix I. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>1.1.2. CVs to be provided for the Lead Professionals per discipline for a MINIMUM total of 8 CVs. Each Lead Professional's experience must align to their allocated discipline.</p> <p>1.1.3. CVs provided must align with the information submitted in Form A (Appendix E).</p> <p>1.1.4. Completion certificates per project MUST be provided to obtain points for the Lead Professional per discipline for their past project experience (Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV). Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>1.2. Contractor award letters OR signed final account summaries OR signed reference letters from the client; clearly stating the project value, project start date and end date MUST be provided to prove value of projects. Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV). Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>Documents requested in 1.1.4 and 1.2. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>Only the first 3 stated past projects per professional CV will be evaluated as per the CV template. Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded per CV submitted.</p>	<p>80 points (see scoring table below for the point breakdown)</p>

Evaluation criteria	Documentation to be provided	Points allocated
	<p><u>Allocation of points will be as follows:</u></p> <p>- 2 points will be awarded per completed compliant CV per discipline for each Lead Professional.</p> <p>- 0 points will be awarded for incorrectly completed, incomplete or no CV submitted on the required template and project experience that does not meet the above experience submission criteria.</p> <p><u>AND</u></p> <p>- 8 points will be awarded per past project that is of a general building, including specialised buildings, is greater than R30 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 4 points will be awarded per past project that is of general building, including specialised buildings, and is between R20 million and R30 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 2 points will be awarded per past project that is of a general building, including specialised buildings, and is between R10 million and R20 million in value and has been completed in the past 7 years, provided proof of value is submitted.</p> <p>- 0 points will be awarded for per past project that is less than R10 million in value, incomplete or no past project experience documentation submitted, and projects that do not meet the above experience submission criteria</p>	
2. Organogram of Resources Proposed for the Project per Professional Discipline	<p>TAB LABEL: H-2</p> <p>2. One team organogram displaying the Construction Project Manager (Principal Consultant) and the Lead Professionals per discipline that falls under the Principal Consultant as part of the Multidisciplinary team. In addition, an organogram per discipline that sets out the roles of each proposed team member and states the name and Professional Registration Number of the Lead Professional for the Project (Information provided for the Lead Professional member must align with Form A) must be provided. The following conditions must be met to receive points in this category:</p> <p>2.1. One team organogram to be provided</p> <p>2.2. Eight individual organograms must be provided, 1 for each Professional Discipline i.e. Construction Project Management, Civil Engineering, Structural Engineering, Mechanical engineering, Architectural, Quantity Surveying, Electrical Engineering, Construction Health and Safety.</p>	20 points (see scoring table below for the point breakdown)

Evaluation criteria	Documentation to be provided	Points allocated
	<p>2.3. Organograms must be inserted under the provided cover page as Appendix I</p> <p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> - 4 points will be awarded for the submission of a team organogram detailing the Construction Project Manager (Principal Consultant) and all other Lead Professionals per discipline. - 0 points will be awarded for no submission and irrelevant submissions. <p><u>AND</u></p> <ul style="list-style-type: none"> - 2 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions. - 1 point will be awarded per organogram per discipline for organograms that partially comply with the above instructions. - 0 points will be awarded for no submission and irrelevant submissions. 	

FUNCTIONALITY SCORING TABLE
NB: For Evaluation Committee use only

		Specific Project Functionality Criteria									
		CV's		Project Experience (Max. of 3 projects)				Multi-disciplinary Team Organogram		Individual Discipline Organogram	
				Maximum Points	Points Allocated	Maximum Points per project	Max Weighted Points	Points Allocated per project	Allocated Weighted Points	Maximum Points	Points Allocated
Project Multi-disciplinary Team	1	Registered Professional Project Manager(Lead Consultant/Principal Agent)	2	8							2
	2	Registered Professional Quantity Surveyor	2	8							2
	3	Registered Professional Structural Engineer	2	8							2
	4	Registered Professional Civil Engineer/Technologist	2	8							2
	5	Registered Professional Mechanical Engineer/Technologist	2	8							2
	6	Registered Professional Electrical engineer/ Technologist	2	8							2
	7	Registered Professional Architect	2	8							2
	8	Registered Professional Construction Health and Safety Agent	2	8							2
	Sub-Total 1 Points		16			64				4	16
	Sub-Total 2 Points					.....80					...../20
	TOTAL SCORE						.....	...../100			

1. Eligible Y/N: _____
2. Functionality points: _____ /100
3. Above 70 points threshold Y/N: _____
4. Bid value: (Rands)

PHASE 3: Price and Preference

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

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

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

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 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); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

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

- a) The applicable preference point system for this tender is the **80/20** preference point system.
- b) The **80/20 preference point system** will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

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

- (a) Price; and
- (b) Specific Goals.

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

The maximum points for this tender are allocated as follows:

	POINTS
PRICE	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
$Ps = 80 \left(1 - \frac{Pt - P_{min}}{P_{min}} \right)$	or	$Ps = 90 \left(1 - \frac{Pt - P_{min}}{P_{min}} \right)$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

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 allocated (90/10 system) (To be completed by the organ of state)	Number of points claimed (90/10 system) (To be completed by the tenderer)	Number of points claimed (80/20 system) (To be completed by the tenderer)
Companies who are at least 51% Owned by Black People	20			

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number:

4.5. TYPE OF COMPANY/ FIRM

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

[Tick applicable box]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that

the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
 - (a) disqualify the person from the tendering process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution, if deemed necessary.

.....
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME:

DATE:

ADDRESS:

.....

.....

.....

SECTION H

OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 5361/2023-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR THE CONSTRUCTION OF A PAEDIATRIC WARD AT KWAMAGWAZA HOSPITAL.
Date:	10 November 2023
Time:	10:00
Venue:	KwaMagwaza Hospital, KwaMagwaza road, Melmoth, 3835

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)
.....
Date:	Departmental Stamp (Optional)
.....	Date:
.....

SECTION I

TAX COMPLIANCE STATUS (TCS)

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

TAX NUMBER:

PIN NUMBER:

SECTION J

AUTHORITY TO SIGN A BID

A Companies

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

Authority by Board of Directors

By resolution passed by the Board of Directors on

.....
(date)

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

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

.....
(Name of Company)

In his/her capacity as:

.....
Signed on behalf of Company:

.....
(print name)

.....
Signature of signatory:

.....
Date:

Witnesses:

1.

2.

B Sole proprietor (one - person business)

I, the undersigned

.....
(name)

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

.....
(name)

.....
Signature of signatory:

.....
Date

C Partnership

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

Full name of partner	Residential address	Signature

We, the undersigned partners in the business trading as

.....
(name)

hereby authorized

.....
(name)

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

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

D **Close Corporation**

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

Authority to sign on behalf of the Close Corporation

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

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

(Name of Closed Corporation)

In his/her capacity as:

Signed on behalf of Closed Corporation:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

E Co-Operative

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

Authority to sign on behalf of the Co-Operative

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

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

(Name of Co-Operative)

In his/her capacity as:

Signed on behalf of Co-Operative:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

F Joint Venture

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

Authority to sign on behalf of the Joint Venture

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

.....
(date)

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

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

.....
(Name of Joint Venture)

In his/her capacity as:

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

.....
(print name)

.....
Signature of signatory:

.....
Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

G Consortium

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

Authority to sign on behalf of the Consortium

By resolution of the members on

.....
(date)

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

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

.....
(Name of Consortium)

In his/her capacity as:

.....
Signed on behalf of Consortium:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

APPENDICES

APPENDIX A - BID PROFORMA

(To be completed by the Lead Consultant)

General Notes -

- Bidders are requested to complete Table 1 and Table 2 of Appendix A. The total fees from Table 1 must be carried to the form of offer.
- Preference Points (based on the PRICE only) and Total Percentage offered take precedence over any additional detailed fee calculations submitted, where there is any ambiguity
- Bidders are to tender a total percentage (to 2 decimal places) for the entire team based on the value of work for fees estimate. This percentage will remain fixed throughout the project and is deemed to include for any surcharges due to alterations works and for Principal Consultant and Principal Agent Fees.
- Disbursements shall be allowed for as stipulated in Table 1 but shall be claimed and paid on a PROVEN COST BASIS ONLY. The Land Surveyor, Environmental Specialist and Geotechnical Engineer/Technologist costs will be paid from the disbursement allowance. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- The estimated Value of Work for Fees is an estimate and not the final value. The tendered PERCENTAGE will be based on the actual project works value determined upon project completion.
- Table below is NOT to be modified by Tenderer

TABLE 1

Value of Work for Fees	R 109 728 967,97
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 3 903 029,80
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

DATE:

TABLE 2 – APPORTIONMENT OF FEES

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

COMPANY STAMP:

DATE:

APPENDIX B – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Documents	Tick	
		Yes	No
Please ensure the following items are fully completed and complied with:			
1.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
2.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
3.	Declaration that information on central supplier database is correct and up to date		
4.	Bidders Disclosure – SBD 4		
5.	Official Briefing Session / Site Inspection Certificate *		
6.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
7.	Authority To Sign A Bid		
The following documents are to be submitted under Appendix: G			
7.	Proof of Registration with Companies and Intellectual Property Commission (CIPC)		
8.	Proof of ownership in the form of printouts from CSD or CIPC clearly indicating ownership details to receive Preference Points for Specific Goals		
9.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement letter from Ward councillor or affidavit from Commissioner of oaths, if office is in an area where rates are not paid)		
The following documents are to be submitted under Appendix H under the relevant cover pages:			
10.	Proof of Registration with Council / Professional Body for all Lead Professionals (Attach Letter of Good standing with the relevant council if applicable dated during the year of Bid)		
11.	Proof of the relevant professional Indemnity Insurance (See section 32. Evaluation Criteria for additional information) – Civil and Structural Engineering: R 20,0 million Architectural: R 8,0 million Quantity Surveyor: R 3,0 million Electrical: R 4,0 million Mechanical: R1,0 million Health and Safety: R 1,0 million Other: R 2,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
12.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
13.	Organogram for each Professional Discipline Team		

BIDDERS TO NOTE

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

*A letter indicating which discipline's firm attended the brief meeting on behalf of which Lead firm should be appended

APPENDIX C - CONTRACT DATA

C1. Contract Data

C1.1 Standard Professional Services Contract

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

C1.1.1 Data provided by the Employer

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

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

C1.2.3 Data provided by the Service Provider

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

Clause										
	<p>(Name of project as per Form of Offer and Acceptance)</p> <p>holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider,</p> <ul style="list-style-type: none"> i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and ii. hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract. <p>I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate.</p> <p>I confirm that the Service Provider renounces the benefit of the <i>exceptionis non causa debiti, non numeratae pecuniae</i> and <i>excussionis</i> or any other exceptions which may be legally raised against the enforceability of this indemnification.</p> <p>Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement.</p>									
	<p>Name:</p> <hr/> <p>Signature:</p> <hr/> <p>Capacity:</p>									
7.1.2	<p>As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, and/or, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation.</p> <p>The Key Persons and their jobs / functions in relation to the Services are:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Principal and/or employed professional(s)</th> <th>Specific duties</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> </tbody> </table>	Name	Principal and/or employed professional(s)	Specific duties	1.			2.		
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 Trips to Site:

Disbursements in respect to mileage for travel to site shall be capped at a maximum of **180km per single trip (360km per return trip)**. Subsistence, accommodation and travel time shall not be claimable. The costs of travelling time and other necessary travel expenses should be accounted for in the tendered percentage.

Trips to Off-Site Meetings requested by and approved by the Client

Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than **100 km (one way)** from the Service Provider's office. Disbursements in the form of mileage shall be claimable only from the appointed office of the Service Provider. Subsistence, accommodation and travel time shall not be claimable. The costs of travelling time and other necessary travel expenses should be accounted for in the tendered percentage as stated in C2.1.1.1.

C2.1.1.6 N/A

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

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

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

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

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

C2.1.2 **Value based fees**

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

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

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

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

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

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

C2.1.3 **Additional Services**

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

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

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

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

C2.1.3.5 Principal Agent of the Client
No separate payment shall be made for assuming the role of principle agent. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

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

C2.1.5 Typing, printing and duplicating work

C2.1.5.1 Reimbursable rates
The costs of typing, printing and duplicating work in connection with the documentation which must of necessity be done, except those which must in terms of the relevant Manual or other instructions be provided free of charge, shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: : <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

C2.1.5.2 Typing and duplicating
If the Service Provider cannot undertake the work himself, he may have it done by another service provider which specializes in this type of work and he shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him confirming that the tariff is the most economical for the locality concerned subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
If the Service Provider undertakes the work himself, he shall be paid in respect of actual expenses incurred subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".
Typing and duplicating expenses shall only be refunded in respect of the final copies of the following documents namely formal reports, formal soil investigation reports, specifications, feasibility reports, bills of quantities, material lists, minutes of site meetings and final accounts. The cost of printed hard covers shall only be paid in respect of documents which will be made available to the public such as bills of quantities and specifications or where provision of hard covers is specifically approved.
The typing of correspondence, appendices and covering letters are deemed to be included in the value based fees and time based fees paid.

C2.1.6 Travelling and subsistence arrangements and tariffs of charges
Notwithstanding the ruling in C2.1.5 above (regarding disbursements and travelling expenses which will not be paid separately), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer's offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.

C2.1.6.1 General
The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.
As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the tariff applicable at the time of the expenditure.

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

C2.1.6.2 Travelling time

No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs

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

Trips to Site:

Disbursements in respect to mileage for travel to site shall be capped at a maximum of **180km per single trip (360km per return trip)**. Subsistence, accommodation and travel time shall not be claimable. The costs of travelling time and other necessary travel expenses should be accounted for in the tendered percentage.

Trips to Off-Site Meetings requested by and approved by the Client

Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than **100 km (one way)** from the Service Provider's office. Disbursements in the form of mileage shall be claimable only from the appointed office of the Service Provider. Subsistence, accommodation and travel time shall not be claimable. The costs of travelling time and other necessary travel expenses should be accounted for in the tendered percentage as stated in C2.1.1.1.

