TERMS OF REFERENCE: ANNEXURE A

SCM /Tender Ref #:	DPME 16 - 2026/27

Request for proposals for:	Systematic documentation of the Hospital Twinning Programme of the public health sector.

1. BACKGROUND / CONTEXT

The performance of public sector hospitals in South Africa depicts an eclectic combination of best performing as well as struggling facilities. This characterisation is reflected in findings of diverse external oversight structures, including the Auditor-General of South Africa (AGSA); the Human Rights Commission; and more recently the Special Investigations Unit (SIU). Well-performing hospitals have demonstrated sound financial management, including the existence of cost centres and functional business units; efficient and ethical supply chain management (SCM) processes and effective delegation of authority, amongst others. These hospitals have contributed to the positive audit outcomes obtained by their provinces from the AGSA. This provides an environment for improved health outcomes, and a positive trajectory towards the health-related Sustainable Development Goals 2030 and national priorities embodied in the National Development Plan 2030 and Medium-Term Development Plan (MTDP) 2024-2029.

At a dedicated workshop in November 2025, the Technical Advisory Committee of the National Health Council (TECH NHC) conceptualised an interprovincial hospital twinning programme, wherein 7 hospitals from the Western Cape province will be paired with 15 hospitals of similar size, complexity and context from other provinces to support and build capacity for decentralised decision making. Focusing on, amongst others, digital systems for SCM, delegations and the establishment of functional business units and cost centre management.

This twinning arrangement is intended to create a platform for peer-learning, contextual exchange and collaborative reform. It is anchored in the recognition that sustainable institutional improvement requires both technical systems **('hardware')** such as delegations, functional business units, cost centres and information systems, as well as relational and organisational conditions **('software')** including leadership, trust, organisational culture, psychological safety and transversal support.

2. PROBLEM STATEMENT / PURPOSE

The Hospital Twinning Programme is an initiative implemented by the National Department of Health and Provincial Departments of Health in 2026 and beyond as a collaborative system-wide learning and reform process focused on decentralised governance and institutional enablement. At its working session on 19 May 2026, the TECH NHC resolved to develop a Learning and Evaluation Architecture to intentionally capture, support and strengthen the learning emerging from the twinning initiative in real time rather than retrospectively. It seeks to balance implementation support, embedded learning, adaptation, documentation and evaluation while avoiding excessive reporting burdens on participating institutions. Therefore, the services of the potential service provider are required to document the design, journey, experiences and learnings that emerged from the implementation of the interprovincial hospital twinning initiative for consideration by implementors and sponsors of the programme.

3. OBJECTIVES AND SCOPE OF PROJECT

3.1. Overall Goal

The overall goal is to conduct a thorough, systematic documentation of the twinning programme by following a Monitoring, Evaluation and Learning Approach (MELA) to independently analyse and document the experiences of the twinning programme.

3.2. Specific Objectives

3.2.1 To understand and describe the current decentralised governance arrangements within participating hospitals and provinces, including:

3.2.1.1 Financial, supply chain management, people management/HR delegation frameworks and decision-making authority;

3.2.1.2 Functional business unit and cost centre management practices; and

3.2.1.3 Provincial support arrangements and the enabling systems and governance architecture supporting institutional accountability.

3.2.2 To describe and support the collaborative learning, peer-engagement and implementation approaches emerging through the twinning initiative, including the methodologies, governance practices, relational processes and technical interventions that enable institutional strengthening and decentralised decision-making.

3.2.3 To document and analyse the implementation journey, key milestones, adaptations, emerging practices and system-level learning arising from the twinning initiative across participating institutions and provinces.

3.2.4 To identify and document:

3.2.4.1 What works, under what conditions, for whom and within which institutional contexts.

3.2.4.2 Both the technical ("hardware") and relational, organisational and cultural ("software") factors that enable or constrain decentralised governance and effective exercise of delegations.

3.2.4.3 Role of provincial support ecosystem in enabling decentralised governance.

3.2.5 To generate implementation learning and evidence that can inform broader public sector governance reform, institutional strengthening and health system transformation within South Africa.

