

SCM /Tender Ref #:	DWYPD 03 – 2023/24
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Request for proposals for:	OUTSOURCING OF THE EMPLOYEE HEALTH AND WELLNESS PROGRAMME FOR THE DEPARTMENT OF WOMEN, YOUTH AND PERSONS WITH DISABILITIES FOR A PERIOD OF 36 MONTHS
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1. BACKGROUND / CONTEXT

- 1.1. Employee health and wellness has a direct impact on the effectiveness of an entire organisation. Accordingly, the Department of Women, Youth and Persons with Disabilities (hereafter referred to as the Department) is committed to provide an environment that is conducive to individual and organisational wellbeing and work-life balance in order to enhance departmental effectiveness and efficiency.
- 1.2. The scope of the proposal must be aligned to the Employee Health and Wellness Strategic Framework for the Public Service to cover the four (4) pillars: HIV, STI and TB Management, Health and Productivity Management, SHERQ Management (Safety, Health, Environment, Risk, and Quality) and Wellness Management. In terms of management of absenteeism, the Service Provider to align their consultancy services to the provisions of PILIR.
- 1.3. Insofar as the Department does not have internal capacity dedicated to render employee assistance services itself, it intends to procure the services of a reputable and experienced Service Provider to support Employee health and wellness in the workplace, in particular the psychosocial aspect of wellbeing, with the focus to promote employee wellness and improve productivity.
- 1.4. The Department thus invites suitably qualified and experienced Service Providers to submit proposals for the implementation and management of an outsourced Employee Health and Wellness (EHW) Programme.
- 1.5. The Department is a national department of the public service mandated to regulate the socio-economic transformation and implementation of the empowerment and participation of women, youth and persons with disabilities.
- 1.6. Public Service Regulations, 2016 as amended, require departments to have a policy that promotes the health and wellbeing of employees.
- 1.7. Insofar as the Department is committed to the promotion of the health and wellbeing of its employees through comprehensive and integrated programmes, the purpose of-
 - (a) Health and Productivity Management is to regulate the management of health and productivity in the Department through the management of non-communicable and communicable diseases; management of mental health in the workplace; management of incapacity due to ill health and retirement; and enhance workplace health education and promotion and productivity management; and

- (b) Employee Wellness Management is to advise on wellness needs of employees through preventative and curative measures although the emphasis would be on preventative measures, by meeting the wellness needs of employees through preventative and curative measures; promoting the physical and psycho-social wellbeing of individual employees; creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks; promoting work-life balance through flexible policies in the workplace to accommodate work, personal and family needs.

1.8. Due to internal capacity constraints to deliver a comprehensive and integrated Employee Health and Wellness Programme, the Department seeks to outsource the function to a reputable registered Service Provider to implement the programme. The outsourced service is envisaged to provide a confidential referral service with certified employee assistance practitioners who are registered and experienced specialist on a range of issues, including but not limited to counselling on social, financial matters as well as health management issues.

1.9. Principles:

The Employee Health and Wellness Programme must be underpinned by the following principles:

- (a) employees utilising the Wellness Management programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation;
- (b) only registered professionals will be allowed to provide therapeutic interventions;
- (c) as far as possible, the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of all professionals working in the field of Wellness Management;
- (d) equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated;
- (e) human dignity, autonomy, development and empowerment;
- (f) coherence of models - the service delivery models should offer the same benefits to public servants regardless of it being in-house, outsourced, or through collaboration; and
- (g) programme coherence - the programmes that are offered should not contradict each other in the various units of the Department.

2. PROBLEM STATEMENT / PURPOSE

2.1 An Employee Health and Wellness Programme is required to:

- (a) adopt a holistic and integrated approach to employee health and wellness risk management, by seeking synergies with wellness and disease management programmes as well as rehabilitation and empowerment programmes;
- (b) reduce employee absenteeism due to psychosocial challenges;
- (c) assist individual employees in overcoming personal and work related problems that are likely to affect their performance;
- (d) assist the Department to create a caring, healthy and safe working environment in which individual staff members feel valued;
- (e) improve organisational performance by ensuring that staff members have the necessary support system in place which will enable them to reach their maximum potential and perform optimally;

- (f) provide a professional Programme that will respond with immediacy to the psycho-social needs of employees; and
- (g) support the Department to manage health risk issues and involve the various stakeholders in the health risk management processes and structures.