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

C2.2 Activity Schedule

C2.2.1 Activities

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

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

APPENDIX D:

PROJECT BRIEF



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

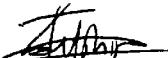
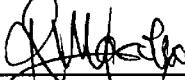
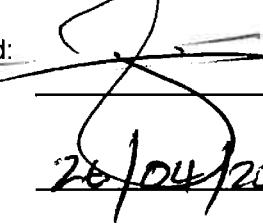
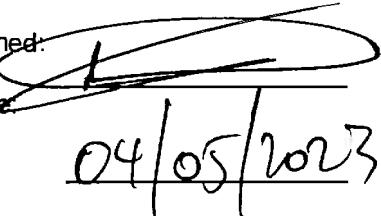
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PIETERMARITZBURG INFRASTRUCTURE
MANAGEMENT HUB

PROJECT BRIEF

KWAMAGWAZA HOSPITAL: CONSTRUCTION OF NEW PAEDIATRIC WARD

Drafted by:	Ziphezinhle Ntombela Civil Engineer Intern Empangeni Infrastructure Management Hub	Signed:  Date: <u>18/04/2023</u>
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Recommended by:	T Dlamini Acting Director: PMB Infrastructure Management Hub	Signed:  Date: <u>26/04/2023</u>
Approved by:	S.T. Mhlongo Acting Chief Director: Infrastructure Development	Signed:  Date: <u>04/05/2023</u>

Document Control

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1. Project Details

1.1. The Facility

- Facility Name: : KwaMagwaza Hospital
- Facility Number: : F001931
- Facility Type: : Hospital - District
- Facility Owner: : Government - Provincial

1.2. Location

- Province: : KwaZulu-Natal (KZN)
- District Municipality: : King Cetshwayo
- Local Municipality: : Mthonjaneni
- Ward: : 0.00
- Cadastral description:
 - Latitude: : -28,629327
 - Longitude: : 31,34105
- Street address (or directions): : KwaMagwaza Road, Melmoth, 3835
- Postal address: : P/Bag X808
Melmoth, 3835
- Telephone number: : 035 450 2060

1.3. The Project details

- Project Name: : KwaMagwaza Hospital: Construction of Paediatric Ward
- KZN-DOH Project Number: : N/A
- Project Code: : N/A
- Project Details / Scope: : Construction of 28 Bed Paediatric Unit
- Project Type: : Infrastructure Development - Projects
- Budget Programme Number: : Programme 8
- Budget Programme Name: : Health Facilities Management
- Sub-programme: : Provincial (Regional) Hospital Services
- Infrastructure Programme Name: : Not part of a programme
- Nature of Investment: : Upgrading and Additions
- Nature of Investment Sub-status: : Additions
- IRM Infrastructure Category: : DoH - Additions
- IRM Infrastructure Type: : Secondary

1.4. Project Team

1.4.1. KZN Department of Health

1.4.1.1. Infrastructure Development

- Project Leader: : Ms Ziphezinhle Ntombela
- Architect: : Ms Zamokuhle Nxumalo
- Quantity Surveyor: : Ms Amanda Manyanga
- Electrical Engineer: : Mr M Myeza, PrEng
- Mechanical Engineer: : Mr S Dlamini
- Civil/Structural Engineer: : Ms Takalani Netshipale

- Occupational Health & Safety: : Ms S Ngcobo
- Quality Assurance: : Ms Y Thambiran
- Organisational Development: : Mr T Sosiba
- Monitoring & Evaluation: : Ms M Maduna
- Health Technology : Mr M Kotelo

1.4.1.2. Department of Health – General

- Facility Management:
 - Operational Manager (CEO): : Dr I Mbokazi
 - Clinical Manager : Mrs Buthelezi
 - District Director (King Cetshwayo) : K Hlophe
- Head office programme:
 - IT Services : N/A
 - Security Services : N/A
 - KZN-DoH Paediatrics and Child Health : Prof. Neil MC Kerrow
 - Infection Prevention Control (IPC) : Dr Kumbuzile Khumalo

1.4.2. Oversight Team

- Provincial Champion: Mr ST Mhlongo (Acting Chief Director Infrastructure Development)
- Provincial Power User: Ms M De Goede (Director: Infrastructure Planning)
- Project Sponsor: Mr ST Mhlongo (Acting Chief Director Infrastructure Development)
- Project Control Group: Infrastructure Development
- Project Approver: Mr ST Mhlongo (Acting Chief Director Infrastructure Development)
- Project Verifier: Ms M De Goede (Director: Infrastructure Planning)

1.4.2.1. Implementing Agent	: KZN DoH
• Project Coordinator/Leader	: Ms. Ziphezinhle Ntombela
• Implementing Agent Champion	: Mr. ST Mhlongo
• Project Monitor	: Ms. M Maduna
• Professional Service Providers	
◦ Project Manager	: To be appointed from Stage 2
◦ Architect:	: To be appointed from Stage 2
◦ Quantity Surveyor:	: To be appointed from Stage 2
◦ Electrical Engineer:	: To be appointed from Stage 2
◦ Mechanical Engineer:	: To be appointed from Stage 2
◦ Civil/Structural Engineer:	: To be appointed from Stage 2
◦ Structural Engineer:	: To be appointed from Stage 2
◦ Occupational Health & Safety:	: To be appointed from Stage 2
◦ Approved Inspection Authority	: To be appointed from Stage 2 for asbestos removal

1.4.3. Stakeholders

Challenge Members include:

- National Department of Health
- Provincial Treasury
- Applicable Municipalities
- Organised Labour
- Local Councillor

- Project Steering Committee
- Special Interest groups

1.5. Project Background

1.5.1. History

KwaMagwaza Hospital has a history dating back to the 1860s, first intended as the Nzimela Mission through an agreement between King Mpande and Robert Robertson. It has a complicated history reaching as far as Swaziland and laced with war and destruction. Out of the aftermath rose a stone church, this new age giving birth to an era of firsts circa Titus Mthembu as the first African Priest. Very few of the rooms of Staff House, the original St Mary's hospital have their original function today.

Some distance away a new female ward was built in the 1920s and a myriad of rondavels made up the male ward in the 1930s. The hospital was extended in the 1950s where various brick and mortar buildings were erected for multiple purposes but some buildings, due to financial constraints, were prefabricated. The additions were done to accommodate the ever-evolving demands of healthcare provision, with a specific intention for child health care and rehabilitation programmes. This branch of medical care eventually came to be known as paediatric care.

Source: <http://www.kznhealth.gov.za/kwamagwaza/history>.

1.5.2. Situation today

KwaMagwaza hospital is a district hospital situated in the Mthonjaneni municipality, which falls under the King Cetshwayo District. It is located about 11km from Melmoth town centre. It has 147 authorized beds while serving an approximate population of 60 000. The Hospital is one of six district hospitals and is the mother hospital to six clinics and one health centre. KwaMagwaza Hospital is an existing brick, mortar and concrete building and there are 3-4 adjacent buildings with asbestos roofing, while the existing paediatric ward is prefabricated. Of the population served, KwaMagwaza receives and renders services to surplus of 17 000 outpatients. The medical professionals also care for over 2500 maternity and antenatal patients, over 3000 paediatric patients.

The listed services below are offered at KwaMagwaza Hospital.

1.6. Current Services offered at KwaMagwaza Hospital

- Orthopaedic
- Paediatric/Nursery Services
- Medical and Surgical conditions.
- Patient reviews
- Immunization and family planning.
- Infectious conditions e.g., TB.
- Burns
- Physiotherapy
- Maternity
- Dental Services
- Antenatal/Gynae Services
- Radiology Services
- Mental Health Services
- Eye Services
- Occupational Services

- Trauma and Emergency
- Audiology Services

1.7. Clinics under KwaMagwaza Hospital

Below is a list of the clinics that are under KwaMagwaza Hospital as a mother hospital.

Table 1-1: Clinics under KwaMagwaza Hospital in Mthonjaneni Local Municipality

Name of Clinic	Distance from the Hospital
KwaYanguye	38km
Melmoth	10km
Thubalethu Health Post	13km
Mbiza	56km
Nomponjwana	36km
Nogajuka	32km
Ndundulu	28km

1.8. The Site:

The hospital is situated on KwaMagwaza Road, Melmoth in KwaZulu-Natal. From Melmoth, take the R34 and drive south for 3km, then turn right towards KwaMagwaza. The hospital is 7.2km from the turn-off. Melmoth is 43.5km South of Ulundi and 87.6km North-West of Richards Bay in KwaZulu-Natal. It is roughly 89,2m² in size and located to the northwest of the district with Eshowe to the south. The site is located inside KwaMagwaza Hospital and slopes up towards the east with a level difference of about 10 meters, but has a chamber from the north to south with the middle having the lowest ground levels. The buildings are spread across the site and are connected by walkways and the medical buildings are surrounded by Nurses' homes.

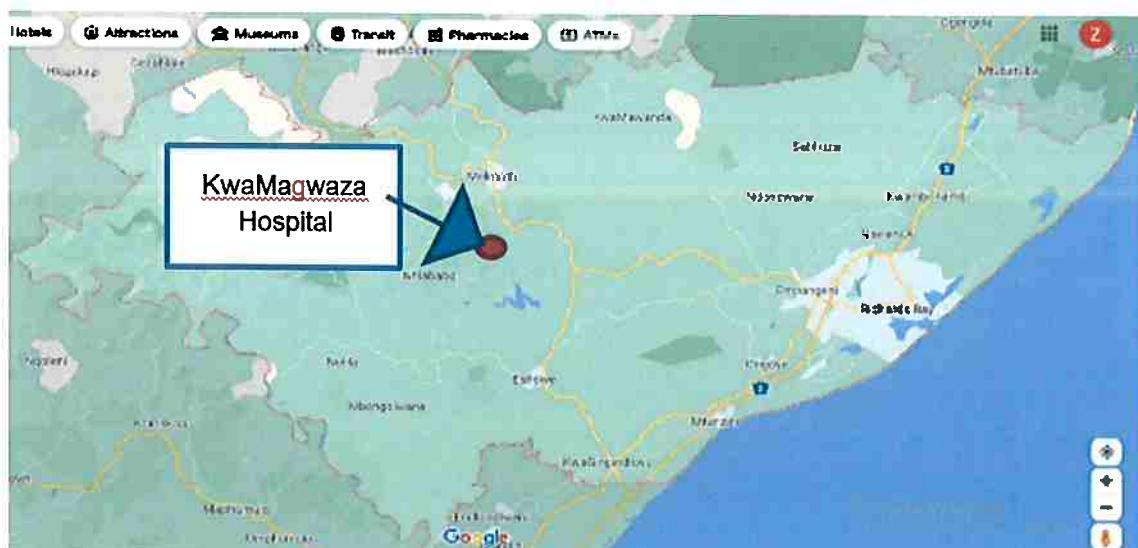


Figure 1-1: Map of King Cetshwayo District

Source: Google Maps

1.8.1. Strategic location of site:

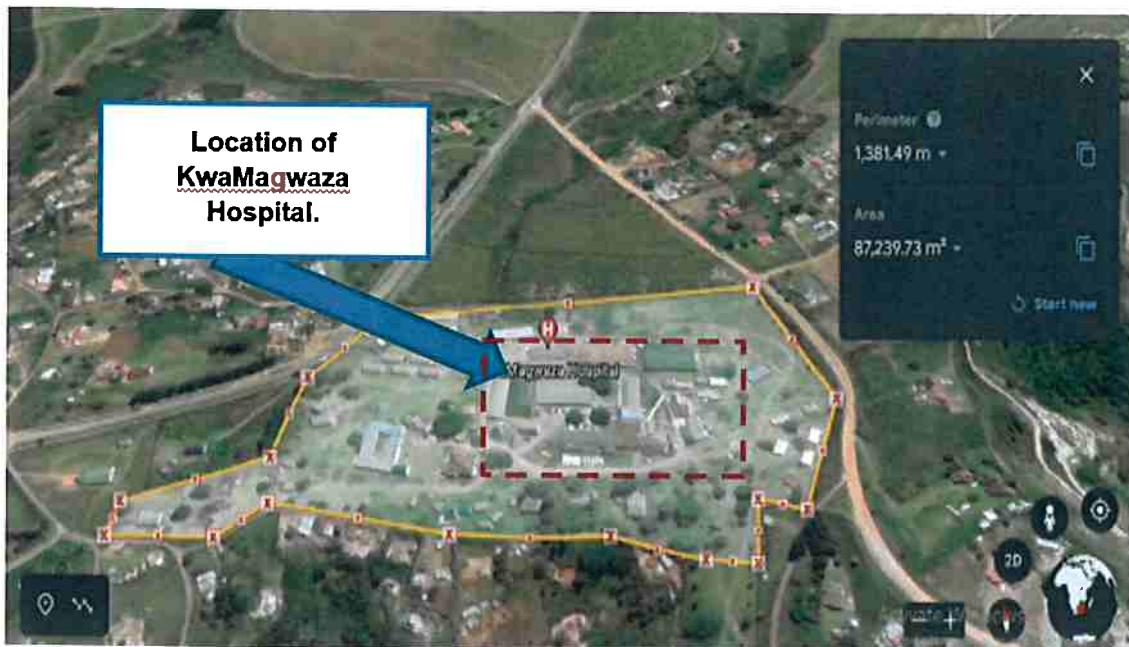


Figure 1-2: Map of KwaMagwaza Hospital

1.8.2. Paediatric Ward Site Conditions:

- The paediatric ward is in a very poor condition beyond maintenance.
- The staff and patients who are still utilising this ward are exposed to numerous hazards such as slippery floors and potential electrical shocks. Their safety is compromised while the structure continues deteriorating.
- The building is a prefabricated building with columns that have become hollow and now allow pests like dangerous rats and snakes to enter the building.
- The roof is damaged and leaking, resulting in the tripping of the main circuit breaker, posing a risk of an electric shock and potential fire eruption.
- Although minor renovations were conducted, such as the changing of steel pipes to galvanized pipes, the roof condition remains the same.
- The whole ward is in a very poor condition and there is no storeroom to keep surgical sundries.
- The environment is not conducive for sick babies.
- The paediatric ward does not comply with Infection prevention and control guidelines because a back-to-back hand washing facility cannot be installed. When installation was attempted, it became too heavy for the prefabricated wall structure.
- The plumbing is also under the floor and is difficult to maintain.
- Upon site inspections from different teams from DoH, the recommendations were to discontinue the use of the prefabricated structure for patients. It was emphasised that if the hospital continues using it, operations will be used at the hospital's own risk.

Below is an indication of the location of the existing paediatric unit.



Figure 1-3: Existing site – Paediatric unit within KwaMagwaza Hospital

Source: Google Earth



Figure 1-4: Existing site – HAST Unit within KwaMagwaza Hospital

Source: Google Earth

The proposed site is located in the proximity of the maternity ward, highlighted in yellow. It is also located near an open field where a suitable playing area can be constructed for the facility. The construction of a road is currently underway which will provide efficient access to emergency vehicles and the proposed helipad heading to the new paediatric ward.



Figure 1-5: Existing site –Location of the Existing and Proposed new Paediatric unit within KwaMagwaza Hospital

Source: Google Earth

- Restrictions:
 - Planning and other restrictions to be confirmed with the Local Authority
- Land use definition
 - Institutional
 - Site belong to provincial government
- Heritage components
 - In the proximity of an existing grave site
- Survey of the site
 - To be carried out.
- Geo-technical information
 - To be carried out.
- Traffic impact study
 - Not applicable
- External circulation
 - Access to the site: The proposed site is within KwaMagwaza Hospital and the existing main access to site is via KwaMagwaza road
 - Access to Public transport: Public transport is available at the main entrance gate. There is an existing bus station next to the main gate along the KwaMagwaza road.

- Pedestrian routes: There is a pedestrian route outside the main gate leading to the main entrance from the taxi drop off.
- Roads: Roads are asphalt.
- Walkways: External walkways are not paved. There are footpaths from the taxi drop off leading to the main entrance. Internal walkways, linking buildings are roofed
- Parking: There is no off street parking available for private vehicles except for public transport vehicles. There is existing on-site parking; however, it is assumed that this will be altered with the new development. Only staff parking internally.
- Climatic conditions

In Melmoth, the summers are short, warm, muggy, and wet; the winters are short, cool, and dry; and it is mostly clear year round. Over the course of the year, the temperature typically varies from 7°C to 28°C and is rarely below 5°C or above 32°C.

- **Rainfall:** Rain falls throughout the year. The month with the most rain is February and the month with the least rain is June.
- **Humidity:** Unlike temperature, which typically varies significantly between night and day, dew point tends to change more slowly, so while the temperature may drop at night, a muggy day is typically followed by a muggy night. The month with the fewest muggy days is July.
- **Wind:** The windier part of the year average wind speeds of more than 143, 2 km/hr. The windiest month of the year is October, with an average hourly wind speed of 162,5km/hr. The calmer time of year is April, with an average hourly wind speed of 122,3km/hr.