4. RESEARCH QUESTIONS

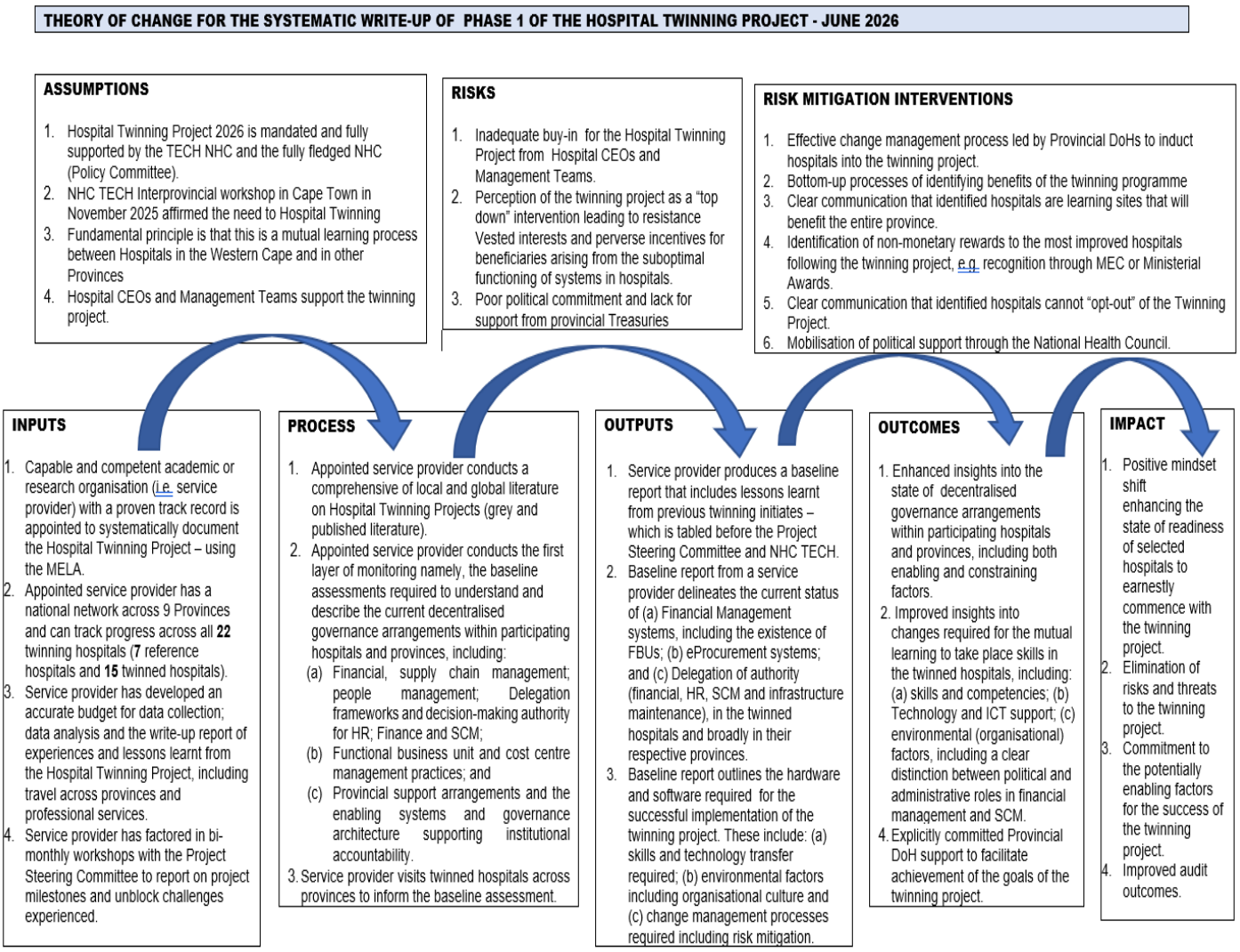
Guided and informed by the specific objectives highlighted above, the systematic documentation of the hospital twinning programme of the public health sector is intended to respond to the following questions:

- What is the status of the current decentralised governance arrangements within participating hospitals and provinces?
- What are collaborative learnings, peer-engagement and implementation approaches emerging through the twinning initiative?
- What are the implementation gaps/challenges, key milestones, adaptations, emerging practices and system-level learning arising from the twinning initiative across participating institutions and provinces?
- What works and what does not work with hospital twinning programme? What are the motivations behind this?
- What are the implementation learnings that can inform broader public sector governance reform, institutional strengthening and health system transformation within South Africa?