2.2 In summary, the envisaged outsourced Employee Health and Wellness Programme model entails-

- (a) appointment of a registered Service Provider by the Department through a single bid process that is concluded with a service level agreement entered into between the Department and the successful Service Provider;
- (b) employees having 24 hours' access to counselling and referral service; and
- (c) management of the contractual service by the Department through the Human Resource Management Committee to serve as a platform to discuss issues related to the service and the contract.

3. OBJECTIVES, NATURE AND SCOPE OF PROJECT

3.1 Scope of Work

3.1.1 The Employee Health and Wellness Programme is required to be provided to all employees of the Department. The Department has an average of 160 employees, all accommodated at a single address at the national office in Pretoria. The Department does not have provincial offices.

3.1.2 Note that immediate family members (subject to the definition of an immediate family member) are to be included in the provision of services to the extent that their involvement and participation is deemed to be essential in the provision of holistic services to employees of the Department.

3.2 Services to be Provided

3.2.1 The appointed Service Provider will be contracted for a period of 36 months with annual renewal of contract based on performance. The Service Provider is expected to design, implement and manage the Employee Health and Wellness Programme with the following deliverables-

3.2.1.1 Develop a suitable counselling referral system and trauma debriefing sessions to deal with the following areas, but not limited to:

- (a) HIV and AIDS, STI and TB management-
 - discrimination in the workplace;
 - maintain optimal health and wellness for employees with HIV, STIs and TB;
 - promote testing and screening;
 - increase access to sexual and reproductive services;
 - reduce vulnerability of young people.
- (b) Mental Health Challenges such as:
 - management of mental health illnesses in the workplace;
 - anxiety or depression / feelings of being overwhelmed;
 - managing stress;
 - monitoring of absenteeism rate; and
 - poor work performance.

- (c) Marital, divorce and relationships-
 - personality conflicts at home or on the job;
 - learning to be more assertive/ ways to improve self- esteem;
 - positive communication skills; and
 - marital counselling/ adjusting to a divorce or separation.
- (d) Family and parenting concerns-
 - children with behavioural problems; and
 - eldercare.
- (e) Addiction and substance dependencies
 - drugs or alcohol abuse/recognising a substance abuse problem;
 - support when living with a person who abuses alcohol and drugs; and
 - gambling problem.
- (f) Financial problems-
 - economic/financial stress;
 - money management and financial problems;
 - debt management.
- (g) Bereavement and other losses-
 - dealing with a loss of a loved one.
- (h) Dealing with non-communicable and communicable diseases/illnesses.

3.2.2 Conduct an Integrated Health and Wellness Risk Assessment and prepare the plan of work to identify potential health hazards, evaluate the extent of exposure subjectively and/or objectively, and to establish the need for, and effectiveness of existing control measures. Furthermore, it must facilitate the drafting of occupational exposure monitoring, medical surveillance and occupational health education programmes.

3.2.3 Design and Support a marketing, awareness and communication strategy in collaboration with departmental structures, directed towards employees, management, supervisors and Labour. The Service Provider shall be required to make Z-Cards available to employees that include the contact details for the 24/7/365-hour toll free call centre counselling and/or referral services. (summary of services)

3.2.4 Training, advocacy and awareness (life skills development) sessions must be conducted. A minimum of four (4) sessions per year to employees, managers and supervisors on the identification and referral of troubled employees and develop and strengthen working relationships with external social support structures. The Programme must include an education component on lifestyle management, which will comprise of integrated health and wellness risk assessments and wellness days, as well as an e-care service.

3.2.5 Provide Face to Face/Contact Services or counselling service during office hours and a professional 24/7/365-hour toll free call centre counselling and/or referral service (in all 11 official languages including sign language for employees with hearing impairments). All sessions to last 35 – 45 minutes on average. All employees to be entitled to 5 sessions with the therapist and are to ensure an attendance register is kept for that purpose. All formal referrals will be dealt with through an official

agreed to process as determined by the department and the Service Provider with documentation that will enable personnel information recording.