Source: <https://weatherspark.com/y/96788/Average-Weather-in-Melmoth-South-Africa-Year-Round#>

- Aviation for emergency aircraft:
 - There is no existing emergency aircraft landing and the construction of one is in the planning stage.
- Seismic activity:
 - No known activity
- Radio towers:
 - Any impact of new building on radio towers to be investigated and mitigated if any
- Site orientation:
 - The existing paediatric ward is located in the middle of the Hospital
- Security and access control:
 - Access is currently controlled through a manual gate and security staff by the main entrance.
- Department orientation and positioning relative to entrances
 - Refer to Figure 1-3 above for diagram of paediatric unit relative to the rest of the Hospital
- Bulk services (Services required is discussed in detail later in the document):
 - Sewerage: Requires new systems
 - Water: Existing on site - requires new connection to new water tank

- Electricity: Existing on site - requires new connection.
- Storm water: Requires new systems

2. Clinical Brief

2.1. Situational Analysis

2.1.1. Overview of King Cetshwayo District

The King Cetshwayo District Municipality (previously uThungulu District Municipality) is a Category C municipality and is located in the north eastern region of the KwaZulu-Natal Province. It covers the area from the uMfolozi River in the north, to Gingindlovu in the south, and inland to Nkandla. The district has two Regional Hospitals, 6 District Hospitals, 66 fixed clinics and 1 CHC, 14 Mobile Clinics and 66 mobile stopping points. The development of the Richards Bay Industrial Development Zone is boosting economic activity and attracting international investors. The district is home to seven local municipalities and is serviced by the above-mentioned facilities.

- Area: 8 214km²
- Population of 982 726
- Population Density per square kilometre: 110 km².
- Local Municipalities: Mhlathuze, Mthonjaneni, Nkandla, uMfolozi, uMlalazi.
- Main Economic Sectors: Manufacturing (40.9%), mining (15.2%), community services (11.9%), finance (8.7%), transport (8.5%), trade (6.5%), agriculture (5.3%), construction (2.1%)

Source: <https://municipalities.co.za/overview/124/king-cetshwayo-district-municipality>

2.1.2. Demographic Profile

The number of children constitutes just above 30% of the nation's population, two thirds of which live below the poverty line. The KwaZulu-Natal province has the highest percentage of children more than half of whom are below the mid adolescent age. The King Cetshwayo District accounts for 8.6% of the KZN population yet has the lowest growth rate. A low growth rate indicates a high mortality rate; statistically the leading causes of death of children under the age of 5 years, in order of magnitude, are perinatal conditions, non-natural causes, acute respiratory infections, congenital disorders and then diarrhoeal diseases.

- A. **uMhlathuze Local Municipality** – is densely populated by 46% of the district population. The high numbers of the population in this district is posing a challenge in the provision of health services for the following reasons. The sub district does not have the district level hospital that is an entry service to hospitalisation. The existing hospitals are higher-level facilities that also work as referrals for uMkhanyakude and Zululand districts.
- B. **uMlalazi Local Municipality** – Comprises the second largest population in the district at 20%. It has three District Hospitals namely, Eshowe, Catherine Booth and Mbongolwane; it has 14 fixed PHC facilities that are linked to these three hospitals.
- C. **uMfolozi Local Municipality** – Has 15% of the population and is serviced by fixed PHC facilities and no district Hospital. Patients who need a higher level of care are referred to Nseleni CHC, which has full-time medical officers. Should these patients need hospital admission they are also referred directly to Ngwelezane Tertiary or Queen Nandi Regional Hospitals.
- D. **Nkandla Local Municipality** – Has a population of 12% and currently serviced by two hospitals i.e. Nkandla and Ekhombe with 19 fixed PHC facilities linked to the two hospitals. The challenge with Nkandla Local Municipality is that it is deep rural with sparsely distributed households. Clients have to travel long distances to access the nearest health facilities.

E. Mthonjaneni Local Municipality – Has a population of 7% and is serviced by one District Hospital i.e. St Mary's KwaMagwaza Hospital and seven fixed PHC facilities as well one Health Post all linked to KwaMagwaza Hospital.

Table 2-1: King Cetshwayo Spatial Distribution.

Local Municipality	Current Spatial size (Area km)	Population (people)	Population Density per km ²	No of wards	No of traditional Authorities
City of uMhlathuze Sub District	795 km ²	442992	420/km ²	34	6
uMthonjaneni Sub District	1086 km ²	66502	44/km ²	13	3
Nkandla Sub District	1827 km ²	118738	510/km ²	14	17
UMfolozi Sub District	120 km ²	142763	88/km ²	17	5
UMLalazi Sub District	221 km ²	190070	100/km ²	27	14
King Cetshwayo District	821 km²	960065	110/km²	105	45

Source: King Cetshwayo District Municipality

District Health Plan 2020/21 – 2024/25

2.1.3. Epidemiology of Maternal, Infant and Child Mortality

South Africa is faced with a high maternal mortality rate so the Department of Health intends to reduce this rate by 45, 8% by the year 2030. This will require improvement in the quality healthcare provided by the government, not only is maternal health targeted but paediatric health care as well. Paediatric care speaks to the care of children from ages 0-12 years. Paediatric care involves the care of children from Antenatal (Unborn Children), Neonatal (Premature), Perinatal (Still Born – under seven days). Stillbirths account for a higher mortality rate and the other rate is contributed by early neonatal deaths. This indicates an impaired ability to detect high-risk pregnancies.

Table 2-2: King Cetshwayo District Municipality Births Statistics

Local Municipality	Facility Type	Facility	Delivery in facility	Delivery by Caesarean section	Maternal death in facility	Live birth in facility	Still birth in facility	Total births in facility	Death in facility 7 days	Death in facility 8-28 days	Death in facility 29 days – 11 months	Inpatient transfer out under 5 years	
KwaMagwaza.	Clinic	KwaYanguye	29	00	00	28	06	34	00	00	00	00	
		Ndundulu	16	00	00	14	01	16	00	00	00	00	
		Melmoth	07	00	00	00	00	07	00	00	00	00	
		Nogajuka	14	00	00	12	02	14	00	00	00	00	
		Nomponjwana	27	00	00	27	00	27	00	00	00	00	
		Mbiza	10	00	00	10	00	10	00	00	00	00	
TOTAL		Thubalethu	02	00	00	02	00	02	00	00	00	00	
			95	00	00	83	09	113	00	00	00	00	

2.1.3.1. Service Delivery Platform

The platform for service delivery in the District consists of 6 district hospitals, 1 community health centre, 66 Clinics, and 17 mobile clinics.

Table 2-3: Number of facilities by level of care for King Cetshwayo District Municipality (DC28)

Facility Type	uMhlathuze Local Municipality	uMfolozi Local Municipality	uMlalazi Local Municipality	Nkandla Local Municipality	Mthonjaneni District Municipality
Clinic	18	12	14	17	6
CHC / CDC	1	0	0	0	1
District Hospital	0	0	3	1	1
Regional Hospital	1	0	0	0	0
Central / Tertiary Hospital	1	0	0	0	0
Other Hospital	0	0	0	0	0

2.2. Scope of the Project

2.2.1. Brief overview of the Project Scope

The scope of the project is to construct a paediatric ward department and to renovate the existing HAST to house the existing paediatric services.

- Decanting the HAST building into an identified area by the facility.
- Renovating the HAST building to make it compliant with the needs to accommodate the existing paediatric wards
- Replace the existing asbestos roof with IBR.
- Excavations in the demarcated area for the paediatric ward.
- Construction of the new facility using brick and mortar in a new location inside the premises of the hospital.
- Construction of compliant water, oxygen, electrical, mechanical, sewer and storm waters
- Installation of compliant windows and new roof structure and sheeting
- Installation of removed furnishes and installation of new furnishes.
- Construction of respective storm water and sewer reticulation systems.

2.2.2. Brief conditional assessment

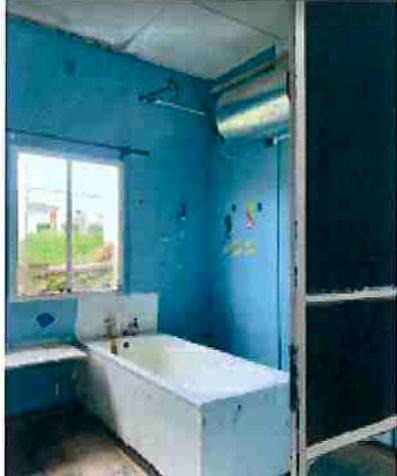
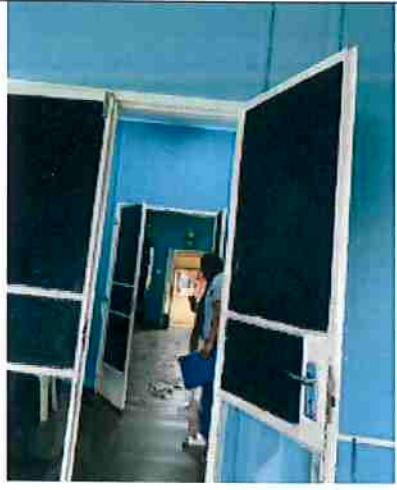
On 8 March 2022, a team from KwaZulu-Natal Department of Health Infrastructure Development visited the KwaMagwaza Hospital. The main objective was to conduct a condition assessment of the facility that had previously been reported to require intervention and the preliminary findings were sent to the Director of Engineering and Technical Support. The findings and recommendations emanating from the inspection conducted were to construct a new Paediatric Ward. The Paediatric facility is a crucial component of hospitals as this is where infants and children are treated. Special attention to the Paediatric services is required to maintain the protection of the children's health and provide the correct care service to them in a facility that is functional and safe.

Upon proper assessment, the Infrastructure development team that visited the KwaMagwaza Hospital found that the building currently housing the paediatric unit does not comply with the department's standards and regulations. It was then decided that a new location within the hospital premises would

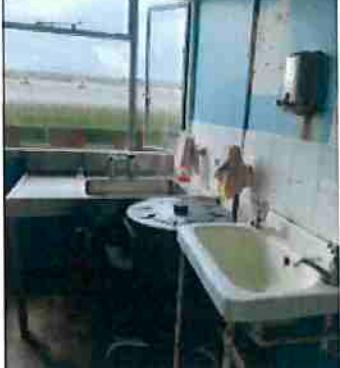
have to be identified as the proposed site to construct a compliant facility. The standards that will be implemented amongst other regulations is the IUSS for Paediatric and Neonatal Facilities Gazetted.

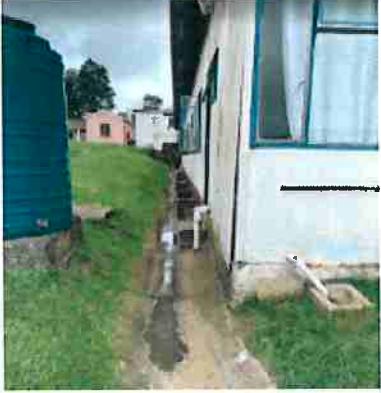
Table 2-4: Detailed description of the condition of the existing dedicated paediatric ward.

Paediatric ward	Illustration and description of current condition	
	<p>Front exterior of the prefabricated Paediatric building.</p> 	<p>Front exterior of the prefabricated Paediatric building.</p> 
	<p>Entrance to the building.</p> 	<p>Rusted corrugated iron walkways from the building.</p> 
	<p>Damaged structural joint between paediatric building and the physio building near the paediatric entrance.</p> 	<p>Damaged structural joint between paediatric building and the physio building next to the back of the building.</p> 

Paediatric ward	Illustration and description of current condition		
	Damaged concrete staircase from paediatric entrance to Physio building.	Concrete screed damaged in the entrance.	 
	Damaged floor and ceiling in kids' room.	Damaged floor and toilet in kids' room.	 
	Old and non-compliant glass doors in the children's room.	Damaged ceiling boards in the children's room.	 

Paediatric ward	Illustration and description of current condition		
	Damaged wall paint in the passage.	Chipped concrete floor screed in the corridors.	
	Damaged exit door between toilet and procedure room.	Water leak marks on ceiling in procedure room.	
	Damaged wall in the procedure room.	Damaged wall and exposed services in the procedure room.	

Paediatric ward	Illustration and description of current condition	
	Damages to frame around the glass windows in the ward clerk office.	Damages to staff kitchen floor and insufficient furniture.
		
	Ceiling damages in the isolation wards.	Ceiling damages in the isolation wards.
		
	Ceiling damages in the washing area.	Ceiling damages in the washing area.
		
	Non-compliant fittings in washing area.	Patient beds all in one ward.
		

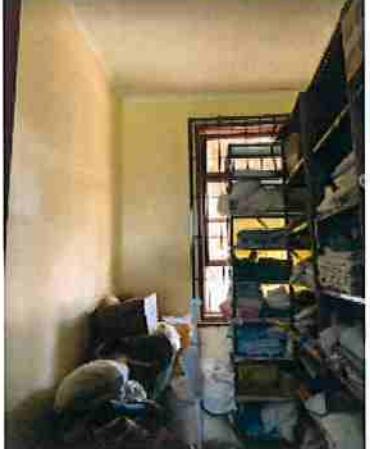
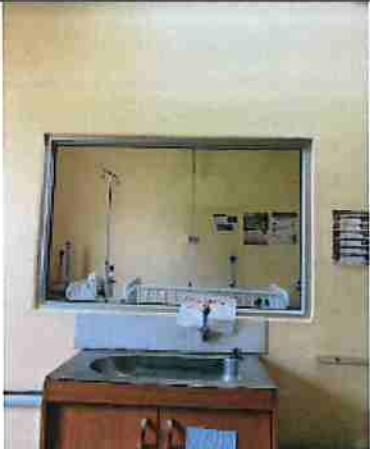
Paediatric ward	Illustration and description of current condition	
	Old and damaged roof and prefabricated walls. 	Stormwater system at the back of the paediatric ward 

2.2.3. Existing condition of the HAST Building

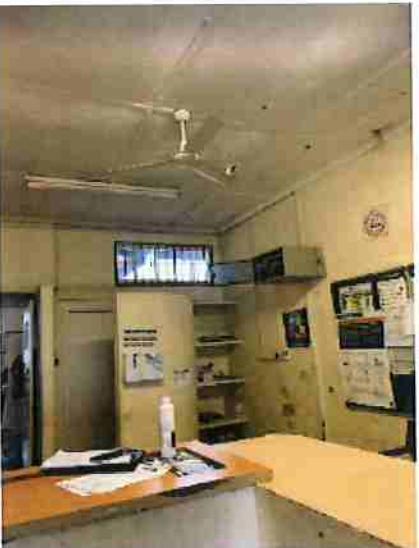
The existing paediatric building is a prefabricated structure and was condemned by the KwaZulu Natal Department of Health in effort to ensure a new structure is built and is compliant and. The building can not be rebuilt in the same space because the existing ward footprint is too small. Upon engagements with the hospital management, a new site was proposed. Although the prefabricated building will not be demolished, an alternative location still needs to be identified and a decanting strategy is still required due to the fact that the current building allows rats and snakes and is not suitable to heal sick children. Based on this predicament, it was proposed that the paediatric services decant into the existing HAST building. The HAST building also required renovations and the removals of its asbestos roofing, as illustrated below, to fulfil the required needs of the paediatric services. Below is the condition of the HAST building.

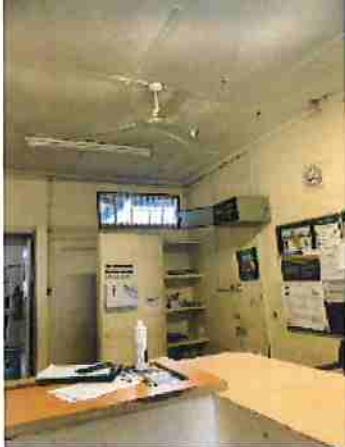
HAST Building	Illustration and description of current condition	
	Front exterior of the isolation ward attached to the HAST building. 	Front exterior of the isolation ward attached to the HAST building. 