5. SCOPING OF THE ASSIGNMENT / OR WORK

The project will be implemented in two phases : Phase 1 (Year 1) and Phase 2 (Year Two)

5.1. Phase 1 (Year 1) – as per the Theory of Change for Phase 1 of the Hospital Twinning Project



In summary, the key deliverables during Phase 1 of the Hospital Twinning Project will include the following activities:

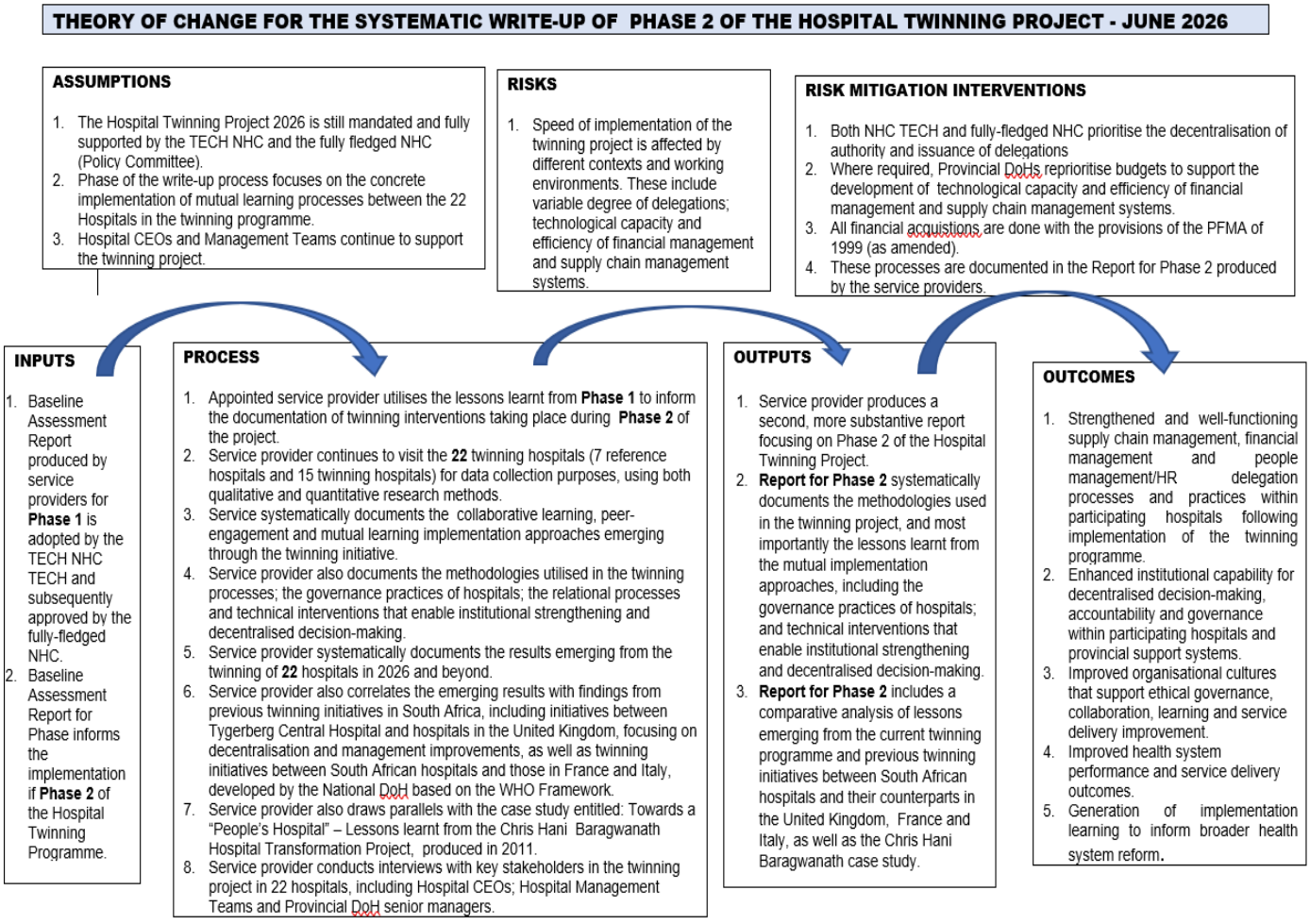
- Systematically document the Hospital Twinning Project – using the MELA;
- Data collection; data analysis and the write-up report of experiences and lessons learnt from the Hospital Twinning Project, including travel across provinces and professional services;
- Attend bi-monthly workshops with the Project Steering Committee to report on project milestones and unblock challenges experienced.
- Conducts a comprehensive of local and global literature on Hospital Twinning Projects (grey and published literature).
- Conducts the first layer of monitoring namely, the baseline assessments required to understand and describe the current decentralised governance arrangements within participating hospitals and provinces, including:
    - Financial, supply chain management; people management; Delegation frameworks and decision-making authority for HR; Finance and SCM;
    - Functional business unit and cost centre management practices; and
    - Provincial support arrangements and the enabling systems and governance architecture supporting institutional accountability.
- Visits twinned hospitals across provinces to inform the baseline assessment.