- 3.2.6 Critical incident stress debriefing: The intervention is required to assist employees who are exposed to traumatic incident in the performance of their duties or outside official hours. The service provider shall therefore have sufficient capacity to respond to trauma within twenty-four (24) hours after the traumatic incident and facilitate professional formal debriefing to affected employees when called. Trauma debriefing shall either be offered to groups or individuals at the workplace or at their homes where necessary (home visit will be directly referred by EHWP) In Accordance to their psychological needs.
- 3.2.7 Group Trauma Management and Grief Counselling: Private and confidential group stress trauma debriefing and or grief counselling or emotional support shall be arranged for employees affected by bereavement and or working in high risk units that would frequently expose employees to cumulative trauma and stress.
- 3.2.8 The service provider shall therefore be able to provide professional counsellors to facilitate, onsite stress trauma group sessions as arranged and referred by the internal contact unit.
- 3.2.9 Specialized psychosocial intervention when needed and as preauthorised shall include the following: Psychiatric assessment, Mental rehabilitation (out/in hospital/clinic treatment for 21 days or more), Substance abuse rehabilitation (out/in hospital/clinic treatment for 21 days or more) ,Occupational therapist ,Clinical and counselling psychologist.
- 3.2.10 Provide professional counselling, referrals and follow-up services to all employees in the department in consultation with the EHWP contact person.
- 3.2.11 Advanced services that are rendered/provided by GEMS or medical aid schemes to which members belong must not be included or dealt with by the Service Provider. Such services must be dealt with in terms of the relevant rules of the respective medical schemes. Should an employee not belong to a registered medical aid scheme, such services shall be rendered/provided by the Service Provider.

3.3 Access to the Service

- 3.3.1 The Employee Health and Wellness Programme must be available to all employees and accessible through-
- (a) self-referral where the employee seeks help on their own;
 - (b) informal referral where a supervisor or manager recommends the Programme;
 - (c) formal referral based on performance assessment and management of poor performance by respective supervisors and /or outcome of a disciplinary session.

3.4 Service Level Reporting

- 3.4.1 The Service Provider will be required to agree to achieve service standards as per SLA. These include, but are not limited to, organisation wide health risk assessment, individual counselling service, turnaround times, individual reports.

- 3.4.2 The Service Provider shall implement the necessary measures, monitoring tools and procedures required in measuring and reporting the Service Provider's performance of services against the applicable performance standards on a quarterly basis. Such measurement and monitoring shall permit reporting at a level of detail sufficient to verify compliance with the performance standards, and shall be subject to audit by the Department and/or its appointed contract manager or auditors.
- 3.4.3 The Service Provider shall provide the Department with the information and access to such tools and procedures upon request, for purposes of verification. Furthermore, the Service Provider shall, on request of the Department, provide a duplicate of any database used to capture and report on service levels so that appropriate provisions relating to the provision of service reports and the time periods relating thereto will be incorporated into any agreement concluded project.
- 3.4.4 The quarterly written reports must be provided to the Department within 14 working days of the last day of the preceding quarter. For this purpose, the quarters that shall apply are January to March; April to June; July to September and October to December.
- 3.4.5 Reports must be made available in hard copy accompanied by an electronic version in a format compliant with MS Word and MS Excel as determined by the Department.
- 3.4.6 Reports must identify and/or review key constraints or challenges facing the implementation of the Programme with comprehensive statistical report on findings with clear recommendations.
- 3.4.7 The Management of the Department may require adhoc reports from the Service Provider from time to time.

3.5 IT Infrastructure

- 3.5.1 The Service Provider is required to establish and maintain a database for purposes of-
- (a) monitoring and tracking case flow/work progress; and
 - (b) reporting requirements in software applications should be compliant to MS Word, MS Excel or MS Access to enable the Department to access reports electronically.

3.6 Data Management

- 3.6.1 The following is required from the Service Provider:
- (a) Employee and departmental data that will be under the control of the Service Provider shall remain the property of individual employees and the Department respectively. The Service Provider shall not obtain any rights in such data.
 - (b) The said data in possession of the Service Provider or to which the Service Provider may have access during its contract with the Department, may only strictly be used in the performance of the services required from the Service Provider.
 - (c) It is required that the Service Provider shall take reasonable precaution to preserve the integrity of the data and to prevent corruption or loss of such data.
 - (d) If the said data is corrupted, lost, or sufficiently degraded to be unusable, due to any act or omission by the Service Provider, it must without delay take all steps to restore or procure the restoration of

the relevant data. If the corruption, loss or degradation of the data is due to the default of the Service Provider, it will be liable for all costs and damages associated with such corruption, loss, degradation and restoration.

- (e) Data related to the Employees and the Department may only be accessed by authorised employees or contracted persons of the Department, as well as the Service Provider.
- (f) It is therefore required that the Service Provider takes all steps to ensure that the Employee and the Organisational data is not accessible to any party who is not authorised by either the Department or the Service Provider to access such data.
- (g) It is required that the Service Provider maintain at all times full and accurate records (audit trails) of all services provided and shall retain such records for the currency of its contract with the Department. The latter records remain the property of the Department and should be returned on termination of this contract.
- (h) The Department reserves the right to appoint either its own auditors or agents to audit the Service Provider, if it suspects fraudulent practices or the application of incorrect procedures, poor services or the like.
- (i) Note that in terms of the *Protection of Personal Information Act, 2021*, the personal information of all employees and their family members must be protected and may only be collected, used, processed and retained for the purpose for which it was provided. Such personal information must be safeguarded against access by unauthorised persons and unlawful disclosure or breaches.

3.7 Help Desk/Call Centre

3.7.1 The Service Provider is required to set up and maintain a help desk/call centre function that is operational 24/7/365, to provide to Practitioners and managers who are responsible for the processing and referral of cases-

- (a) assistance and advice with regard to counselling service and the referral of cases to registered practitioners;
- (b) a mechanism through which they can make follow-ups with an allocated practitioner;
- (c) all practitioners at the call centre must be trained and qualified to handle cases; and
- (d) where practitioners are not available, a call-back service should be implemented within 24 hours of initial contact by the employee.

3.8 Contact Service

3.8.1 Additional to the Service Provider's facilities, the Department will provide facilities for on-site consultation on an ad-hoc basis as and when required or arranged by the Department.

4. PROPOSED METHODOLOGY / APPROACH

The proposals must contain all information as required in this Terms of reference for the purposes of evaluation. The proposal must be as detail as possible.

5. TIME FRAMES AND PAYMENT INTERVALS

Payment of invoices will occur within 30 days of receipt of a valid invoice after verification and confirmation by the Department on the services rendered.

6. PROJECT MANAGEMENT / REPORTING ARRANGEMENTS

- 6.1 The Service Provider must produce comprehensive monthly project reports to the Department on its findings, referrals including its recommendations.
- 6.2 The Project Manager from the Service Provider will be expected to work closely with the Designated Senior Manager and Human Resource Management Committee to engage formally through meetings every quarter in preparation for reporting to Management (standard reporting template).
- 6.3 The Service Provider will report directly to the Designated Senior Manager in the Department, namely the Chief Director: Corporate Management for the purposes of this project. The Service Provider must appoint a coordinator for the project who will be responsible for liaising with the Department for the duration of the project.
- 6.4 The Department will liaise with the Service Provider through the monthly meetings and by telephone or email as the need arises.
- 6.5 The project will span over a 36 months' period starting from the date of signing of the contract with annual progress assessment.
- 6.6 Over and above the high level work plan that should be included in the bid proposal, the Service Provider shall within a maximum period of fifteen (15) days of being awarded the contract submit a detailed project plan outlining but not limited to—
 - (a) detailed work-plan with clear time frames;
 - (b) methodology to be followed;
 - (c) specific tasks to be performed and outputs.
- 6.7 The Service Provider must set up a project meeting to discuss the detailed work plan. Should the need arise to discuss possible concerns/changes to the detailed work plan thereafter, those will be discussed during the monthly meetings or a special meeting if necessary.
- 6.8 The Service Provider shall be available for a period of three (3) months after the conclusion of the project should the need arise, to render technical support relevant to the final report.
- 6.9 The Service Provider shall be required to submit monthly and quarterly reports on client usage and organisational health trends with recommendations on interventions to improve the health and wellbeing of employees
- 6.10 The Service Provider shall also be required to submit three (3) annual project reports and one (1) project close-off report. The first report is due within the first year of appointment or as determined and alerted by the department. The final close off report will be due 30 days before the elapsing of the contract.