HAST Building	Illustration and description of current condition		
	<p>Condition of asbestos roofing of HAST building</p> 	<p>Entrance to the isolation ward</p> 	
	<p>Nurses station in isolation ward</p> 	<p>Nurses station in isolation ward</p> 	
	<p>Condition of isolation ward for males</p> 	<p>Condition of isolation ward for males</p> 	

HAST Building	Illustration and description of current condition		
	Entrance to isolation ward for females	Nurses station near beds	
			
	Beds in isolation ward for females	Storage room	
			
	Disabled toilet	Isolation section in ward	
			

HAST Building	Illustration and description of current condition		
	Interior of isolation room 	Female toilets 	
	Showers in female toilets 	Male toilets at the back of the isolation ward 	
	Exterior view of HAST and isolation ward 	Exterior of the HAST building 	
	Exterior of stationary and storage wing. 	Exterior of stationary and storage wing. 	

HAST Building	Illustration and description of current condition		
	<p>Interior of stationary storage room</p> 	<p>Interior of cleaning equipment storage room.</p> 	
	<p>Deteriorating asbestos roofing in storage area.</p> 	<p>Exterior of the back of the storage wing</p> 	
	<p>Back entrance of kitchen area</p> 	<p>HIV/AIDS section entrance</p> 	

HAST Building	Illustration and description of current condition		
	<p>Entrance to HIV/AIDS section</p> 	<p>Entrance to HIV/AIDS section</p> 	
	<p>Toilet at HIV/AIDS section entrance</p> 	<p>Interior of HIV/AIDS consultation room</p> 	

2.3. Proposed Service Profile

- Appropriate space norms and room design.
- The design of a building that is appropriate for the function intended to be carried out within the spaces designed.
- An ergonomically safe and risk-free living environment.
- Compliance with quality assurance principles.
- Design close relationships with nature.
- Design with environmental efficiency as a primary goal.
- Design that is flexible and adaptable to change.

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

Table 2-5: Paediatric Unit Division of Care: Components of paediatric care

Source: IUSS Health Facility Guides – Paediatrics and Neonatal Facilities

Components of paediatric care	
Entrance and Common area	Should have entrance, adequate parking, main entrance, Reception, Main waiting area, Play area, Ablutions, Baby change area and Infant feeding room.
Paediatric emergency care	This area should have an ambulance entrance and a walk-in entrance.
Paediatric outpatient care	The function of the POPD is to provide consultation and examination of the following patients <ul style="list-style-type: none"> • Patients who do not need to be admitted • Patients to be admitted as day patients or inpatients • Patients who require follow-up appointments and monitoring of their conditions as outpatients or day patients.
Maternity ward nursery	This unit should have the administrative, public, patient service and support staff and teaching spaces.
Paediatric (babies children and adolescents) inpatient care	The paediatric inpatient facility provides accommodation and facilities for the nursing care, assessment, diagnosis, treatment and rehabilitative care of acutely ill children.
Paediatric intensive care	The PICU should have public area, patient area, administrative areas, staff areas and service support areas.
Neonatal care	This patient area should be divided into two main areas (separating infectious from non-infectious babies), with patients areas sectioned off separately in the infectious section. Each bed space should have at least two oxygen outlets, two air outlets (to allow for the simultaneous connection of a continuous positive airway pressure (CPAP) devise, an oxygen blender and gas supply, two vacuum suction points, and eight electrical points (with four being on the emergency electrical circuit or non-interruptible power supply of the hospital and marked as such).

2.3.1. Functional Areas

The required functional and clinical areas are detailed below.

Table 2-6: Paediatric Functional Areas

Source: IUSS Health Facility Guides

Zones	Accommodation Spaces
Administration spaces	Ward management, nurses' station, sister's office and other office space as required.
Public spaces	Entrances, main circulation and waiting areas
Patient spaces	Patient accommodation and ablution facilities, patient play and recreation rooms, showers for the disabled and treatment rooms.
Services and support areas	Ward kitchen and storage, clean utility, sluice, stores, cleaner's room, linen room, cleaning room, medicine store, dirty utility and waste management area.
Staff spaces	Staff Rooms, lockers area, ablutions, overnight accommodation
Teaching spaces	Training / meeting rooms Telemedicine

Table 2-7: Clinical Areas Subdivisions: Allocation of beds according to function

Source: IUSS Health Facility Guides

Services	Level of Care	District
Neonatal	Medium care	34%
	High care	33%
	ICU	0%
	Kangaroo Mother Care (KMC)	33%
	Total	100%
Paediatric	General	59%
	Isolation	33%
	High care	8%
	ICU	0%
	Total	100%

2.3.2. Bed distribution

Table 2-8: Comparison of bed numbers:

Source: IUSS Health Facility Guides

Level of Service	Population Served	Beds per 1000 population	Doctors	Placement of nursery	Outpatients	Teaching	Paediatric beds in a hospital	Children wards
Level 1 District	300 000	0.7 to 1.3 beds	Generalist	Nursery is a component of the maternity unit	Dedicated children's component in the outpatients' department (OPD)	Teaching function	20% of Hospital beds to be allocated to neonates and children	Children medical and surgical, dedicated ward for both

2.3.3. Phasing, Decanting and Incubation Strategies

- **Phasing**

Initial phase will be the renovations of the adjacent HAST building to decant the paediatric services into, thereafter the construction of the new paediatric ward.

- **Decanting**

The existing ward will be decanted into a building that is currently occupied by HAST and will have to be repurposed to temporarily host the Paediatric Ward. Once constructed, the existing furnishers along with new equipment will be moved to the new facility.

3. Strategic Background

3.1. Strategic Objective

- Strengthen health system's effectiveness.
- Reduce and manage the burden of disease.
- Universal health coverage.
- Improved quality of healthcare.

- Strengthen human resources for health.

3.2. Strategic Outcome

Strategic outcome as per National Development Plan Vision for 2030 is listed below:

- Reduce maternal, infant, and child morbidity and mortality
- Promote equity and access to appropriate level of care
- Reduce prevalence of non-communicable chronic disease

3.3. Project Outcome

- For KwaMagwaza Hospital to have a dedicated paediatric unit as the current one cannot be maintained or upgraded, as it is structurally non-compliant.

3.4. Project Objective

- To provide high care for new babies and provide sufficient health care to children up to 12 years at KwaMagwaza Hospital.
- To help increase and sustain the district's growth rate.
- To build the nation's life expectancy by investing in high quality primary health care.

3.5. Project Scope

The scope of this project is inclusive of a decanting plan while the new ward is being constructed, the reason for decanting is that the existing structure is high risk and poses a threat to the patients and staff. The following details will form part of the scope of work and will be amended according to the need and available access.

- **Public Space**
 - Parking and drop off.
 - Waiting area.
 - Ablutions, baby change and breastfeeding areas
 - Help desk.
- **Admin spaces:**
 - Nurse's station
 - Offices
 - Clinical workstation.
- **Services and Support**
 - Kitchen
 - Stores
 - Sluice
 - Cleaning supplies.
- **Staff:**
 - Staff room

- Lockers
- Ablutions
- Doctor's overnight accommodation
- **Patients (28 beds + 10 mothers lodge bed):**
 - 03 x In- Patient Isolation beds
 - 04 x High Care beds
 - 10 x In-Patient paediatric beds
 - 02 x In-Patient orthopaedic beds
 - 03 x In-Patient surgery
 - 02 x In-Patient Neonates beds (tiny tots)
 - 02 x Burns unit beds
 - 02 x SAM (Severe Acute Malnutrition) beds
 - 10 waiting mother beds
- A play area will be constructed either inside or outside the ward.
- The walls will be plastered and painted
- Roof covering and ceiling to be installed
- Appropriated windows and doors with the necessary controlled access
- Floor coverings
- Appropriate electrical fittings and connections
- Necessary air cooling, warming and cleaning systems
- Plumbing, water reticulation and sewer disposal.

3.5.1. Preliminary Decanting Strategy for HAST Building

Meetings were held with the KwaMagwaza Hospital Management and a site walkabout was conducted to identify suitable locations for the HAST services to decant into. As shown in the table below, some of the identified facilities still require additional furnishes.

Table 3-1: Identified facilities for the decanting of HAST Services

HAST Component	Sub-Component Relocating	Proposed Decanting Location	Description of condition of decanting location
Specialist Services	Social Worker	Residence B64 Room 1	Requires floor and wall renovations; requires additional walkway (50 m x 2 m wide) to the maternity ward.
Specialist Services	Dietician x 2	Residence B64 Room 2	Requires floor and wall renovations; facility also requires new ablution and kitchen furnishes.
Specialist Services	Data capturer	Gateway Clinic	In compliant condition.
HAST Manager	HAST Manager	Nurses homes	Newly renovated; current 3 resident nurses will be relocated to Parkhome 1 after it has been renovated.
Transport services		Nurses homes	Newly renovated; current 3 resident nurses will be relocated to Parkhome 2

			after it has been renovated (new vinyl tiles and built-in cupboard repairs).
Storage	Files and other documentation	Nurses homes	Newly renovated.
Storage	Stationary and Cleaning supplies	Chapel	Newly renovated.
TB Services	MDR	Flue Tent by entrance	Requires remedial works; works are underway by DoH infrastructure.
TB Services	Non-communicable TB	Flue Tent by entrance	Requires remedial works; works are underway by DoH infrastructure.
Registry	Registry person	Next to Systems Manager's office	In compliant condition.
CSSD	CSSD Autoclave	Will be relocated to suitable space at the time of relocation	The facility has agreed to decommission the CSSD autoclave and utilize the other autoclave by the Theatre during the project. Recommissioning costs to be included in project cost.

After the paediatric ward is decanted from the HAST building to the new paediatric ward, the facility has recommended to use the wards as isolation wards for general patients. The consultation rooms and offices will be used for other administration services and staff. The facility will develop another project to remedy the facility into their proposed function for the renovated HAST Building.

3.6. Project Success Criteria

Provision of a dedicated paediatric ward at KwaMagwaza Hospital will help mitigate some of the issues faced by the district. It must be able to provide health care in a functional and effective environment where children, both in and out patients, can heal and thrive in a conducive environment. The success of the project will be measured by the compliance of infrastructure buildings that are safely renovated, upgraded and repaired for functionality purposes. This will be possible if:

- There is a dedicated paediatric unit at KwaMagwaza Hospital.
- Habitable office and patient accommodation
- Clinical space that meets IUSS Health Care Services standards
- Dignified ablution facilities
- Corridor link for accessibility and servicing
- Rationalisation of levels of services within the catchment area.

3.7. Statutory Requirements

3.7.1. Legislation: Minimum applicable

Minimum applicable legislation (latest version) includes:

- Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
- Construction Industry Development Board Act, 2000 (Act No. 38 of 2000)
- Engineering Profession Act, 2000 (Act No. 46 of 2000)
- ECSA Professional Act
- Government Immovable Assets Management Act (Act No. 19 of 2007)
- Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000)
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000)

- Project and Construction Management Professions Act, 2000 (Act No. 48 of 2000)
- Public Finance Management Act, 1999 (Act No. 1 of 1999)
- Quantity Surveying Profession Act of 2000 (Act No. 49 of 2000)
- National Health Act, Act No. 61,2003
- Spatial Planning and Land Use Management Act, Act 16 of 2013 and Regulations
- Employment Equity Act, Act No 55 of 1998 (as amended)
- Skills Development Act, Act no 97 of 1998
- Council for the Build Environment Act, Act No 43 of 2000
- Preferential Procurement Regulations, 2017
- Other Sector Specific Acts of Parliament
- EPWP Guidelines
- National Environmental Management: Air Quality Act (NEM: AQA)
- National Environmental Management Act (NEMA) and Regulations
- National Environmental Management: Waste Act (NEM:WA)
- National Water Act (NWA)

3.7.2. Policies: Minimum applicable

- KZN Applicable Health Policies such as Structural Installations for KZN DOH Rev. 2013
- KZN Applicable Health Policies such as Mechanical Installations for KZN DOH Rev. 2013
- KZN Applicable Health Policies such as Electrical Installations for KZN DOH Rev. 2013
- IUSS Health Facility Guides Paediatric and Neonatal Facilities Gazetted 2014

3.7.3. Norms and Standards: Minimum applicable

- SANS 10120
- SANS 10400: 2020 - South African National Building Regulations
- SANS 1200: Civil Works Construction
- SANS 3001-AG23: Civil Engineering Test Methods
- Civil Engineering Specifications
- Guidelines for Human Settlement Planning and Design (Red Book)

3.7.4. Statutory Permissions Required

- Land acquisitions: Not required
- Planning and Development Act: May be required
- Environmental Impact Assessment: May be required
- AMAFA approval: May be required as renovations to the HAST building will be carried out.
- Municipal Approval: Obtained
- Access to Provincial /National Roads: N/A
- Water Affairs: Not required
- National Water Act: Not required
- National Environmental Management Act: May be required

3.7.5. Other requirements:

- Municipal by-laws

4. Technical Brief

4.1. Detail Scope of Work

4.1.1. External Circulation to site

- Entrances: Entrance will be required for the accommodation and paediatric unit. One access is preferred, in each case, for control and security, as shown below.
- Vehicular and Pedestrian Access and Parking: The entrance for Paediatric will be designed for vehicular and pedestrian access, separated to allow for searching and control. Parking will be provided for staff and visitors. Ambulance access and parking should be considered for uninterrupted servicing in the case of the paediatric unit, as shown below.

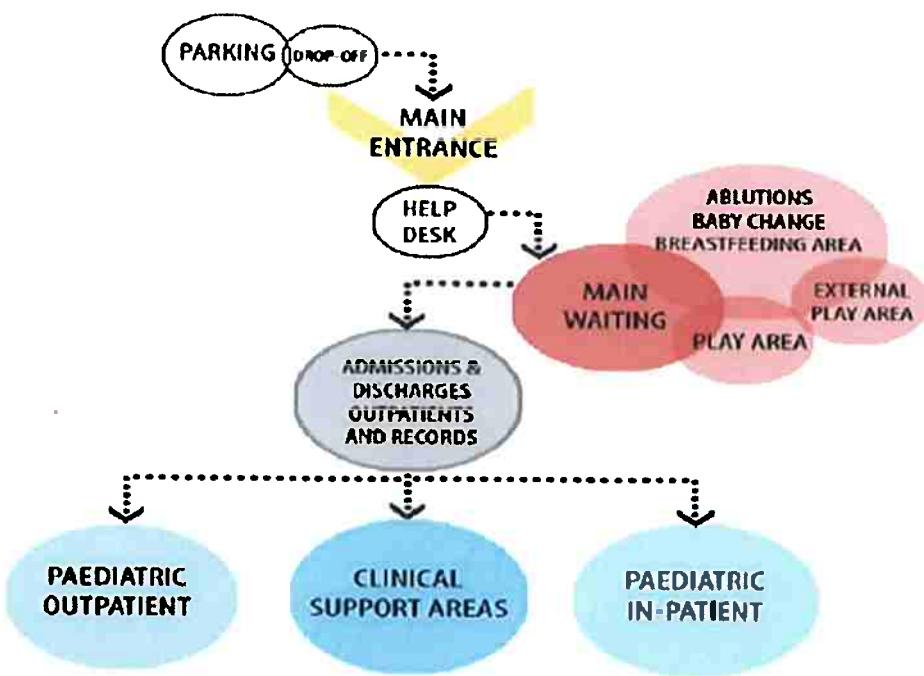


Figure 4-1: Circulation and movement of public, staff, patients, and visitors

Source: IUSS Health Facilities Guidelines: Paediatric and Neonatal Facilities



Figure 4-2: Proposed Paediatric Ward. Key Adjacencies

Source: IUSS Health Facilities Guidelines: Paediatric and Neonatal Facilities

4.1.2. Security and Access control

Although it is a public facility, security is important at the entrance to the staff accommodation and Paediatric unit. Adequate space should be allowed for this function. Access control should be considered throughout the paediatric unit, with varying levels of access and security needed per function.