- Produces a baseline report that includes lessons learnt from previous twinning initiates – which is tabled before the Project Steering Committee and NHC TECH.

Table below provides envisaged deliverables and timeframe during Phase 1 of the Hospital Twinning Project

No	Deliverables	Timelines	% of project (Payment)
1	Submission and approval of inception report and contract signed	December 2026	10%
2	Submission and approval of comprehensive report of local and global literature on Hospital Twinning Projects	February 2027	15%
3	Conduct and produce a draft assessments report required to understand and describe the current decentralised governance arrangements within participating hospitals and provinces	March 2027	15
4	Produces a final report that includes lessons learnt from previous twinning initiates	June 2027	30%
5	Presentation of baseline report to the Project Steering Committee and NHC TECH.	July 2027	10%
6	Submission and approval of final baseline report	August 2027	20%

5.2. Phase 2 (Year 2) – as per the Theory of Change for Phase 2 of the Hospital Twinning Project



In short, the key deliverables during Phase 2 of the Hospital Twinning Project will include the following activities:

- Utilises the lessons learnt from Phase 1 to inform the documentation of twinning interventions taking place during Phase 2 of the project.
- Visit the 22 twinning hospitals (7 reference hospitals and 15 twinning hospitals) for data collection purposes, using both qualitative and quantitative research methods.
- Documents the collaborative learning, peer-engagement and mutual learning implementation approaches emerging through the twinning initiative.
- Documents the methodologies utilised in the twinning processes; the governance practices of hospitals; the relational processes and technical interventions that enable institutional strengthening and decentralised decision-making.
- Systematically documents the results emerging from the twinning of 22 hospitals in 2026 and beyond.
- Correlates the emerging results with findings from previous twinning initiatives in South Africa, including initiatives between Tygerberg Central Hospital and hospitals in the United Kingdom, focusing on decentralisation and management improvements, as well as twinning initiatives between South African hospitals and those in France and Italy, developed by the National DoH based on the WHO Framework.
- Draws parallels with the case study entitled: Towards a "People's Hospital" – Lessons learnt from the Chris Hani Baragwanath Hospital Transformation Project, produced in 2011.
- Conducts interviews with key stakeholders in the twinning project in 22 hospitals, including Hospital CEOs; Hospital Management Teams and Provincial DoH senior managers.
- Produces a second, more substantive report focusing on Phase 2 of the Hospital Twinning Project.
- Report for Phase 2 systematically documents the methodologies used in the twinning project, and most importantly the lessons learnt from the mutual implementation approaches, including the governance practices of hospitals; and technical interventions that enable institutional strengthening and decentralised decision-making.
- Report for Phase 2 includes a comparative analysis of lessons emerging from the current twinning programme and previous twinning initiatives between South African hospitals and their counterparts in the United Kingdom, France and Italy, as well as the Chris Hani Baragwanath case study.