4.1.3. Orientation and Rational Planning Principles

- Architectural Character
 - The hospital is located within a specific context. The architectural character should consider the context. It should also clearly communicate the function and nature of the building, being a public health facility.
- Respond to the climate and the ventilation requirements
 - The design should respond to the local and ventilation requirements
 - Sunlight and natural ventilations should be provided as far as possible.
- Integrated external and Internal areas
 - The use of internal and external spaces should be considered and carefully integrated
- Appropriate space norms and room design
 - The use of appropriate space norms and room design is essential
- The design of a building that is appropriate for the functions intended to be carried out within the spaces designed
 - Design should reflect therapeutic treatment spaces that are user-friendly and community sensitive
- An ergonomically safe and risk-free work and healing environment
 - Building should be an ergonomically safe building that maximises patient and staff safety, human rights and reduces risk.
- Compliance with quality assurance principles
 - Design that balance requirements for clinical need and capital, and recurrent budget considerations
- Designing close relationships with nature
 - Avoid large sprawling designs, which are both resource and cost intensive
- Design with enviro-friendly efficiency as primary goal
 - Design that is flexible and adaptable to future change
 - 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

4.1.4. Building and Engineering Services for Paediatric Unit

Green initiatives must be considered, to design close relationships with nature and develop a design that is flexible to change.

- Mechanical Services requirements for Paediatric Units to be investigated.

○ Medical Gas	-	Required
○ Bulk O2	-	Required
○ Medical Air	-	Required
○ Vacuum	-	If required (to be confirmed in Stage 2)
○ HVAC	-	If required (to be confirmed in Stage 2)
○ Lifts	-	If required (to be confirmed in Stage 2)

- Electrical Services for Paediatric Unit to be investigated

○ Electricity	
○ Backup/Emergency Systems	
▪ UPS and	
▪ Emergency Generator (To be confirmed in Stage 2)	
○ High Tension Substations (HT)	
▪ Not required	
○ Low Tension Substations (LT)	
▪ To be provided	
○ Lightning Protection	
▪ To be provided	
○ Boiler	
▪ Heat pumps to be provided	

- Civil Engineering requirements for Accommodation and Paediatric to be investigated separately

○ Water	
▪ Potable water	
○ To be designed to meet all standard and regulations	
▪ Fire Water	
○ To be designed to meet all standard and regulations	
Water will be supplied from existing water reticulation. The water demand for the proposed facility is 15 000 – 20 000 litres per day. This will be added to the existing hospital demand. A new 72-hour storage tank progress is currently in progress and the water demand from the new paediatric ward water will be catered for in the new tank.	
○ Sewer	
○ The sewage disposal will be tied to existing sewage reticulation. The minimum 160mm diameter uPVC sewer pipes for reticulation and 110 mm for building connections.	
○ Storm water	
○ The storm water to be designed to 1:50 year flood for a 2000 square metre building, an estimate of 500 square metre paved areas on 2500 square metre ground. Storm water attenuation pond will not be required as storm water systems will be sufficient to capture and divert storm water. Excess discharge will be to the open land and farms adjacent to the hospital premises.	
○ Grey water	
○ Grey water to be designed to meet all standards and regulations.	

- Other Bulk Services requirements for Paediatric to be investigated separately.

○ ICT - network and cabling
○ Electronics - access control

- Telecommunications
- IT Communication

4.1.5. Unit Configuration Principles

The following is the spatial layout for paediatric inpatient ward

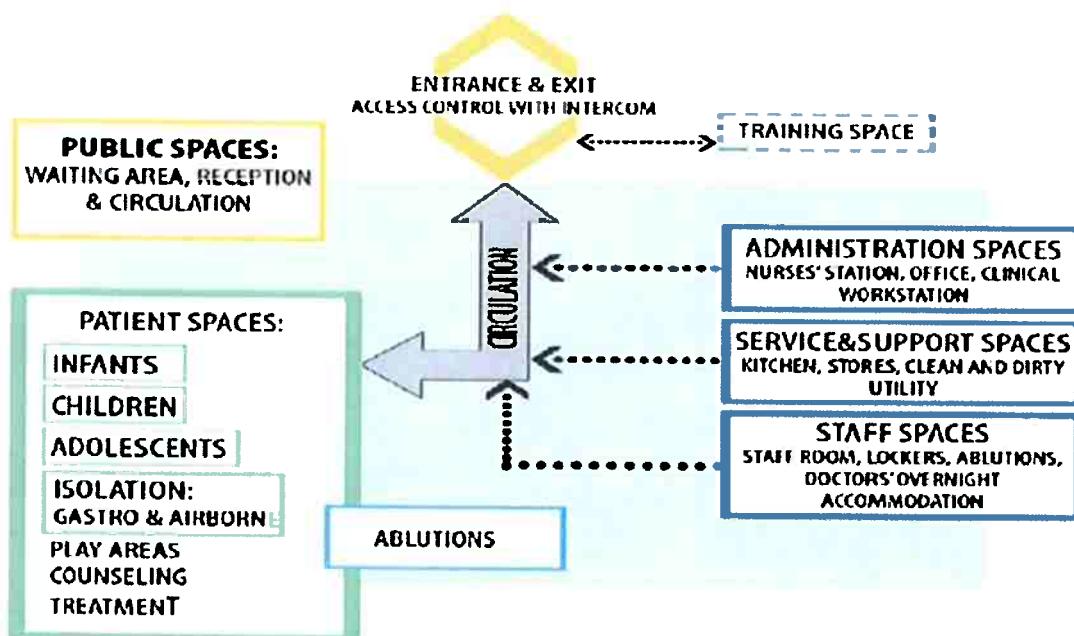


Figure 4-3: Functional areas within the paediatric inpatient ward

SOURCE: IUSS Health Facilities Guidelines: Paediatric and Neonatal Facilities

4.1.6. Accommodation schedule

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

Table 4-1: Proposed Paediatric Accommodation schedule

Source: IUSS Health Facilities Guidelines: Paediatric and Neonatal Facilities

Req	Rooms	Number and Description	Area (m2)	Total Area (m2)
PUBLIC AREA				
✓	Entrance	Single access point	25	25
✓		Access control with intercom	25	25
✓	Waiting Area	Outside of ward area	30	30
✓	Public ablutions	Outside of ward area 1 x Male 1 x Female 1 x Disabled	10	10
TOTAL				90
PATIENT AREA				
✓	High care cubicle	4 beds	15	60
✓	Tiny tots cubicle	2 beds	20	40
✓	Isolation cubicles	3 beds	15	45

Req	Rooms	Number and Description	Area (m2)	Total Area (m2)
PUBLIC AREA				
✓	Orthopaedic cubicles	3 Beds	15	45
✓	Surgery Room	3 Beds	20	60
✓	Burns	3 Beds	15	45
✓	SAM Beds	2 Beds	20	30
	In-patients	10 Beds	60	180
✓	Counselling room	1 per ward	15	15
✓	Consultation room	1 per ward	15	15
✓	En-suite facilities	Per room	5 x 2	10
✓	Bath / Shower	1 per 12 patients Free-standing bath with hand-held shower	5 x 2	10
✓	Toilet	1 per 8 patients	5 x 2	10
✓	Hand basin	1 per 2 toilets	5 x 1	5
✓	Treatment / Procedure room	12m ² with hands-free basin and work surface. Electrical points, oxygen and suction	20	20
✓	Meeting room	9m ²	9	9
✓	Play room	Access to outdoor play area Separate area for children and toddlers	2 x 25	50
✓	Recreation room	Separate area for adolescents	2 x 25	50
✓	Outdoor play area	Fenced, controlled access via ward	100	100
✓	Education area	Teaching area	25	25
TOTAL				780
ADMINISTRATION AREAS				
✓	Unit manager's office		15	15
✓	Doctor's office		15	15
✓	Nurses' station		30	30
✓	Clinical work space		25	25
	Record's Room		10	10
TOTAL				95
STAFF AREA				
✓	Staffroom and ablutions		10	10
✓	Staff lockers		8	8
✓	Staff ablutions	Provision for separate male and female facilities	5 x 2	10
✓	Doctors' sleep over area	En-suite	15	15
TOTAL				38
SERVICE SUPPORT AREA				
✓	Clean utility room		12	12

Req	Rooms	Number and Description	Area (m2)	Total Area (m2)
PUBLIC AREA				
✓	Sundries store	5m ² , work surface and hand basin	8	8
✓	Linen store	5m ² , shelving	8	8
✓	Pharmaceutical store	Shelves and medicine cupboard	12	12
✓	Cleaner's room	Shelves, hand basin, low level sink and slop hopper	10	10
✓	Ward kitchen	4m ² increased by 1.5m ² per 10 beds, single - bowl sink, work surface, storage space and hand basin.	10	10
✓	Sluice		10	10
TOTAL				72
MOTHER'S LODGE				
✓	Beds Dormitory	10 beds (3 x 6) beds	15	150
✓	Lounge / Dining Room	Dining room	25	25
✓	Ablutions	1 x Shower for every 6 mothers 1 x Toilet and hand basin for every 6 mothers	2 sqm x 2 1 sqm x 3	4 3
✓	Laundry	Wash through, work surface and clothes line with Yard	10	10
✓	Outdoor 'recreation' space		50	50
TOTAL				242
GRAND TOTAL				1354 sqm

4.1.7. Critical departmental relationships

Below is an illustration of the flow of children through small district hospital outpatients.

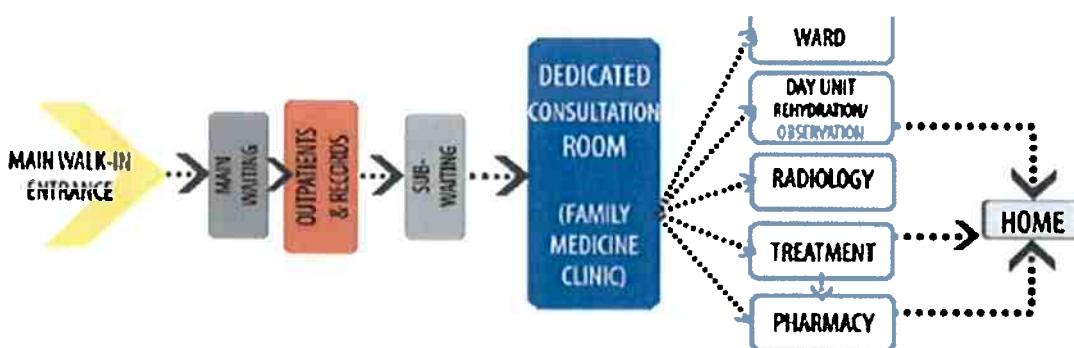


Figure 4-4: Flow of Children through small district hospital outpatients

Source: IUSS Health Facilities Guidelines: Paediatric and Neonatal Facilities

4.1.8. Space requirements

All spaces requirements are as per the accommodation schedule above and applicable reference documents.

4.1.9. KZN-DOH Area requirement and related costing guidance

Refer to IUSS Health Facility Guides Order of Magnitude calculator for new accommodation and paediatric unit.

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

Refer to applicable reference documents

4.1.11. Branding/aesthetic design preferences and requirements

Refer to the IUSS Health Facility Guides: Paediatric and Neonatal Facilities and KZN Health Corporate Communications for provincial preferences.

4.2. Comparative Examples

4.2.1. Bethesda Hospital: Paediatric Unit

It is in the KZN Province and serves as a good example of what is to be achieved for a Paediatric Unit.



Figure 4-5: Bethesda Hospital – Paediatric Unit
(Source: Khaya Buthelezi)

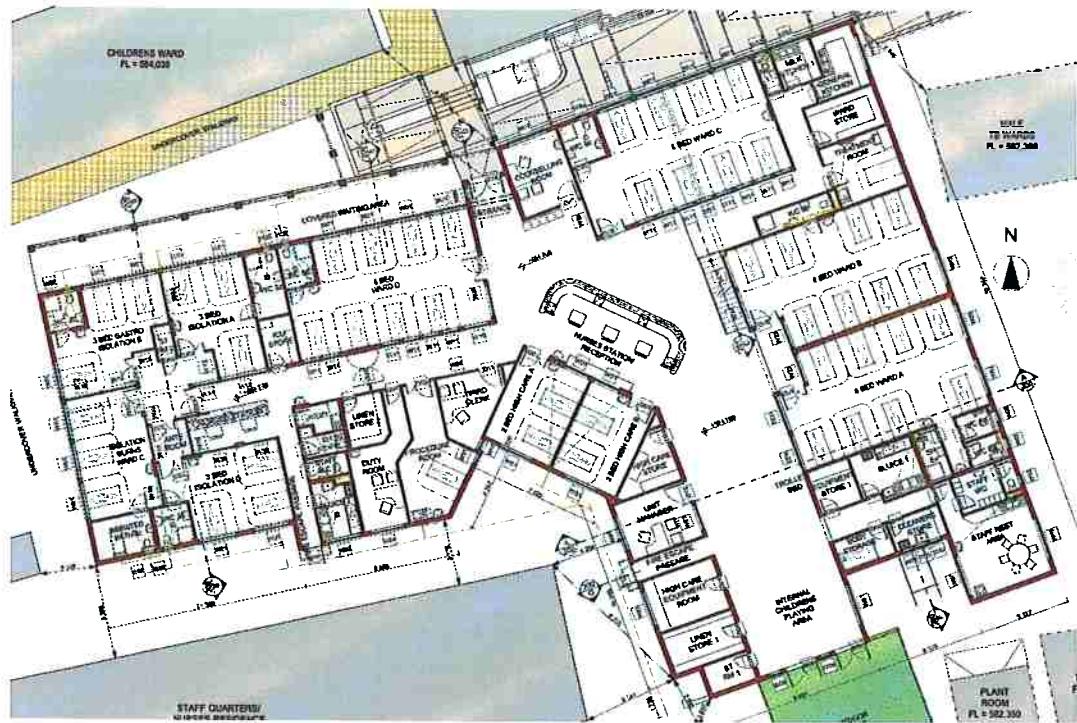


Figure 4-6: Bethesda Hospital – Paediatric Unit ground floor layout

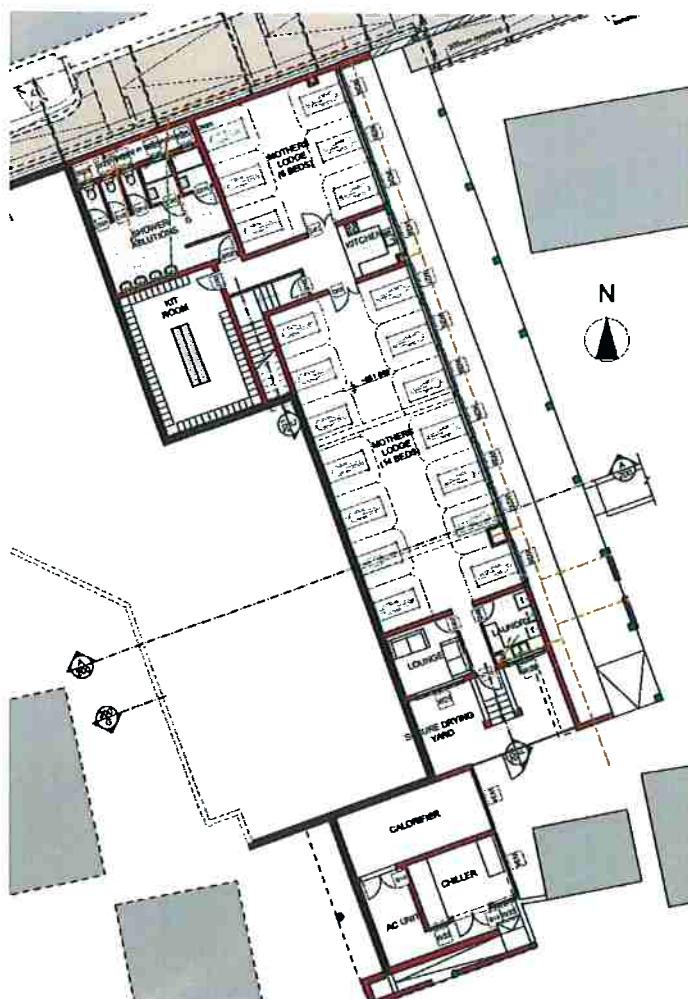


Figure 4-7: Bethesda Hospital – Paediatric Unit lower floor layout

4.2.2. Ngwelezane Hospital: Proposed Paediatric Unit

Ngwelezane Tertiary Hospital is located at King Cetshwayo District; it accommodates referrals from all the district hospitals in the district. The comparative proposal shown below will be donated to the hospital and has been presented and approved by HIAC. It is therefore compliant with the department's standards.



Figure 4-8: Ngwelezane Hospital- Proposed Paediatric Unit

4.3. Proposed architectural description of the paediatric ward

The paediatric ward design will focus on healing through the built environment, specifically incorporating various aspects of nature, natural gardens, lighting, sound control techniques, soft-warm materials, and physical-visual connection to these elements

The new facility will emphasize a large component of a green central corridor using a few tropical plants and trees. In addition, soft abstract colours and shapes are to be incorporated, specifically for educational areas such as the waiting area. The use of vistas and exploitation of natural light through windows and skylights are encouraged for this facility for all visitors, patients and employees.

Source: LF Barahona (2001)

New trends in health architecture for children and the effects of the built environment on young patients

4.3.1. Interior finishes and recommendations

4.3.1.1. Visual design:

Paediatric ward finishes should cater to, involved integrating materials, colours, art and graphics capable of expressing an aesthetic as well as a therapeutic value, while complying with the healthcare design guidelines. Art and graphics establish a consistent, friendly and reassuring visual language throughout the facility, integrating way finding, room signage, glazing manifestation and bedroom illustrations.

4.3.1.2. Colours

A palette of primary colours has been used for walls, doors, nursing stations, IPS panels, to achieve a balance between an atmosphere of calm and children's need for visual stimulation. Examples of the visual designs and colours that are proposed are included below.

Table 4-2: Visuals of the proposed paediatric architectural design and colours



Images above: Our Lady Children's Hospital.

Image Source: (<https://www.arup.com/projects/our-lady-childrens-hospital-picu>)

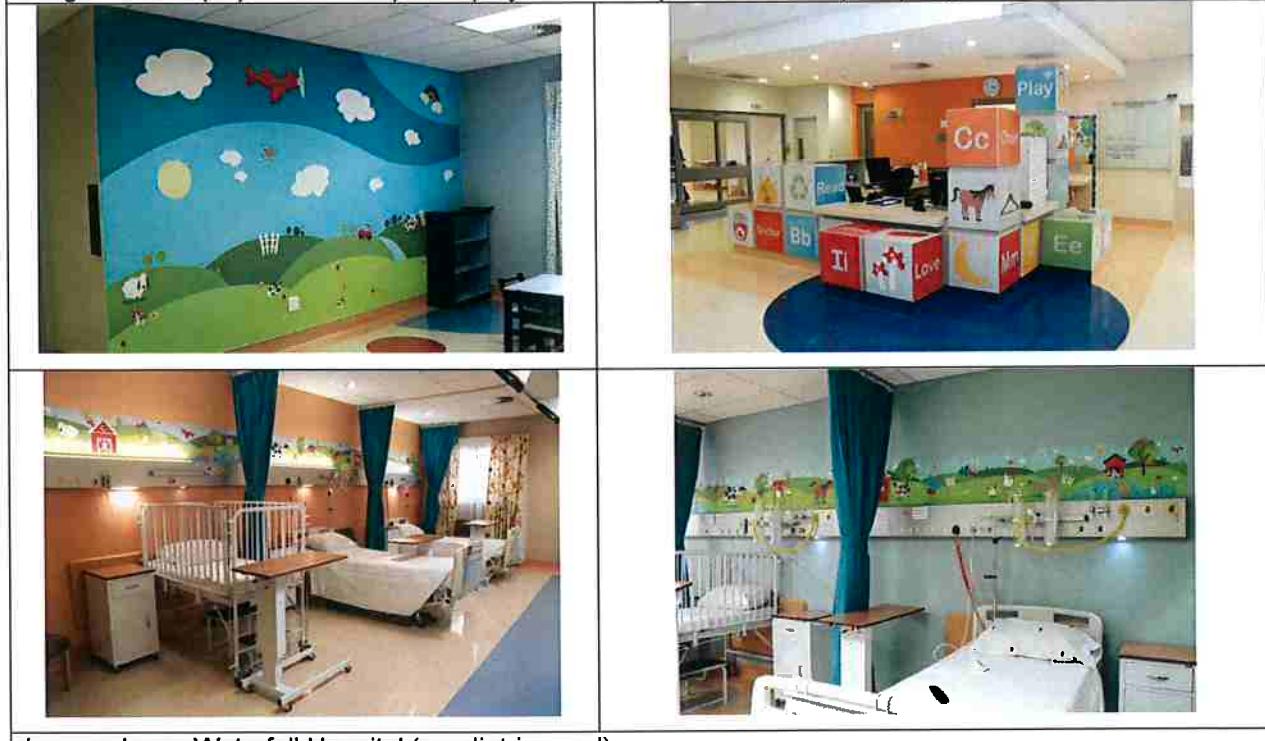


Image above: Waterfall Hospital (paediatric ward).

Image Source: (<https://www.vdoconsulting.co.za/projects/detail/17>)

4.3.1.3. Appropriate materials:

In terms of materials, it is important to create a warm and friendly space, but finishes must also be easily cleanable and long lasting. Counter surfaces should be non-porous solid-surfaces. It is advised to avoid using materials that pose a health risk in terms of their manufacture, their disposal, or their performance in the intended application. We have long shifted away from vinyl upholstery toward finishes like polyurethane textiles and other PVC-free materials.

4.3.1.4. Sound design:

Public spaces such as waiting areas can be noisy, so designers should also consider materials that are sound absorbing, such as rubber-sheet flooring and perforated wood ceilings, which are decorative as well as highly functional.

Examples of the sound designs and materials that are proposed are included below.

Table 4-3: Visuals of the proposed paediatric architectural design and colours

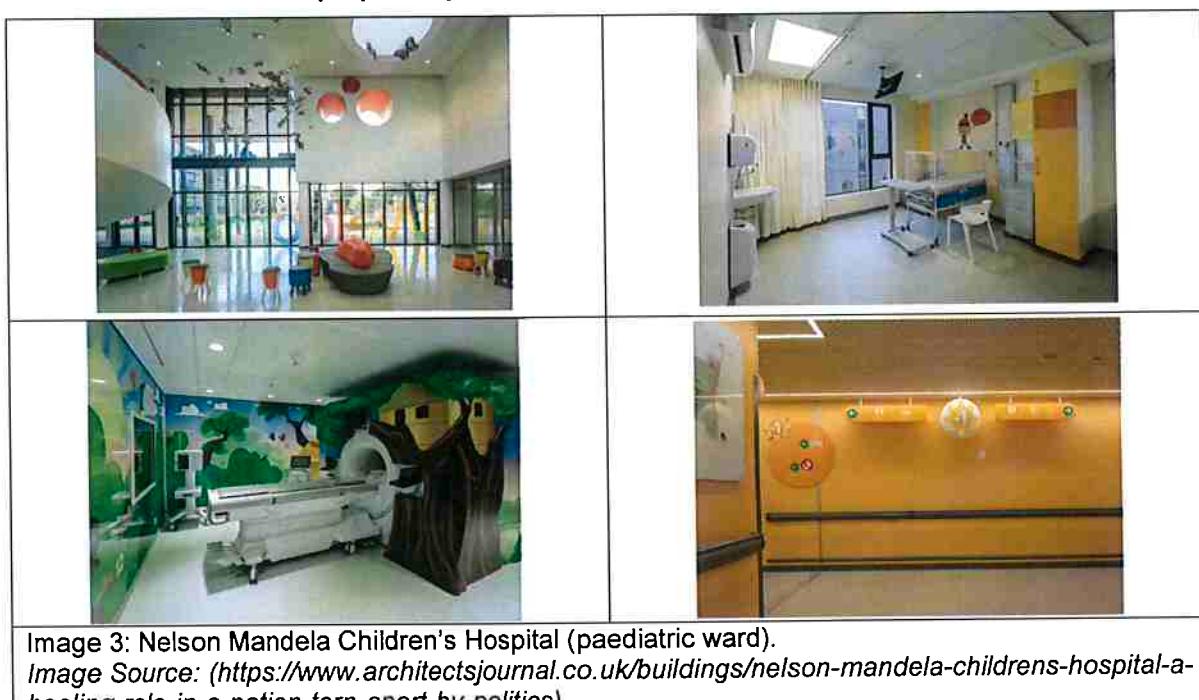


Image 3: Nelson Mandela Children's Hospital (paediatric ward).

Image Source: (<https://www.architectsjournal.co.uk/buildings/nelson-mandela-childrens-hospital-a-healing-role-in-a-nation-torn-apart-by-politics>)

4.3.2. Exterior finishes and recommendations

The landscape design is firmly based on the concept and principles of therapeutic landscape design. A landscape with therapeutic value is purposely designed to allow patients of all abilities (disabled, able, young & old), their loved ones and caregivers, to interact with nature in order to aid the process of healing.

The purpose of these spaces is to provide a peaceful & restorative environment, where family members can experience a reprieve from their stressful circumstances. The designer is to ensure that every patient, visitor and staff member to be exposed to as much greenery and natural light as possible. Exterior finishes and structural materials should be durable and easily maintained through inclement weather conditions and withstand consistent usage. Play sets and equipment are to be safe and user friendly.

Table 4-4: Examples of the proposed exterior finishes and recommendations

Family Garden		
Play garden		
Visitors garden		

Image 4: Nelson Mandela Children's Hospital
 Image Source: (<https://www.greeninc.co.za/nmch>)

5. Project / Programme Management and Cost control

5.1. Project Management

5.1.1. IDMS guidelines

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

Stage 1 PROJECT INITIATIONS

- Deliverable Initiation report
 - The initiation report, which defines project objectives, needs, acceptance criteria, organisation's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the concept report.

Stage 2 CONCEPT

- Deliverable Concept report
 - The concept stage represents an opportunity for the development of the different design concepts to satisfy the project requirements, as developed during stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a particular conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, period and other information that may be required.
 - The concept report should as a minimum, provide the following information:
 - 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.
 - Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and special advice.
 - Provide an indicative schedule for documentation and construction or maintenance services, associated with the project.
 - Include a site development plan, or other suitable schematic layout of the works.
 - Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
 - Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement for the construction Regulation, issued in terms of the Occupational Health and Safety Act.
 - Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent and identified health, safety and environmental risk.

Stage 3 DESIGN DEVELOPMENT

- Deliverable Design development report
 - The design development report shall as necessary:
 - Develop in detail the approved concept to finalise the design and definition criteria
 - Establish the detailed form, character, function and costing.
 - Define all components in terms of overall size, typical detail, performances and outline specification.
 - Describe how infrastructure, 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.
 - Confirm that the project scope can be completed within the budget or propose a revision to the budget.

Stage 4 DESIGN DOCUMENTATION

- Deliverable Design documentation
 - Design documentation provides the:

- Production information that details, performance definition, specification, sizing and positioning of all systems and components that would enable construction
- Manufacture, fabrication and construction information for specific components of the work informed by the production information.

Stage 5 WORKS

- Deliverable Completed Works capable of being used or occupied
 - The following is required for completion of the Works Stage:
 - Completion of the works is certified in accordance with the provisions of the contract;
 - The goods and associated services are certified as being delivered in accordance with the provisions of the contract.

Stage 6 HANOVER

- Deliverable Works which have been taken over by user or owner; completed training; Record information
 - The following activities shall be undertaken during the handover stage:
 - Finalise and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;
 - 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 7 CLOSE OUT

- Deliverable Defects certificates or certificates of final completion issued
Final amount due to the contractor in terms of the contract is certified
Close out report is accepted
 - Sub-deliverable 1 The Close-Out Stage commences when the end users accepts liability for the works. It is complete when:
 - Record information is archived.
 - Defects certificates and certificates of final completion are issued in terms of the contract.
 - Final amount due to the contractor is certified, in terms of the contract;
 - Close-out report is prepared by the implementer and approved by the Client Department

5.1.2. Project Management Plan / Resource Management

The following Project Management plan is a guideline.

Table 5-1: Proposed Project Plan

ITEM	ELEMENTS
Needs Assessment/Analysis:	Projects has been identified and agreed it will be implemented in-house by Department of Health
Implementing Agent Brief:	The Implementing Agent, Department of Health, is required to manage the implementation of the project (as per the current SLA) to successful completion within time, cost and to the required specification and to manage <u>all</u> project associated risks for minimum impact through the procurement of a PSP.

ITEM	ELEMENTS
Consultancy Brief:	<p>Contractor and Technical consultant to be procured as per this brief and implementation plan:</p> <p>The Consultant team:- Are to manage the project to successful completion within time, cost and to the required specification and to manage project associated risks for minimum impact.</p> <ul style="list-style-type: none"> • Must develop, design, document, manage and close the project in line Stage 2 – 7 of the FIPDM. • Ensure HIAC and ITSC approval is obtained for each stage. • May not proceed with any stage (FIDPM) of the work until the KZN-DOH is satisfied with the stage of the project. • Must clarify any uncertainties, discrepancies, etc. to the satisfaction of KZN-DOH. • Is expected to deliver a well-designed, cost effective, low maintenance facility that will suit the needs of the KwaMagwaza Hospital community and KZN-DOH. • Must adhere to the timeframes for the work to be completed as presented
Evaluation and Engagement:	<ul style="list-style-type: none"> • The project may not proceed to any stage until KZN-DOH is satisfied with the current stage (wherever that is) of the project; • KZN-DOH will follow the IDMS principles for approval and evaluation.

5.1.3. Project Risk Plan

Informed decision-making is critical to the success of any project. The identification and management of risks is also crucial to the success of the project. The following risks have been identified prior to the project's start. These risks are not all-inclusive and will be reviewed as the project progresses.