Table below provides envisaged deliverables and timeframe during Phase 2 of the Hospital Twinning Project

No	Deliverables	Timelines	% of project (Payment)
1	Produce a draft report on the Visits to twinning hospital and collection of data using both qualitative and quantitative research methods.	October 2027	10%
2	Produce a report on methodologies, learnings and preliminary results emerging from twinning initiatives	February 2028	20%
3	Produce a draft report focusing on phase 2 twinning project.	April 2028	15%
4	Submission and approval of a second, more substantive report focusing on Phase Two (2) of the Hospital Twinning Project	June 2028	25%
5	Presentation of Phase Two (2) to the Project Steering Committee and NHC TECH.	July 2028	10%
6	Submission and approval of final Phase Two (2) report	September 2028	20%

5.3 List of twinning of selected health sector hospitals

Below table covers a list of selected Public Health Sector Hospitals that would be covered.

TABLE 1: Twinning of selected Public Health Sector Hospitals		
	Western Cape Hospitals	**Twinning Hospitals from other provinces**
1	Groote Schuur Central	1. Chris Hani Baragwanath (Gauteng) 2. Charlotte Maxeke (Gauteng)
2	Tygerberg Central	3. Steve Biko Academic (Gauteng) 4. George Mukhari (Gauteng) 5. Job Shimankana Tabane (North West)
3	Red Cross Children Tertiary	6. Inkosi Albert Luthuli (KwaZulu-Natal) 7. Greys Hospital (KwaZulu-Natal)
4	New Somerset Regional	8. Nelson Mandela Academic (Eastern Cape) 9. Livingstone (Eastern Cape)
5	Worcester Regional	10. Pietersburg (Limpopo) 11. Mankweng (Limpopo)
6	Paarl Regional	12. Robert Mangaliso Sobukwe Hospital (Northern Cape) 13. Universitas (Free State)
7	George Hospital	14. Rob Ferreira (Mpumalanga) 15. Witbank (Mpumalanga)

6. DESIRED OUTCOMES

5.1. Strengthened and well-functioning supply chain management, financial management and people management/HR delegation processes and practices within participating hospitals following implementation of the twinning programme.
5.2. Enhanced institutional capability for decentralised decision-making, accountability and governance within participating hospitals and provincial support systems.
5.3. Improved organisational cultures that support ethical governance, collaboration, learning and service delivery improvement.
5.4. Improved health system performance and service delivery outcomes.
5.5. Generation of implementation learning to inform broader health system reform.

7. REQUIRED SKILLS AND EXPERIENCE

7.1. Qualifications

- Academic qualifications: at least Master's degree in Public Health.

7.2. Knowledge & expertise required

- Technical skills and expertise: Understanding of South African health systems and hospital environments.
- Work experience: At least 10 years of academic- or consulting experience in health systems. At least three (3) years' experiences of working with Government and the Health Sector
- Writing skills and publications: Demonstrated analytical report writing skills and at three (3) publication in peer reviewed journals. Previously conducted at least three (3) similar research projects.
- Ability to effectively manage stakeholders and work independently in order to meet deadlines.

8. PROPOSED METHODOLOGY / APPROACH

The successful bidder will be required to develop an inception report which outlines the methodology and approach to be followed in undertaking the study.

9. DELIVERABLES AND TIME FRAMES

- The service provider will be contracted for a period of twenty-four (24) months.
- The project will commence upon the signing of the Service Level Agreement between the DPME and the service provider.

10. PROJECT MANAGEMENT / REPORTING ARRANGEMENTS

The appointed Service Provider will work with representatives from DPME and NDOH and the Project Steering Committee for the project will be established and will consist of representatives from relevant stakeholders.

11. OTHER