The following are some of the risks identified. However, it is required that the Implementer develop a full risk plan. This is not an inclusive list and must be reviewed at each stage

Table 5-2: Risk Log

No.	Risk	Owner	Probability (L/M/H)	Consequence (L/M/H)	Actions
1	SCM procedures not adhered to	Project Leader	Med.	High	KZN-DoH to ensure all SCM procedures is followed and that no delays occurs
2	Inexperienced Contractor appointed by Implementing Agent.	Project Leader / Implementing Agent	High	High	Implementing Agent (IA) to ensure that contractor is well versed with the Health environment and have the necessary capacity and resources to successfully complete the project
3	Disturbance from special interest groups	DoH	High	High	Stakeholder engagement with effective communication and stakeholder management plan

No.	Risk	Owner	Probability (L/M/H)	Consequence (L/M/H)	Actions
4	Space constraint for Paediatric Unit	Project Leader / Implementing Agent	High	High	Implementing Agent (IA) to make sure that experienced consultants are appointed to avoid inappropriate design and abortive work.
5	Liability for non-compliance with the Statutory obligations relating to Construction Work	KZN-DoH	High	High	Project Leaders and the Professional team to ensure that this risk is transferred to the contractor by i.e. effecting penalties.
6	Unidentified services discovered during excavation for new pipework	KZN-DoH/Consultants	High	High	Ensure that an investigation is done to determine existing services is conducted during the concept and viability stage.
7	Default or abandonment by the Contractor or insolvency of the Contractor.	KZN-DOH	High	High	Project Leaders and the Professional Team to ensure that the Contractor furnishes surety for part of the contract value and this can be invoked in the event of default.
8	Design risk and insufficient information/ lack of as built drawings	Design	Low	Medium	Comprehensive pre investigation of all system components and clear scope of works prior to contract commencement and HIAC
9	Hazards along the facilities	Contractor	High	High	Ensure that a clerk of works is employed for the entire duration of the project. This will ensure that all signage, barricading in the area is properly demarcated and marked. Ensure good practice of barricading of uncovered sections during excavations, as well as removed and delivered materials.
10	Performance risk by one or more components in the value chain <ul style="list-style-type: none"> • Poor performing service providers • Misinterpretation of the brief 	DoH	Medium	High	The actions required include: <ul style="list-style-type: none"> • Include adequate quality and technical functionality and grading for the scope of works • Brief clarification meeting between DoH at tender compulsory site inspection

No.	Risk	Owner	Probability (L/M/H)	Consequence (L/M/H)	Actions
	<ul style="list-style-type: none"> Community declaring to be hired in this specialized works that require minor EPWP requirement 				<ul style="list-style-type: none"> Engage with local authority and appropriate stakeholders to clearly explain the scope of works induced.

5.1.4. Occupational Health and Safety Baseline plan

The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its Regulations. The Implementing Agent must at least 30 days before that work is to be carried out, apply to the provincial director in writing for construction work permit to perform construction work. The project must ensure the following:

- to provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery during the project;
- the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons during the project.

The detailed Health and Safety Specification will be developed and included during Stage 2.

5.2. Communication Plan

The following plan is a guideline to ensure good communication and frequent engagement throughout the project. The following plan is a guideline.

5.2.1. Communication Plan Strategies

In order to ensure good communication, frequent engagement will take place throughout 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

5.2.2. Communication Plan Methodologies

Communication will be done through the following methods:

- Meetings
- Minutes

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

5.2.3. Communication Delivery

Communication will be delivered through:

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

5.2.4. Communication Personnel

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

- KZN-DOH Head Office sections
- KZN-DOH King Cetshwayo District
- KwaMagwaza Hospital Management
- Consultant
- Contractor

5.2.5. Communication Channels

Communication is expected to take place between:

- KZN-DOH King Cetshwayo and Community
- KZN-DOH ID and Consultant
- KZN-DOH ID and Contractor
- KZN-DOH ID and KwaMagwaza Hospital Management

5.3. Project Milestones

The project milestones for the project can be seen below.

Table 5-3: Tasks and milestones

PSP Milestones	FIDPM Milestones	Milestone	PPO Milestone	Date
		PROJECT START DATE	PROJECT START DATE	03/03/2022
	Stage 1A	PRE-FEASIBILITY/BRIEF	INITIATION	24/04/2023
	Stage 1B			
Stage 1 and Stage 2	PROCUREMENT	AWARD	PSP TENDER	31/08/2023
	Stage 2	FEASIBILITY/CONCEPT	CONCEPT	05/01/2024

PSP Milestones	FIDPM Milestones	Milestone	PPO Milestone	Date	
Stage 3	Stage 3 Stage 4 Stage 5	DESIGN DEVELOPMENT DESIGN	DESIGN	22/03/2024	
Stage 4		DESIGN DOCUMENTATION	TENDER (Contractor)	30/08/2024	
Stage 5		CONSTRUCTION START	CONSTRUCTION START	02/12/2024	
		CONSTRUCTION	CONSTRUCTION		
		Construction 0 - 25%	Construction 0 - 25%	29/07/2025	
		Construction 26 - 50%	Construction 26 - 50%	31/03/2026	
		Construction 51 - 75%	Construction 51 - 75%	30/10/2026	
		Construction 76 - 100%	Construction 76 - 100%	20/05/2027	
		WORKS COMPLETION		15/11/2027	
Stage 6		HANDED OVER	HANDED OVER	28/04/2028	
Stage 6		RETENTION	RETENTION	30/04/2029	
Stage 7	FINAL COMPLETION CLOSE OUT	CLOSE OUT	30/10/2029		

5.4. Project Cost Breakdown

The project cost is made up of the following elements:

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

The budgetary allocation for each Infrastructure Component must be closely controlled by the Project Manager and must not be exceeded without prior approval of the CFO and HOD. The departmental Project Leader is responsible for the Commissioning Costs if they are not included in the Infrastructure Budget.

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

Table 5-4: Bill of Quantities for Building Works

	DESCRIPTION	UNITS	QTY	RATE	AMOUNT
A	Construction cost of Paediatric Ward				
	Construction cost of Paediatric ward, including electrical and mechanical	m2	1112	R 28 000.00	R 31 136 000.00

	Construction cost of Mothers Lodge including electrical and mechanical	m2	242	R 28 000.00	R 6 776 000.00
	Abnormal ground conditions requiring rock blasting, etc.	%	15%	R 37 912 000.00	R 5 686 800.00
	Stormwater systems and connections to water supply	%	10%	R 37 912 000.00	R 3 791 200.00
	Fencing of site	m	133.4	R 8 940.00	R 1 192 596.00
	IT and Access control	%	10%	R 37 912 000.00	R 3 791 200.00
	Decanting of Paediatric ward and HAST wards in different phases	%	10%	R 37 912 000.00	R 5 686 800.00
	Renovating the HAST building and the sites to where decanting will be conducted	Sum	1.00	R 20 000 000.00	R 20 000 000.00
	SUB-TOTAL				R 78 060 596.00
B	DESIGN DEVELOPMENT AND PROJECT CONTINGENCY			ADD 20%	R 14 612 119.20
			SUB-TOTAL		R 93 672 715.20
C	ESCALATION				
	Pre -tender		0.12		R 11 240 725.82
			SUB-TOTAL		R 104 913 441.02
	Post -tender	Cash flow	Escalatable	CPAP	
		0.6	0.85	0.09	R 4 815 526.94
	total escalation				R 16 056 252.77
			TOTAL		R 109 728 967.97
	TOTAL ESTIMATED CONSTRUCTION COST(EXCL VAT)				R 109 728 967.97
D	PROFFESIONAL FEES		Add	20%	R 21 945 793.59
E	DISBURSMENT		10% of prof. fees		R 2 194 579.36

	TOTAL ESTIMATED CAPITAL EXPENDITURE (EXL VAT)			R 133 869 340.92
F	VALUE ADDED 15%			R 20 080 401.14
	TOTAL ESTIMATED CAPITAL EXPENDITURE (INCL VAT)			R 153 949 742.06

Table 5-5: Building Cost Estimate

Building Cost (inci. VAT)		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 102 365 754.62	March 2023
Pre-tender escalation	N/A	Included
Post-tender escalation	N/A	Included
Estimated Fees (20%)	R 21 945 793.59	
Disbursement (10%) of Fees	R 2 194 579.36	
Vat on all items (15%)	R 20 080 401.14	March 2023
Estimated Cost (incl. VAT)	R 153 949 742.06	

Below is the costing for Health Technology, including medical equipment, office chairs / tables, IT, Linens, kitchens equipment, etc.

Table 5-6: Health Technology (Furniture & Equipment) Estimate

HT (Furniture & Equipment) Cost (incl. VAT)		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current estimate for HT (Equipment)	R 3 674 748.00	
Current estimate for Furniture	R 0.00	
Provision for Escalation	R 367 474.80	
Estimated fees	R 0.00	
Estimated Commissioning Cost	R 367 474.80	
Estimated escalation	R 0.00	
Estimated additional Operational Cost	R 0.00	
VAT at 15%	R 661 454.64	
Estimated HT (Furniture & Equipment) Cost (incl. VAT)	R 5 071 152.24	

5.5. Operations

Below is the estimated Monthly Cash flow (AIP) for the current financial year.

Table 5-7: Estimated Monthly Cash-flow (AIP) for 23/24

Estimated Cash flow for the Next financial year(Total project cost, incl. VAT) 2023/2024												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
R 0	R 0	R 0	R 0	R 0	R 0	R 0	R 208 210.72	R 277 614.29	R 277 614.29	R 277 614.29	R 347 017.86	

Table 5-8: Projected Annual Cash- flow (U-AMP)

MTEF and beyond	Fees and Contingencies	Construction	Total
Yr. 23/24	R1 388 071.44	R6 309 415.66	R7 697 487.10
Yr. 24/25	R2 776 142.89	R12 618 831.32	R15 394 974.21
Yr. 25/26	R6 940 357.22	R31 547 078.29	R38 487 435.51
Yr. 26/27	R5 552 285.78	R25 237 662.63	R30 789 948.41
Yr. 27/28	R5 552 285.78	R25 237 662.63	R30 789 948.41
Yr. 28/29	R2 776 142.89	R12 618 831.32	R15 394 974.21
Yr. 29/30	R2 776 142.89	R12 618 831.32	R15 394 974.21
TOTAL	R27 761 428.90	R126 188 313.16	R153 949 742.06

5.6. Expanded Public Works Programme and Community Participation Goal

The general rule/guideline currently is that all Department of Health Projects in which the Project Brief or FIPDM Stage 3 report estimates exceed R7 Million shall be subject to the Expanded Public Works Program (EPWP) aimed at alleviating and reducing unemployment.

Employment statistics will still be required to be submitted for projects below this value for recording and reporting to the EPWP system but all other EPWP guidelines may not be included.

Projects that have initial estimates exceeding R30 Million shall be subject to both Expanded Public Works Program (EPWP) and Contract Participation Goal (CPG). DOPW has issued a guideline document for recruitment of labour.

Requirements for this project are outlined below:

Table 5-8: EPWP Minimum employment requirements

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

6. Health Technology Services

Health Technological services for the purpose of this brief will focus on items that have an integral bearing on the development and planning of the project. A complete list for HTS will be developed and finalised at a later stage once the clinical brief and design has been finalised.

According to the IUSS document, "The tool used in the process of defining what equipment is needed for each healthcare intervention is the **Standard Equipment List**. This is:

- A list of equipment typically required for each healthcare intervention (such as a healthcare function, activity, or procedure). For example, health service providers might list all equipment required for eye-testing, delivering twins, undertaking fluoroscopic examinations, or for testing blood for malaria;
- Organised by activity space or room (such as reception area or treatment room), and by department;
- Developed for every different level of healthcare delivery (such as district, province) since the equipment needs will differ depending on the vision for each level;
- Usually made up of **everything** including furniture, fittings and fixtures, in order to be useful for planners, architects, engineers and purchasers, and
- A tool that allows healthcare managers to establish if the Vision is economically viable.

The Standard Equipment List must reflect the level of technology of the equipment. It should describe only technology that the facility can sustain (in other words, equipment which can be operated and maintained by existing staff, and for which there are adequate resources for its use). For example, a department could have:

- An electric suction pump or a foot-operated one;
- A hydraulic operating table or an electrically controlled one;
- A computerised laundry system or electro-mechanical machines; and
- Disposable syringes or re-usable / sterilisable ones.

It is important that any equipment suggested:

- Can fit into the rooms and space available. Reference should therefore be made to any building norms defining room sizes, flow patterns, and requirements for water, electricity, light levels and so on;
- Has the necessary utilities and associated plant (such as the power, water, waste management systems) available for it on each site - if such utilities are not available, it is pointless planning to invest in equipment which requires these utilities in order to work; and
- Can be operated and maintained by existing staff and skill levels, or for which the necessary
- Training is available and affordable.

6.1. Preparation of specifications

Specifications have to be drawn up for every device that is planned to be purchased. Standardised specifications need to be drawn up for commonly used devices which can then be modified (where necessary) at institutional level.

General terms and conditions should also be part of specifications, including stipulations like the local availability of essential spare parts, and the presence of a registered sole agent for the specific brand.

A suggested format for specifications is as follows:

- Name of equipment;
- Function;
- Essential features;
- Essential components;
- Additional components;
- Power supply;
- Additional requirements; and
- Training – user training, maintenance training.

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

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

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

For example:

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

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

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

Pre-installation work involves:

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

In some cases, the pre-installation work required is minimal; in others, it requires considerable labour and finance. As a general guide, site preparation is the work required to ensure that the room or space where the equipment will be installed is suitable. It often requires the provision of new service supply connections (for electricity, water, drainage, gas and waste) and may require some construction work. Site preparation tasks can include:

- Disposing of the existing obsolete item (disconnection, removal, cannibalising for parts, transport, decontamination and disposal);
- Extending pipelines and supply connections to the site, from the existing service installations;
- Upgrading the type of supply, such as increasing the voltage, or the pipeline diameter;

- Providing new surfaces, such as laying concrete, or providing new worktops; and
- Creating the correct installation site – for example, digging trenches, building a transformer house or a compressor housing.

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

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

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

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

6.2. Minimum HTS list

The required HTS list can be seen below.

Table 6-1: Minimum Equipment list – Paediatric unit

Source: DoH HTS Department

Section	Room	Unit	Quantity	Rate	Total cost for the item per section
Surgery room	Children's Ward	Prov. sum	1	R347 100,00	R347 100,00
Isolation room	Isolation room	Prov. sum	1	R281 400,00	R281 400,00
High care	High care	Prov. sum	1	R993 200,00	R993 200,00
Operational Manager's office	Operational Manager's office	Prov. sum	1	R73 000,00	R73 000,00
Doctor's Office	Doctor's Office	Prov. sum	1	R73 000,00	R73 000,00
Nurses Station	Nurses Station	Prov. sum	1	R100,00	R100,00
Reception	Reception	Prov. sum	1	R9 000,00	R9 000,00
Waiting Area	Waiting area	No	10	R3 000,00	R30 000,00
Counselling room	Counselling room	No	1	R52 000,00	R52 000,00
Consultation room / Review	Consultation room / Review	Prov. sum	1	R31 000,00	R31 000,00
Treatment room/ procedure room	Treatment room/ procedure room	Prov. sum	1	R23 100,00	R23 100,00
Pharmaceutical stores	Pharmaceutical stores	Prov. sum	6	R500,00	R 3 000,00
Playing room	Playing room	Prov. sum	1	R46 048,00	R46 048,00
Kitchen	kitchen	No	1	R23 000,00	R23 000,00
CSSD	CSSD	No	3	R500,00	R1 500,00
Tiny Tots	Tiny Tots	Prov. sum	1	R496 600,00	R496 600,00

Orthopaedic unit	Children's Ward	Prov. sum	1	R217 700,00	R217 700,00
Burns Unit	Children's Ward & Burns Unit	Prov. sum	1	R217 700,00	R217 700,00
Meeting room	Meeting room	No	1	R60 000,00	R60 000,00
Staff room	Staff Kitchenette	No	1	R19 400,00	R19 400,00
Doctors overnight accommodation office	Doctors overnight accommodation office	No	1	R86 900,00	R86 900,00
Pharmaceutical room	Pharmaceutical room	No	1	R60 000,00	R 60 000,00
Bed Dormitory	Bed Dormitory	No	10	53 000,00	R 530 000,00
Sub Total 1					R3 674 748.00
Contingencies			10%		R367 474.80
Escalations			10%		R367 474.80
Sub Total 2					R4 409 697.60
VAT			15%		R661 454.64
				Total	R5 071 152.24

7. Commissioning

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

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

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

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

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

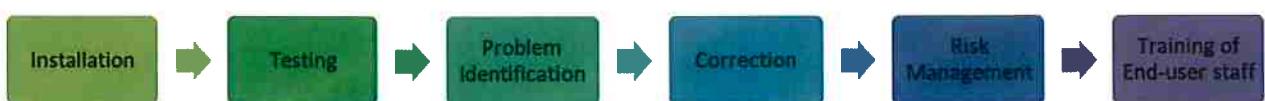


Figure 7-1: Commissioning Process

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

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

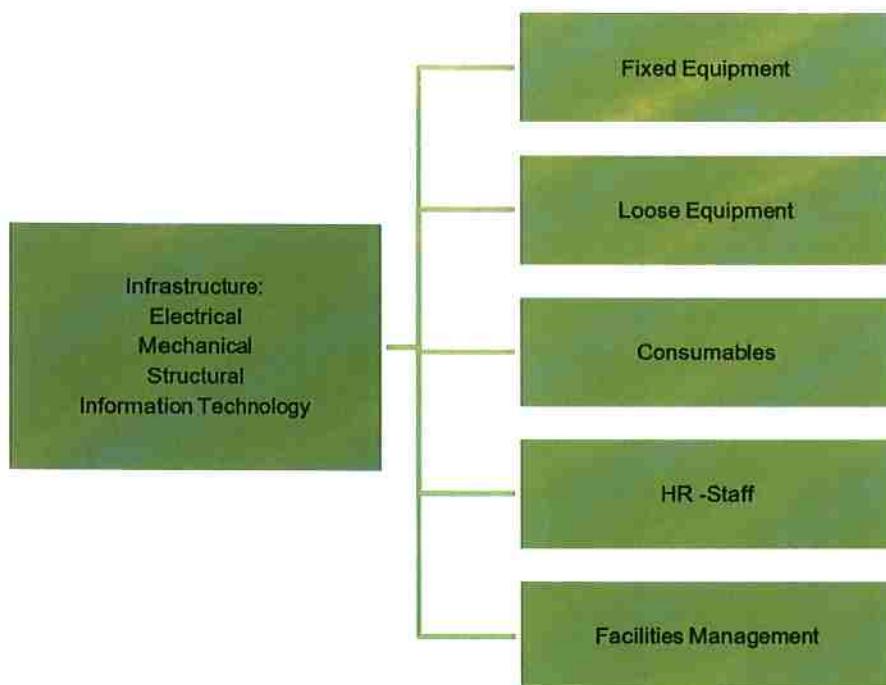


Figure 7-2: Key elements in the commission process

The three Major Components of Commissioning that must be considered in all projects:

- Building Component
- Equipment Component
- Operational Component

For further information that is more detailed refer:

- IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014

Other Documents to be considered when designing and commissioning:

- National Core Standards

- Ideal Hospital and Ideal Clinic Documents
- Provincial Guidelines and Norms

8. Organisational Development

KwaMagwaza is an existing hospital situated in King Cetshwayo District. The hospital provides a district service package of care. The renovation of the new Paediatric Unit will require additional staff to be able to provide efficient and effective service to the Paediatric Unit. The hospital management has identified the required minimum staff establishment and categories of posts. The building of the Paediatric Unit at KwaMagwaza Hospital will have a positive impact on the paediatric patients and neonates that are born or delivered at the hospital. The Management of the Hospital has to develop an Operational Plan that outlines the processes and the timeframes for the funding and the recruitment and selection process. The Plan should align with the Infrastructure Construction Programme. Staff management plan ensures that the organisation has an adequate human capacity to support its changing needs.

8.1. Key Elements for Success

- Dedicated allocation of non-rotational staff
- Adequate staff to allow for proper patient care practices.
- Support staff is required to assist with non-nursing activities.
- Dedicated skilled assistance needed to mentor, support and educate lodger mothers.
- Allocation of budget to fund additional posts.

8.2. Current situation

The current situation at KwaMagwaza Hospital Paediatric ward is highlighted below.

Table 8-1: Existing Paediatric Ward Staff

Source: DoH Organisational Developments (OD)

STAFF ESTABLISHMENT: PAEDIATRICS					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF CORE STAFF	NO OF STAFF	RANK OF STAFF (ADMIN STAFF)
Medical Service	Inpatient wards	0	Medical Officer		
Nursing Service	Inpatient wards	1 3 1 4	Operational Manager Nursing Professional Nurses (Spec) Professional Nurses (Gen) Staff Nurse	1	Ward Clerk

8.3. Facts

Professional unit managers, supported by nursing staff on a 24-hour operational cycle, manage paediatrics. Nursing staff works in shifts and provide day and night nursing supervision and support at unit and organisational level. The existing building has existing staff establishment; however, with the

proposed building and additional beds the Paediatric Ward will require sufficient human resources to render efficient and effective services.

The additional posts requested are on the approved organisational structure of the Paediatric Ward. The aforementioned posts are not funded therefore do not appear on the PERSAL system. The Hospital advised to follow the unfreezing process to fill the posts.

8.4. Additional Staffing Requirements

After engagements with the facility management, the following additional staffing requirements have been recorded.

Table 8-2: Additional staff requirement

Source: DoH Organisational Development (OD)

STAFF ESTABLISHMENT: PAEDIATRICS WARD					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF CORE STAFF	NO OF STAFF	RANK OF STAFF NON CORE SUPPORT
Medical Service	Inpatient wards	1	Medical Officer		
Nursing Services	Inpatient wards	6 4 5	Professional Nurses (Spec) Enrolled Nurses Nursing Assistants		

8.5. Change Management

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 Paediatric Ward. 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 affects the following four parts of how the organisation operates:

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

The renovated Paediatric Ward 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 understanding 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.

9. Procurement and Delivery Strategy

Single procurement for a design and consult with specifications as approved outlines design.

9.1. Procurement Strategy

A Procurement Strategy is prepared by the Department of Health as part of the annual Infrastructure Programme Management Plan (IPMP). It sets out the Delivery Management Strategy as well as the Procurement and Contracting Arrangements proposed for each project requiring the procurement of Contractors (Works) during the ensuing 3-year period.

9.2. Primary and Secondary Objectives

9.2.1. Primary Objective

- i. Is to have a uniform procurement process and take advantage of scale and uniformity by ensuring DoH is the implementing agent, through a Project Manager, to ensure efficient implementation of the project,
- ii. Is to procure and deliver the required outcome starting from the beginning of the 2023 / 2024 budget and within the allocated period from the date of the brief approval at a required standard.

9.2.2. Secondary Objective

- i. Is the socio-economic benefit, which will be achieved through targeted procurement, skills development, and job creation during project construction period?

9.3. Delivery Management Strategy

Since the Delivery Management Strategy is not on IPMP, the following is recommended.

9.3.1. Professional Services

The project will require services of a multi-disciplinary consulting team (Civil, Architect, Electrical, Mechanical, Quantity Surveyor, Construction Health and Safety, etc.) employed by DoH, which will be responsible for design of the new facility, any architectural and renovation works, asbestos removal and all the associated works.

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

Table 9-1: Required external team

Team Member	Skill level required
Project Manager	Project Management skill and qualifications required.
Civil/Structural Engineer	University degree, Professional registration
Quantity Surveyor	University degree, Professional registration
Construction Health and Safety Agent	Diploma or University degree, Professional registration
Land Surveyor (procured post award)	Experience in the Surveying Field and qualifications
Geotechnical Engineer (procured post award)	University degree, Professional registration
General building or Civil contractor	CIDB 9GB or 9CE
Community Liaison Officer	Experience and knowledge of applicable legislations and policies. Management capabilities are recommended

The project team in Table 9-2 should be made up of the following disciplines possessing adequate experience in the specific field:

Table 9-2: Project Team Disciplines and roles

Discipline	Experience / Special Requirements
Project Manager	Construction and Program Management
Architecture, Civil/Structural Engineer, Electrical Engineer, Mechanical Engineer and Construction Health and Safety Agent	Design
Quantity Surveyor	Estimates
Project Manager	Construction and Program Management
Contractor	Building works, electrical, mechanical, Health & Safety and Associated building works

The Contracting Arrangements contained in the Infrastructure Programme Management Plan (IPMP) are as follows:

Table 9-3: Contracting Arrangements for Professional Services

Contracting Arrangements for Professional Services					
Professional services needed	Procurement Strategy/Type of Appointment	Standard Tender Evaluation Method	Contracting strategy	Remuneration of professional service providers	Form of Contract
Full service from consulting team	Public Open Tender / Open procedure	Method 4: Financial offer, quality and preferences	Design by Employer	Percentage contract	CIDB Standard Professional Services Contract

9.3.2. For Construction Works

The Strategic Arrangements are as follows:

Table 9-4: The Strategic Arrangements for works

Delivery Management Strategy for Works		
Delivery Mode	Implementer	Estimated Project Control Budget (R.m)
Individual Project	DoH	R153 949 742.06
Contracting Arrangements for Works		
Contracting strategy	Pricing strategy	Form of Contract
Design by Employer	BOQ	GCC 2010
Procurement Arrangements for Works		
Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Public Open Tender	July 2024	Identified

9.3.3. Updating and Revising the Delivery Management Strategy

Factors emerging during the development of a project may lead to a revision of the Procurement Strategy that was set out in the IPMP. Where a revision is recommended, an in-principle-agreement must be provided by the Project Leader (DOH) and the revision must be highlighted and explained at the next end-of-stage submission (refer FIPDM) and must align with the methodology described in the IPMP.

9.3.4. Implementation Strategy

The allowance of temporary access and security measures during construction of the facilities will be communicate during the site meeting between KZN DOH and District office.

10. External Appointments

10.1. Appointment of External Service Providers

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

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

10.2. Appointment of Contractors or Suppliers

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

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

10.3. Appointment of External Implementing Agent

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

- Effective Project management

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

10.4. Roles and Responsibilities of the Department of Health

The roles and responsibilities are highlighted below:

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

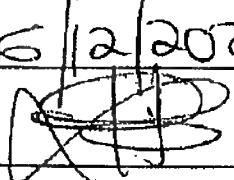
11. Signatures

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: Ms Shange

KwaMagwaza Hospital: Chief Artisan

Date: 06/12/2022

Signature: 

Name: Mrs N Qwabe

KwaMagwaza Hospital: Systems Manager

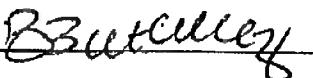
Date: 06/12/2022

Signature: 

Name: Mrs Buthelezi

KwaMagwaza Hospital: Deputy Manager: Nursing

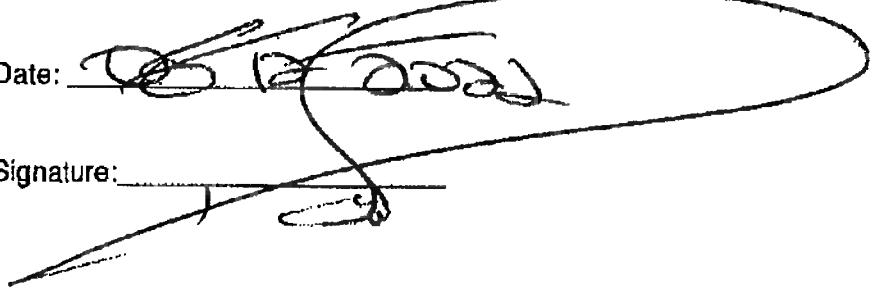
Date: 06/12/2022

Signature: 

Name: Dr. I. Mbokazi

KwaMagwaza Hospital: CEO

Date: 06/12/2022

Signature: 

Name: Mrs. K Hlophe
King Cetshwayo Health District Director

Date: 09 / 03 / 2023

Signature: M. Hlophe

Name: Mr. M Myeza
King Cetshwayo Infrastructure Management Hub: Chief Engineer

Date: 08 March 2023

Signature: M. Myeza

Name: Prof. N McKerrow
Head: Paediatrics and Child Health

Date: 6 March 2023

Signature: N. McKerrow

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 Managerial Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Architectural Firm:					
• Lead Professional:					
• Support Professional/Candidate:					

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

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

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

APPENDIX F:

CURRICULUM VITAE TEMPLATE

CURRICULUM VITAE TEMPLATE

1. Personal Details

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

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

Qualification	Year Obtained	Institution

3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

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

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

APPENDIX G:

RETURNABLES – RESPONSIVENESS

APPENDIX H:

RETURNABLES – ELIGIBILITY

CRITERIA

**REGISTERED PROFESSIONAL
CONSTRUCTION PROJECT MANAGER
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

**REGISTERED PROFESSIONAL
ARCHITECT CERTIFICATE AND
PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
QUANTITY SURVEYOR CERTIFICATE
AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL CIVIL
ENGINEER/TECHNOLOGIST
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

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

**REGISTERED PROFESSIONAL
MECHANICAL
ENGINEER/TECHNOLOGIST
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

**REGISTERED PROFESSIONAL
ELECTRICAL
ENGINEER/TECHNOLOGIST
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

**REGISTERED PROFESSIONAL
CONSTRUCTION HEALTH AND
SAFETY CERTIFICATE AND
PROFESSIONAL INDEMNITY**

APPENDIX I:

RETURNABLES – FUNCTIONALITY

CRITERIA

LEAD CONSTRUCTION PROJECT MANAGER CV

**LEAD CONSTRUCTION PROJECT
MANAGER PROJECT COMPLETION
CERTIFICATES, LETTERS OF AWARD
/ SIGNED FINAL ACCOUNT SUMMARY**

LEAD ARCHITECT CV

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

LEAD QUANTITY SURVEYOR CV

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

LEAD CIVIL ENGINEER/TECHNOLOGIST CV

**LEAD CIVIL
ENGINEER/TECHNOLOGIST PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED FINAL
ACCOUNT SUMMARY**

LEAD STRUCTURAL ENGINEER/TECHNOLOGIST CV

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

LEAD MECHANICAL ENGINEER/TECHNOLOGIST CV

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

LEAD ELETTRICAL ENGINEER/TECHNOLOGIST CV

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

LEAD CONSTRUCTION HEALTH AND SAFETY AGENT CV

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

TEAM ORGANOGRAM

CONSTRUCTION PROJECT MANAGEMENT DISCIPLINE ORGANOGRAM

ARCHITECTS DISCIPLINE ORGANOGRAM

QUANTITY SURVEYING DISCIPLINE ORGANOGRAM

**STRUCTURAL
ENGINEER/TECHNOLOGIST
DISCIPLINE ORGANOGRAM**

CIVIL ENGINEERING DISCIPLINE ORGANOGRAM

**MECHANICAL
ENGINEER/TECHNOLOGIST
DISCIPLINE ORGANOGRAM**

ELECTRICAL ENGINEER/TECHNOLOGIST DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM