

PROJECT NO. : ZNB 10010/2021-H

DESCRIPTION OF SERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR NYAVINI CLINIC: CONSTRUCTION OF A NEW OUTLIER CLINIC AND STAFF RESIDENCES

DISCIPLINE : MULTIDISCIPLINARY TEAM LED BY AN ARCHITECT

**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 AN ARCHITECT TO PROVIDE PROFESSIONAL CONSULTING SERVICES FOR NYAVINI CLINIC: CONSTRUCTION OF A NEW OUTLIER CLINIC AND STAFF RESIDENCES

Project Number : ZNB 10010/2021-H
Closing Date : 15 March 2022
Closing Time : 11:00

Compulsory Briefing

Date : 22 February 2022
Time : 09:00
Venue : Inkosi Albert Luthuli Central Hospital Nurses Residence Hall

Bid Validity Period: 84 Days

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

THIS BID ALLOWS FOR MULTIPLE AWARDS TO BE MADE

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, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT

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 : Angela Hesketh
Tel : (033) 940 2614
E-mail address : angela.hesketh@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

DECLARATION OF INTEREST – SBD 4

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price bid). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
3. Full Name of bidder or his or her representative:
4. Identity Number:
5. Position occupied in the Company (director, trustee, shareholder², member):
6. Registration number of company, enterprise, close corporation, partnership agreement or trust:
7. Tax Reference Number:

¹ "State" means –
any National or Provincial Department, National or Provincial Public Entity or Constitutional Institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
a) any Municipality or Municipal Entity;
b) Provincial Legislature;
c) National Assembly or the National Council of Provinces; or
d) Parliament.

² "Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

8. VAT Registration Number:

9. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

10. Are you or any person connected with the bidder presently employed by the state?

YES / NO

11. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed:

Position occupied in the state institution:

Any other particulars:

12. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

YES / NO

13. If yes, did you attach proof of such authority to the bid document? (Note: Failure to submit proof of such authority, where applicable, will result in the disqualification of the bid)

YES / NO

14. If no, furnish reasons for non-submission of such proof:

15. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

YES / NO

16. If so, furnish particulars:

-
17. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?

YES / NO

18. If so, furnish particulars.

-
19. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid?

YES / NO

20. If so, furnish particulars.

-
21. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract?

YES / NO

22. If so, furnish particulars.

Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Income Tax Reference Number	State Number / Employee Persal Number

Full Name	Identity Number	Personal Income Tax Reference Number	State Number Number	Employee / Persal

DECLARATION

I, the undersigned

.....
(name)

Certify that the information furnished in paragraphs 2 and 3 above is correct.

I accept that the state may reject the bid or act against me 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 an Architect as Lead Consultant

For the project: Nyavini Clinic: Construction of a New Outlier Clinic and Staff Residences

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 Architectural 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)**

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

and who is (if applicable):

Trading under the name and style of:

and who is:

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

In his/her capacity as:

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

4. Signed for the bidder:

Name of representative

Signature

Date

5. Witnessed by:

Name of representative

Signature

Date

6. Domicilium Citandi Et Executandi

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

Street address::

Code:

Postal address

Code:

Telephone:

Code:

Number: _____

Cell phone :

Code:

Number: _____

Facsimile number:

Code:

Number: _____

E-mail address:

Banker:

Branch:

7. Acceptance

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

8. The terms of the Contract

The terms of the Contract are contained in:

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

and;

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

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

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

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

9. Signed for the Employer:

Name of representative

Signature

Date

Street address:

Code:

Telephone: Code: Number: _____
Facsimile number: Code: Number: _____

10. Witnessed by:

Name of representative

Signature

Date

11. Schedule of Deviations

1	Subject	.....
	Details	..... ..... ..... .....
2	Subject	.....
	Details	..... ..... ..... .....
3	Subject	.....
	Details	..... ..... ..... .....
4	Subject	.....
	Details	..... ..... ..... .....
5	Subject	.....
	Details	..... ..... ..... .....

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

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

SECTION G

SPECIFICATIONS, SCOPE, EVALUATION

AN ENTITY TO PROVIDE A MULTIDISCIPLINARY TEAM OF EXPERIENCED AND SKILLED PROFESSIONAL CONSULTING SERVICES WITH AN ARCHITECT AS LEAD CONSULTANT

Project Description:

Nyavini Clinic: Construction of a New Outlier Clinic and Staff Residences

1. Project Background and Specification

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well-functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this National Department of Health started the Ideal Clinic programme.

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health.

SOURCE: Ideal Clinic Manual Version 17

The first application for a new clinic to the Nyavini area was made in 1987.

The area is characterised by mountainous terrain and forestry, being quite isolated from any public amenities or public health facilities. The nearest facility is estimated to be Hlokozi at a distance of 11,5km or alternatively to Jolivet Clinic at an estimated distance of 21km. This is classified as deep rural and underdeveloped settlement. Based on the Provincial indices of Multiple Deprivation, 57 of the wards in the province have been ranked as the 'most deprived wards'. Nyavini is ranked at 47.

Nyavini Clinic will be rendering Preventative, Promotive, Curative, Rehabilitative and Palliative Health Care. Based on the current population an outlier clinic is required.

Residential Units for the Operational Manager, Clinical Nurse Practitioners and Professional Nurses will be included according to the KwaZulu-Natal Department of Health Employee Housing Policy (July 2004).

2. Project Details

The Site:

Nyavini is located in Ugu Health District, Umzumbe Municipality. It is within a rural location. The entire site is approximately 7 000sqm.

Land Owner:	Ingonyama Trust
-------------	-----------------

Street Address (or directions):	D938 from Nyavini village			
Postal Address:	None at present			
Telephone Number:	None at present			
Hospital Manager:	None at present			
Cadastral Description:	Latitude:	30°22'11.2"E	Longitude:	30°23'09.6"S
Zoning:	Tribal Authority			
Planning restrictions:	None			
Existing Infrastructure	None			

Locality Map:

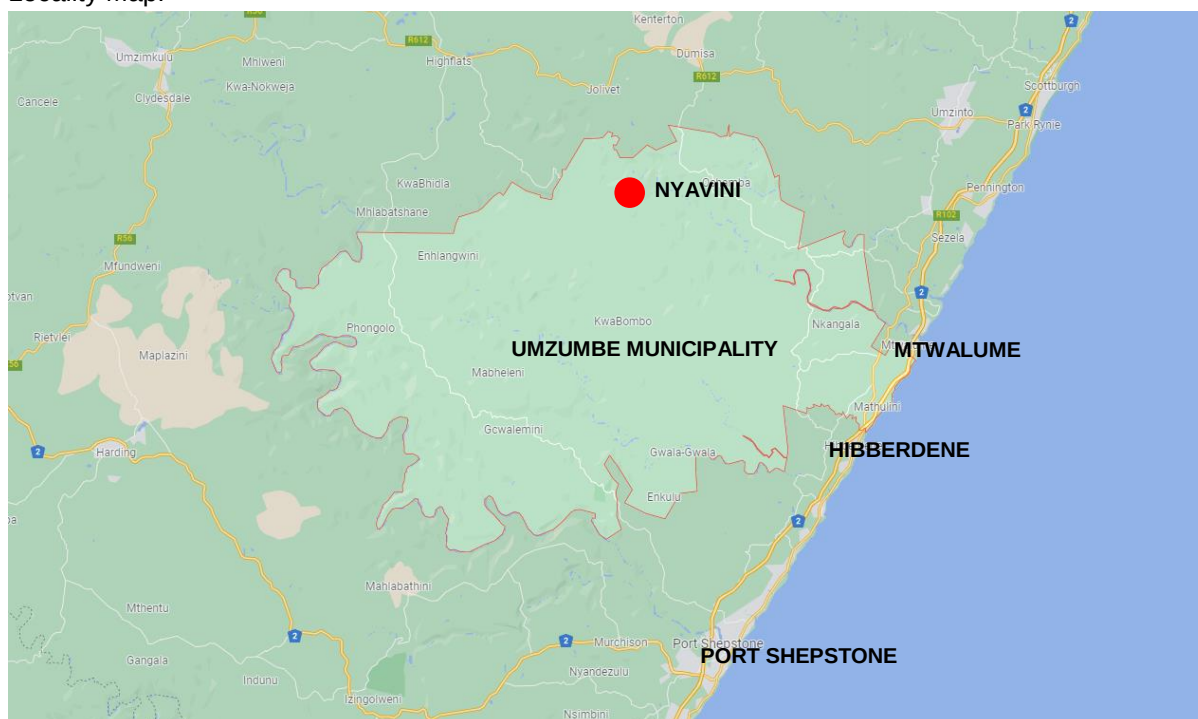


Photo 1: Site location on Aerial View



Photo 2: Site location

SOURCE: *Google Maps*

3. Project Outcomes:

- Integrated Clinical Services Management (ICSM) is a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who comes for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.
SOURCE: Ideal Clinic Manual Version 17
- The new clinic will ensure appropriate healthcare access to the local community, in terms of the above.
- Job creation during construction and for operation of the clinic

4. Project Output:

The project output will be a new primary healthcare facility that provides permanent healthcare access to the local community.

5. Scope of Works of the Construction Project:

Please refer to the Project Brief attached as **Appendix D** for the proposed full scope of the project.

6. 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

7. Required Multidisciplinary Team Composition

- Architect (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor
- Geotechnical Engineer

8. 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:

8.1. Architect including Principal Consultant and Principal Agent Services

South African council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015. PSP scope will also include research and proposals relating to 'green' design principals and initiatives on the project

8.2. Quantity Surveyor

The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No 391134 of 28 August 2015

8.3. Engineers

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015. PSP scope will also include research and proposals relating to 'green' design principals and initiatives on the project

8.4. 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

8.5. 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

8.6. Geotechnical Engineer

The Lead Consultant shall confirm the detailed scope of work that will be required from Geotechnical Engineer. The Geotechnical Engineer 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 in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service

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

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

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

- The Mother Facility: Turton CHC
- DOH District: Ugu District
- DOH Head Office: Infrastructure Development, District Health Services
- National DOH
- Local authority
- Other Authorities
- Statutory bodies
- Other Departments

9.2. 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.

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

9.4. All approvals to be acquired as may be required

10. Planning and Programming

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

PSP Deliverables according to FIDPM stages of work	Duration to produce deliverables from each stage
Stage 1: Inception Stage 2: Concept & Viability Report Stage 3: Design Development Report Stage 4: Documentation	6 months
Stage 5: Works	12 months
Stage 6: Handover	1 month
Stage 7: Project Close Out	15 months

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.

11. 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

12. 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.

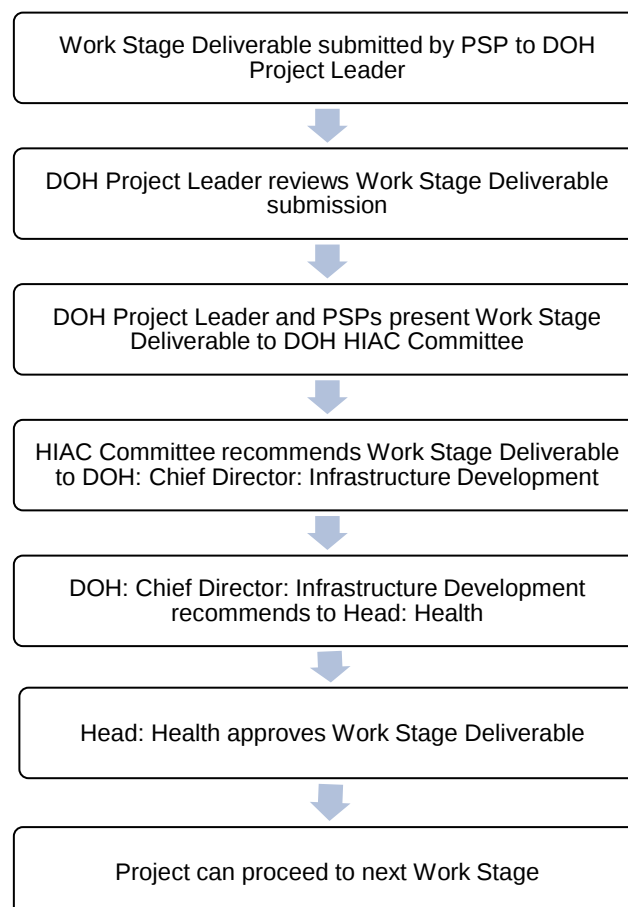
13. Co-operation with Other Service Providers and Affected Parties

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

14. Copyright

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

15. General Approval Process per Work Stage



16. 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.

17. Quality Management

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.

18. Format of Communications

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

19. Key Personnel

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

20. Management Meetings

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

21. Forms for Contract Administration

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

22. 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.

23. Fee Claims

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 8 above and corresponding FIDPM Stages (1 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

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

Should deliverables as referenced under the Scope of Services (Section G, point 8) not be required, fees will be revised to align with the reduced scope of work.

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

Architecture (Principal Consultant and Principal Agent)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	30%
Stage 5	27%
Stage 6	3%

Quantity Surveying

Stage 1	2.5%
Stage 2	5%
Stage 3	7.5%
Stage 4	35%
Stage 5	45%
Stage 6	5%

Electrical Engineering

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Mechanical Engineering (including Fire and Wet Services Engineer)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Civil Engineering

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

Structural Engineering

Stage 1	5%
Stage 2	20%
Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Construction Health and Safety

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

24. 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
-

25. 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.

26. Project

The estimated project works value is R 60,000,000.00 (Sixty Million Five Rand, Exclusive of 15% VAT) and is a new build. Please refer to the Project Brief attached as Appendix D for project details and the proposed full scope of the project.

27. 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 taking into account all requirements as per the stated Scope of Services (Section G, Item 8). The percentage shall then be apportioned by percentage amongst the various professional disciplines. The percentage shall remain fixed for the entire project however the apportionment amongst the various disciplines may change should it be required. Changes to the apportionment are to be agreed by the Professional Team and the Employer is to be duly informed in writing by an official letter from the Project Manager, prior to any further payments. Disputes relating to the apportionment of total fees are to be resolved by the Professional Team.

The tendered percentage is to include for any and all surcharges applicable to the project for all professionals and THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT. The value of works for fee purposes in this tender document has been estimated. No additional surcharges shall be applicable for any material adjustment in the value of the project, both upwards and downwards, and the tendered percentage shall be applicable to the revised value.

Should deliverables as referenced under the Scope of Services (Section G, point 8) not be required, fees will be revised to align with the reduced scope of work.

All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in Section G, point 8 above).

28. Project Details

- 28.1. 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:

- Architect (Lead Consultant/Principal Agent)
- Quantity Surveyor
- Structural Engineer
- Civil Engineer
- Mechanical Engineer
- Electrical Engineer
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer (Appointed Post Award)

The relevant Guidelines are as per the following:

Architect	South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 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
Structural, Civil, Mechanical & Electrical Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015
Construction Health and Safety	South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019

- 28.2. Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.
- 28.3. Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage.
- 28.4. 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.
- 28.5. 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.
- 28.6. You are requested to submit your bid using the FEE BASED QUOTE PROFORMAS (Appendix A, Tables 1 & 2), stamped utilizing your official company stamp and duly signed by the Registered Lead Professional who will be dedicated to this project and is based at the office address where the project is intended to be awarded.

29. Conditions of Appointment

- 29.1. The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 29.1 above. Principal consultant and Architectural Services cannot be outsourced and must be provided in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those

professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional assigned to the project for each service.

- 29.2. 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.
- 29.3. 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.
- 29.4. The Department of Health reserves the right to place the project on hold or cancel the project at ANY POINT.

30. 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 Annexure B)

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:
 - Professional Registered Architect (Lead Consultant/Principal Agent)
 - Professional Registered Quantity Surveyor
 - Professional Registered Structural Engineer
 - Professional Registered Civil Engineer
 - Professional Registered Mechanical Engineer
 - Professional Registered Electrical Engineer
 - 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 and NOT Registered Professional Technologists. All Registered Professionals must be in good-standing with their respective council and their membership must be valid. ALL PROFESSIONAL LEADS, EXCLUDING THE PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT, MUST HAVE A MINIMUM OF 6 YEARS POST PROFESSIONAL REGISTRATION EXPERIENCE. THE PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY AGENT IS REQUIRED TO HAVE A MINIMUM OF 3 YEARS POST 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.

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the minimum values listed below:
 - Civil, Structural Engineering: R 5,0 million
 - Electrical, Mechanical Engineering: R 5,0 million
 - Architectural: R 5,0 million
 - Quantity Surveyor: R 5,0 million
 - Health and Safety: R 1,0 million
 - Other: R 1,0 million

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

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

Failure to meet ANY of the listed Eligibility requirements as stated above and as per the Eligibility Criteria table below, will result in the bid being removed from further evaluation and the bid shall not be eligible for award.

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

Eligibility criteria	Documentation to be provided	FOR EVALUATION COMMITTEE USE ONLY	
		Eligibility Criteria Met (Yes/No)	Comments
1. The professional multi-disciplinary team must consist of: - Registered Professional Architect (Lead Consultant/Principal Agent) - Registered Professional Quantity Surveyor - Registered Professional Structural Engineer - Registered Professional Civil Engineer - Registered Professional Mechanical Engineer including Specialist Fire Engineer and Wet Services Engineer - Registered Professional Electrical Engineer with a minimum of 6 years post professional registration experience. - Registered Professional Construction Health and Safety Agent with a minimum of 3 years post professional registration experience	TAB LABEL: G-1 Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H. Should the Fire Engineer and Wet Services Engineer differ from the Lead Mechanical Engineer, proof of ECSA Professional Registration for these individuals must be provided under the Mechanical Engineer cover page. Completed Form A (Appendix E)		
2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below: - Civil, Structural Engineering: R 5,0 million - Electrical, Mechanical Engineering: R 5,0 million - Architectural: R 5,0 million - Quantity Surveyor: R 5,0 million - Health and Safety: R 1,0 million - Other: R 1,0 million	TAB LABEL: G-2 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		

Quality/Functionality Criteria

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

Evaluation criteria	Documentation to be provided	Points allocated
1. Bidder to demonstrate Technical Competency and relevant Experience relating to Building Infrastructure construction projects with a value of over R10 million in the past 10 years per discipline (9 disciplines i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering including Fire Engineer and Wet Services Engineer, Civil Engineering, Structural Engineering, Construction Health and Safety)	TAB LABEL: H-1 1.1 Bidder to complete Curriculum Vitae (CV) for the allocated Lead Professional per discipline. The following conditions must be met to receive points in this category: 1.1.1 CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix I. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. & 1.1.5. to be inserted under the provided cover pages as Appendix I 1.1.2 CVs to be provided for the Lead Professional per discipline ONLY including for the Fire Engineer and Wet Services Engineer for a total of 9 CVs 1.1.3. CVs provided must align with the information submitted in Form A (Appendix E) 1.1.4. Completion certificates per project must be provided to obtain points for past project experience (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV) 1.1.5. Contractor award letters OR signed final account summaries OR signed reference letters from the client; clearly stating the project value must be provided to prove value of projects (Maximum 3 projects and relevant to the Professional per discipline and must align with project experience stated on CV) Only the first 3 stated past projects per professional CV will be evaluated as per the CV template Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded. <u>Allocation of points will be as follows:</u> - 1 points will be awarded per completed compliant CV per discipline AND - 2 points will be awarded per past building construction project that is equal to and greater than R15 million in value and has been completed in the past 10 years - 1 points will be awarded per past building construction project that is equal to and greater than R10 million in value and has been completed in the past 10 years - 0 points will be awarded for incomplete or no CV submitted on the required template and projects that do not meet the above experience submission criteria	63 (9 x 1 points for CVs) + (9 x 2 x 3 points for project exp.)

Evaluation criteria	Documentation to be provided	Points allocated
2. Organogram of Resources Proposed for the Project per Professional Discipline	TAB LABEL: H-2 2. One team organogram displaying the Architect (Principal Consultant) and the Lead Professionals per discipline that fall 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: 2.1. One team organogram to be provided 2.2. Nine individual organograms must be provided, 1 for each Professional Discipline i.e. Architectural, Quantity Surveying, Electrical Engineering, Mechanical Engineering, Fire Engineering, Wet Services Engineering, Civil Engineering, Structural Engineering, Construction Health and Safety 2.3. Organograms must be inserted under the provided cover page as Appendix I <u>Allocation of points will be as follows:</u> - 10 points will be awarded for the submission of a team organogram detailing the Architect (Principal Consultant) and all other Lead Professionals per discipline - 0 points will be awarded for no submission and irrelevant submissions <u>AND</u> - 3 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions - 1 points 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	37 (10 points for team organogram + (9 x 3 points each for individual organograms))

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 2017

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (BBBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. General conditions

1.1. The following preference point system are applicable to this bids:

The 80/20 preference point system will be applicable to this tender

1.2. Points for this bid shall be awarded for:

- Price; and
- B-BBEE Status Level of Contributor.

1.3. The maximum points for this bid are allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.4. Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.5. The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. Definitions

“B-BBEE” means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;

“B-BBEE status level of contributor” means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;

“bid” means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price bids, advertised competitive bidding

processes or proposals;

“Broad-Based Black Economic Empowerment Act” means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

“EME” means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;

“functionality” means the ability of a bidder to provide goods or services in accordance with specifications as set out in the tender documents.

“prices” includes all applicable taxes less all unconditional discounts;

“proof of B-BBEE status level of contributor” means:

- B-BBEE Status level certificate issued by an authorized body or person;
- A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
- Any other requirement prescribed in terms of the B-BBEE Act;

“QSE” means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;

“rand value” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. Points awarded for price

The 80/20 Preference Point System

A maximum of 80 points is allocated for price on the following basis:
80/20

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

Where

Ps	=	Points scored for price of bid under consideration
Pt	=	Price of bid under consideration
Pmin	=	Price of lowest acceptable bid

Points Awarded for BBBEE Status Level of Contributor

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the BBBEE status level of contribution in accordance with the table below:

BBBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

Bid Declaration

Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

BBBEE Status Level Of Contributor Claimed:

BBEE Status Level of Contributor: _____ = _____ (maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

4. Sub-Contracting

Will any portion of the contract be sub-contracted?

(Tick applicable box)

YES		NO	
-----	--	----	--

4.1.1. If yes, indicate:

- i. What percentage of the contract will be subcontracted %

- ii. The name of the sub-contractor

- iii. The B-BBEE status level of the sub-contractor

iv. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

YES		NO	
-----	--	----	--

v. Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations 2017:

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

5. Declaration with regard to Company/Firm

5.1. Name of company/firm:

5.2. VAT registration number:

5.3. Company registration number:

5.4. Type of Company/ Firm

(Tick applicable box)

☐	One-person business/sole propriety
--------------------------	------------------------------------

☐	Company
☐	Partnership/Joint Venture / Consortium
☐	Close corporation
☐	(Pty) Limited

5.5. Describe principal business activities

5.6. Company classification

(Tick applicable box)

☐	Manufacturer
☐	Supplier
☐	Professional service provider
☐	Other service providers, e.g. transporter, etc.

5.7. Total number of years the company/firm has been in business:

I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBEE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I/we 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 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv. If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –

- disqualify the person from the bidding process;
- recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
- 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;
- recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury 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
- forward the matter for criminal prosecution.

Signature/s of Bidder/s
Date
Address:

Signature/s of Witnesses
Witness 1:
Witness 2:

SECTION H

OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 10010/2021-H
Service:	APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR NYAVINI CLINIC: CONSTRUCTION OF A NEW OUTLIER CLINIC AND STAFF RESIDENCES
Date:	22 February 2022
Time:	09:00
Venue:	Inkosi Albert Luthuli Central Hospital Nurses Residence Hall

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
(Print Name)
Date:

Departmental Representative
(Print Name)
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-Fileer 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)

(name and whose signature appears below)

(name and whose signature appears below)

(name and whose signature appears below)

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

(Name of Joint Venture)

In his/her capacity as:

Signed on behalf of Joint Venture:

(print name)

Signature of signatory:

Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

G Consortium

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

Authority to sign on behalf of the Consortium

By resolution of the members on

.....
(date)

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

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

.....
(Name of Consortium)

In his/her capacity as:

.....
Signed on behalf of Consortium:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

SECTION K

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES – SBD 8

(To be completed by Bidder.)

1. This Standard Bidding Document must form part of all bids invited.
2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
3. The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a) abused the institution's supply chain management system;
 - b) committed fraud or any other improper conduct in relation to such system; or
 - c) failed to perform on any previous contract.
4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
Tick applicable			
4.1	Is the bidder or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the audi alteram partem rule was applied). The Database of Restricted Suppliers now resides on the National Treasury's website (www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.		
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.		
4.2.1	If so, furnish particulars:		

Item	Question	Yes	No
Tick applicable			
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?		
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?		
4.4.1	If so, furnish particulars:		

Certification

I, the undersigned

.....
(full name)

Certify that the information furnished on this declaration form is true and correct.

I accept that, in addition to cancellation of a contract, action may be taken against me should this declaration prove to be false.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

SECTION L

CERTIFICATE OF INDEPENDENT BID DETERMINATION – SBD 9

1. This Standard Bidding Document (SBD) must form part of all bids³ invited.
2. Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).⁴ Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.
3. Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a) disregard the bid of any bidder if that bidder, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.
 - b) cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the bidding process or the execution of that contract.
4. This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.
5. In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the bid:

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

in response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:

that:

³ Includes price bids, advertised competitive bids, limited bids and proposals.

⁴ Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a bidding process. Bid rigging is, therefore, an agreement between competitors not to compete.

(Name of Bidder)

- 5.1. I have read and I understand the contents of this Certificate;
- 5.2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
- 5.3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
- 5.4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
- 5.5. For the purposes of this Certificate and the accompanying bid, I understand that the word “competitor” shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - a) has been requested to submit a bid in response to this bid invitation;
 - b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
- 5.6. 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 consortium⁵ will not be construed as collusive bidding.
- 5.7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - a) prices;
 - b) geographical area where product or service will be rendered (market allocation)
 - c) methods, factors or formulas used to calculate prices;
 - d) the intention or decision to submit or not to submit, a bid;
 - e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - f) bidding with the intention not to win the bid.
- 5.8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 5.9. 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.

⁵ 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

- 5.10. 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.

Signature

Date

Position

Name of Bidder

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 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 at the stated allowance value but shall be claimed and paid on a PROVEN COST BASIS ONLY. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- Table below is NOT to be modified by Tenderer

TABLE 1

Value of Work for Fees	R 60 000 000.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 1 800 000.00
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

DATE:

TABLE 2 – APPORTIONMENT OF FEES

Principal Consultant / Principal Agent / Architect	%
Quantity Surveyor	%
Civil Engineer	%
Structural Engineer	%
Electrical Engineer	%
Mechanical Engineer including Specialist Fire Engineer and Wet Services 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.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
2.	Declaration of interest by Consultant – SBD 4		
3.	Declaration of bidders Past Supply Chain Management practice – SBD 8		
4.	Certificate of Independent Bid Determination – SBD 9		
5.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
6.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
The following documents are to be submitted under Appendix: G			
7.	Proof of Registration with Companies and Intellectual Property Commission (CIPC)		
8.	Original certified copy of BBBEE Certificate		
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 – Civil, Structural Engineering: R 5,0 million Electrical, Mechanical Engineering: R 5,0 million Architectural: R 5,0 million Quantity Surveyor: R 5,0 million Health and Safety: R 1,0 million Other: R1,0 million		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
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.

APPENDIX C - CONTRACT DATA

C1. Contract Data

C1.1 Standard Professional Services Contract

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

C1.1.1 Data provided by the Employer

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

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

C1.2.3

Data provided by the Service Provider

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

Clause	
5.4.1	Tendering on the project: (Name of project as per Form of Offer and Acceptance) holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider, i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and ii. hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract. I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate. I confirm that the Service Provider renounces the benefit of the <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. Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement. Name: Signature: Capacity:

Clause																																		
7.1.2	As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, and/or, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation. The Key Persons and their jobs / functions in relation to the Services are:																																	
	<table border="1"> <thead> <tr> <th>Name</th> <th>Principal employed professional(s) and/or</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> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td></tr> <tr><td>9.</td><td></td><td></td></tr> <tr><td>10.</td><td></td><td></td></tr> </tbody> </table>	Name	Principal employed professional(s) and/or	Specific duties	1.			2.			3.			4.			5.			6.			7.			8.			9.			10.		
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7.2	A Personnel Schedule is not required.																																	
	If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose																																	

C2: PRICING DATA

C2.1 Pricing Instructions

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

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

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

C2.1.1.2 Tenderers are to tender:

A value based fee utilizing the stated estimated project construction value multiplied by a fixed tendered percentage which is then apportioned amongst the multi-disciplinary team.

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

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

C2.1.1.5 Disbursements in respect of travelling costs will be paid for separately (as outlined below). Related expenses including all travelling time charges and subsistence allowances related thereto will not be paid for separately. The maximum mileage claimable to site per trip one way shall be capped at/limited to 150km per single trip. Therefore the maximum mileage claimable per return trip to site shall be 3000km.

The Service Provider must be available at 24 hours' notice to visit the site if so required.

C2.1.1.6 N/A

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

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

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

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

make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

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

C2.1.2.2 Interim payments to the Service Provider

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

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

C2.1.2.3 Fees for documentation for work covered by a provisional sum

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

C2.1.2.4 Time charges for work done under a value based fee (upon approval by Head of Health)

Time charges are reimbursable at rates applicable at the time of the actual execution of the specific service adjustable utilizing the discount for time based fees offered within the tender document. The "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

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

C2.1.3 Additional Services

C2.1.3.1 Additional Services pertaining to all Stages of the Project

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

C2.1.3.2 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

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

C2.1.3.3 Quality Assurance System

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

C2.1.3.4 Lead Consulting Engineer

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

- C2.1.3.5 Principal Agent of the Client
No separate payment shall be made for assuming the role of principle agent. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.
- C2.1.3.6 Environmental Impact Assessment
No separate payment shall be made for the service. 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 C2.1.1.5 above (regarding disbursements and travelling expenses), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer's offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.
- C2.1.6.1 General
The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.

As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the tariff applicable at the time of the expenditure.

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

C2.1.6.2 Travelling time
No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs
Fees for travelling costs are as set out in Table 3 in the "Rates for Reimbursable Expenses".

Travelling costs will be refunded for the full distance covered per return trip measured from the office of the Service Provider appointed provided that the destination is greater than 50km away (one way) from the Service Provider's stated office address at the time of tender.

The maximum mileage claimable to site per trip one way shall be capped at/limited to 150km per single trip. Therefore the maximum mileage claimable per return trip to site shall be 300km for ALL TRIPS TO SITE. Any mileage that exceeds this cap per trip will not be claimable or paid.

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

C2.2 Activity Schedule

C2.2.1 Activities

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

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

APPENDIX D:

PROJECT BRIEF



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE

Physical Address: Block 1, Townhill Office Park, Townhill hospital, 35 Hyslop Road, Pietermaritzburg, 3201
Postal Address: Private Bag X9051, Pietermaritzburg, 3200
Tel: 033 940 2611
E-Mail: michelle.degoede@kznhealth.gov.za
www.kznhealth.gov.za

INFRASTRUCTURE PLANNING

PROJECT BRIEF

NYAVINI CLINIC CONSTRUCTION OF NEW OUTLIER/ VERY SMALL CLINIC

Drafted by: Ms. ZAKIYAH DOCRAT
Project Leader

Signed:

Date:

08/04/2021

Recommended by: Ms. MICHELLE DE GOEDE
Director: Planning

Signed:

Date:

12.04.2021

Approved by: MR B G GCABA
Chief Director: Infrastructure
Development

Signed:

Date:

12/4/2021

Document Control

Revision Number	Date	Initials
Revision 01	26/06/2020	Z.D
Revision 02	12/08/2020	Z.D
Revision 03	02/03/2021	Z.D
Revision 04	07/04/2021	Z.D

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1 Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality
CCMDD	Chronic Medication Dispensing and Supply Model
CHC	Community Health Centre
CIDB	Construction Industry Development Board
CPG	Contract Participation Goal
DDT	Dichlorodiphenyltrichloroethane
DHIS	District Health Information Software
EPWP	Expanded Public Works Program
FIDPM	Framework for Delivery and Procurement Management
GHS	General Household Survey
Hep B	Hepatitis B
HIV	Human Immunodeficiency Virus
HTS	Health Technological Services
IC	Ideal Clinic
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
IDM	Infrastructure Delivery Management
iMMR	Institutional Maternal Mortality Ratio
IPC	Infection Prevention Control
IUSS	Infrastructure Unit Support Systems
KZN	KwaZulu-Natal
KZN-DOH	KwaZulu-Natal Department of Health
LTP	Long Term Plan
MDR	Multi Drug Resistant
MEC	Member of the Executive
MNCWH	Maternal, Newborn, Child and Women's Health
NDOH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
OSS	Operation Sukuma Sakhe
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PLO	Project Liaison Officer
PN	Professional Nurse
PPE	Personal Protective Equipment
PSP	Professional Service Providers
SA	South Africa
StatsSA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation
XDR	Extreme Multi Drug Resistant

2 Project Details

2.1 The Facility

- Facility Name : Nyavini Clinic
- Facility Number : TBC
- Facility Type : PHC - Clinic
- Facility Owner : The property is part of Ingonyama Trust- ITB form signed
 - Portion : Traditional tribal land
 - Deeds Description : N/A Ingonyama trust
 - Title Deed Number : N/A Ingonyama trust

2.2 Location

- Province: : KwaZulu – Natal (KZ)
- District Municipality : Ugu (DC21)
- Local Municipality : Umzumbe (KZN213)
- Ward : 7
- Cadastral description
 - Latitude : 30° 38' 26.65"
 - Longitude : 30° 37' 05.45"
- Street address (or directions) : N/A
- Postal address : N/A
- Telephone number : N/A

2.3 The Project details

- Project Name : Nyavini Clinic – Construction of New Small Clinic
- KZN-DOH Project Number : NYAV2020
- Project Code : N/A
- Project Details / Scope : New Small Clinic and Staff Residences
- Project Type : Infrastructure Development - Projects
- Budget Programme Number : Programme 8
- Budget Programme Name : Health Facilities Management
- Sub-programme : Community Health Facilities
- Infrastructure Programme Name : Not part of a Programme
- Nature of Investment : New or Replaced Infrastructure
- Nature of Investment Sub- status : New Facility
- IRM Infrastructure Category : DoH – New Facility
- IRM Infrastructure Type : Primary

2.4 Oversight Team

- Provincial Champion: Mr B G Gcaba (Chief Director Infrastructure Development)
- Provincial Power User: Ms M De Goede (Director: Infrastructure Planning)
- Project Sponsor: Mr B G Gcaba (Chief Director Infrastructure Development)
- Project Control Group:
 - Infrastructure development
 - National department of Health
- Project Approver: Mr B G Gcaba
- Project Verifier: Ms M de Goede

2.5 Project Background

- Facility Management:
 - Ugu District Manager Mrs NC Mkhize
 - Ugu District Engineer Mr HJ Ahrens
 - Turton CHC CEO Dr ZM Bikitsha
- District Services and PHC: Mr Mndebele
- IT Services: Mr M. Goduka
- Security Services: Mr L. Zondi
- Infection Prevention Control (IPC): Mrs K. Ganas
- Waste Management: Mr S.B. Msimang

2.5.1 A Short History

Nyavini area is situated at ward 7, in Umzumbe Municipality under Chief Ngcobo and Councillor M Mntambo. According to records, the first application for a clinic was made in 1987. Nyavini is in the district priority list as the first priority for Ugu Health District.

2.5.2 Situation today

The area is characterised by mountainous terrain, and forestry, being quite isolated from any public amenities, or public health care facilities. The nearest facility is estimated to be to Hlokozi at a distance of 11,5 km or alternatively to Jolivet clinic at an estimated distance of 21km. This is classified as deep rural and underdeveloped settlement.

The Mthwalume River runs through the community. The community is surrounded by private sugarcane farms and forestry plantations owned by SAPPI.

Job opportunities are sourced from the forestry company, sugarcane farms and employment in Durban and elsewhere in the District. It is estimated that most households are headed by grandparents with a high dependence on social grants. The department of Social Development has assisted in registering a number of cases on child care and foster care grants.

Based on the Provincial indices of Multiple Deprivation, 57 of the wards in the province have been ranked as the 'most deprived wards'. Three of these wards are in Ugu, with Nyavini ranked 47th. The Deprivation Index combines five (5) domains to give an integrated index of deprivation. These domains include: Material income, Education, Living environment, Employment & Health.

2.5.3 Current Services offered at Nyavini Clinic

Currently there is no Clinic in the area. There are however 9 mobile points allocated to ward 7, which are visited once a month. Service points are listed below:

- Aarde
- Bhekizizwe
- Zuke
- Qhamauka
- Nkalokazi
- Sokhela
- Thandokuhle
- Maqhikizana
- Khumalo

There is currently only one ward based PHC outreach team allocated in wards 6 and 7.

2.6 The Site:

The proposed site is located in the UGU district, uMzumbe local municipality, on traditional tribal land. The area can be classified as deep rural, as it lies in a mountainous region, with little to no access to public amenities.

The site is located on a hilltop, adjacent to the traditional court. The site extent is yet to be confirmed by the district, but is estimated to be 0.7 hectares. The land is relatively flat situated on the hilltop. The available land is sparsely vegetated for a section, and densely vegetated for a portion of the site. An informal road intersects with the site, with informal routes having been established across the site.

2.6.1.1 Strategic location of site:

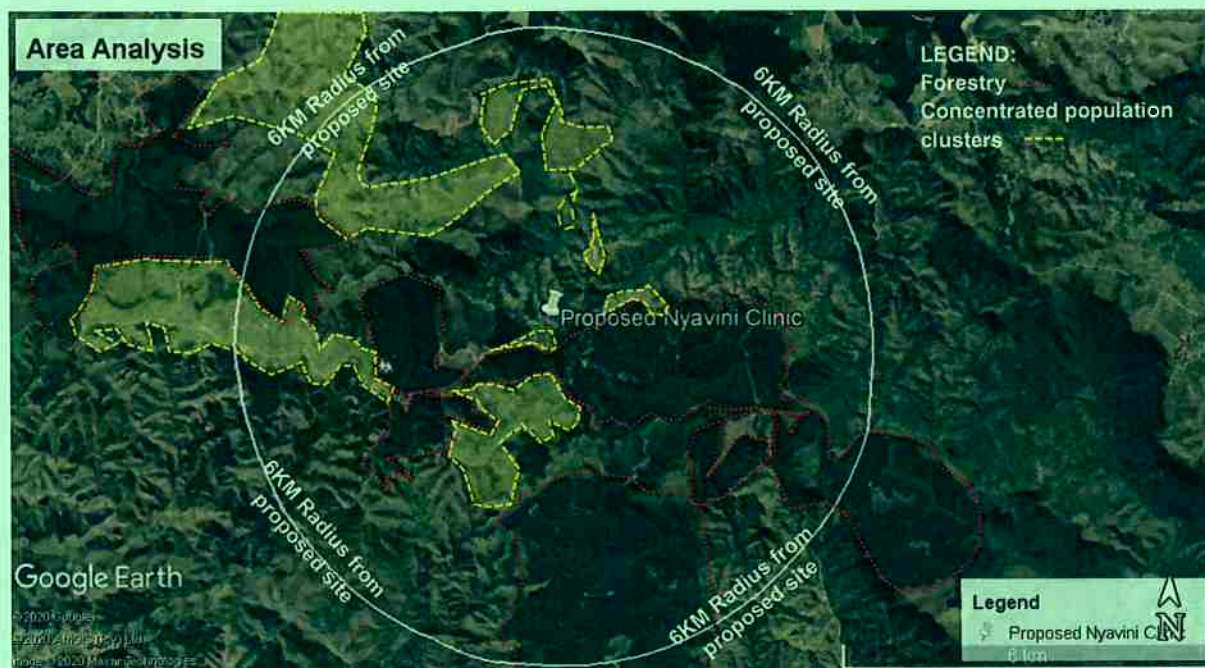


Map 1 Strategic site location on Aerial View

The site is located approximately 27km inland from the coast, in an area that can be classified as deep rural. The closest regional road to the site is the R612. Corrugated roads lead to the site, from the R612 to the Village of Nyavini.

As can be seen from Map 1 above, the village of Nyavini is located in an area lacking services from a permanent PHC facility. The position of the clinic is therefore supported and required in the area, as per the strategic analysis on a Macro scale.

Further to this, Map 1 indicates the location of the proposed supporting facility, that being, Turton CHC and GJ Crookes Regional Hospital.



Map 2 Area Analysis: Population concentration analysis
SOURCE: Google Earth Pro

The above map 2 indicates the landscape of the Village of Nyavini, that being sparsely populated, in a mountainous terrain with large areas of forestry. The site is located in an isolated area, categorised by low-density traditional housing spread across the landscape. Clusters of concentrated populations are primarily located west of the proposed site.

The site is accessed via the following roads:

- From the N2 heading south towards Port Shepstone,
- Turn inland on the R612 heading towards Highflats for 47km,
- Take the D20 dirt road towards the village of Nyavini for approximately 19KM-
- Take the D938 up towards the proposed site.



Map 3 Site Location SOURCE: Google Earth Pro

On a meso scale, the proposed site is located off a district road in an area that is surrounded by large areas of forestry, and sporadic traditional housing. Adjacent to the site lies the village's tribal council, run by COGTA, with the Mngomeni Primary School located nearby. There are no formalised transport nodes, though it is noted that taxis do pass through the area to service the school with an estimated population of 300 students, at a minimum of 2 times a day.

- Restrictions:
 - Planning: None recorded at this stage
 - General: Existing Infrastructure: No existing infrastructure
 - Existing Services:
 - No formalised road to the position of the site +- 400 meters from gravel road
 - Piped water is available. Back up water supply, is to be provided. Fire fighting water tanks are to be designed for.
 - Sewerage and Storm water services are to be designed
- Land use definition:
 - Tribal land- Ingonyama trust
- Heritage components:
 - There are no heritage issues affecting the site.
- Survey of the site:
 - Will be required to be conducted by the appointed consultant
- Geo-technical information
 - A Geo-tech investigation will be required to determine soil conditions
- Traffic impact study:
 - Not required

- External circulation

Access to the site: The site is accessed via an informal road. No formal access has been established, and will be required to be considered as part of the design. The informal road is accessed off the Domestic road D938 for approximately 300 meters

Access to Public transport: Taxi point for school going kids is located close to the site.

Pedestrian routes: roads are utilised as pedestrian routes

Roads: Closest formal road to the site is the R612, the site is accessed via corrugated roads D20 and D938 from the R612, for approx. 20KM

Walkways: None

Parking: None

- Climatic conditions :

- General Climate: The general climate is classified as the Koppen Climate type: Cfa- Humid subtropical
- Temperature The monthly distribution of average daily maximum temperatures shows that the average midday temperatures for Umzumbe local municipality range from 22.3°C in July to 27.3°C in February. The region is the coldest during July when the mercury drops to 9.3°C on average during the night.
- Rain fall: Umzumbe local municipality normally receives about 748mm of rain per year, with most rainfall occurring during summer. It receives the lowest rainfall (14mm) in June and the highest (100mm) in March
(Source: http://www.saexplorer.co.za/south-africa/climate/umzumbe_climate.asp)

- Aviation for emergency aircraft

- No specific request has been received for access via helicopter but the parking area must allow for the landing of emergency helicopter and as per KZN-DOH norm. The first 4 letters of the clinic with a white cross must be painted on the roof. This must be visible from the possible approach direction. The position of the high level water storage tank must be carefully considered as well

- Seismic activity:

- Geotechnical Survey to inform of any noted seismic activity

- Radio towers:

- No towers are noted on site.

- Site orientation

- Site to be orientated for the best exposure weather condition throughout the year

- Security and access control

- A secured gate and security post to be provided to conform to KZN-DoH Ideal Clinic standards.

- Flood plain risks

- None- The site is located on the top of a hilltop

- Existing infrastructure

- None- New facility

- Bulk services (Services required is discussed in detail later in the document):
 - Sewerage: None
 - Water: Piped water is available. Additional harvesting and back up water storage and fire supply will be investigated and reported on by PSP when appointed.
 - Electricity: An Existing Eskom power line is traversing the site. Re-routing of the line may be required. Appointed PSP is to advise on possible rerouting and if power supply is adequate
 - Storm water: No storm water systems are available. Storm water attenuation systems must be designed.

3 Strategic Background

3.1 Strategic Impact or Objective

A new clinic will improve the health services that will be rendered to an isolated community thereby contributing to the overall health and wellbeing of the community. The clinic will aid in terms of preventative measures, management of chronic diseases and promoting self-care within the community.

Overall, the strategic impact of the clinic is as follows:

- Strengthen health system effectiveness
- Reduce and manage the burden of disease
- Universal health coverage
- Strengthen human resources for health
- Improve quality of health care

Source: Annual performance plan 2019/20 – 2021/22 KwaZulu-Natal Department of Health

- Average male and female life expectancy increase to 70 years.
- Tuberculosis prevention and cure progressively improved.
- Reduce maternal, infant and child mortality.
- Reduce prevalence of non-communicable chronic diseases by 28%

Source: Strategic plan 2015-2019 KwaZulu-Natal Department of Health

Projects are generally created by the identification of a Strategic need and in diagrammatic form it is explained as follows



3.2 Project Outcome

- An 8hr hour comprehensive Primary Health Care service operating from Nyavini, servicing an isolated community with limited resources and services
- Increase life expectancy, for both males and females, to at least 70 years.
- Produce a generation of under-20 year olds that are largely HIV free.
- Reduce the burden of disease radically compared to the previous two decades.
- Achieve an infant mortality rate of less than 20 deaths per 1000 live births.
- Achieve an under-5 mortality rate of less than 30 deaths per 1000 live births.
- Low maintenance building given the difficult serviceability of the area

3.3 Project Output

- Increase life expectancy at birth 2.1.1) *Increase the total life expectancy to 60.5 years by March 2020*
- Accelerate implementation of PHC re-engineering
- Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)
- Improve compliance to the Ideal Clinic and National Core Standards

- Reduce HIV Incidence
- Manage HIV prevalence
- Improve TB outcomes
- Reduce infant mortality
- Reduce under 5 mortality
- Reduce maternal mortality
- Improve women's health
- Reduce incidence of non-communicable diseases
- Eliminate malaria

SOURCE: KZN-DOH Strategic Plan 2015-2019

3.4 Project Actions

The various tasks that must be carried out in order to deliver planned results

A new Clinic will require the following actions:

- Stakeholder engagement with community at initiation stage and construction stage
- Stakeholder engagement with supporting facility, the district and provincial and national programmes
- Investigations in land availability
- Investigations in land use, zoning restrictions
- Project Planning
- Designs, specifications, and material testing
- Documentation
- Tender process
- Construction
- Commissioning
- Training

3.5 Project Input

3.5.1 Project Team

3.5.1.1 KZN Department of Health - Infrastructure Development

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	Level 11: Architect
Quantity Surveyor	Level 11: Quantity Surveyor
Electrical Engineer	Level 11: Engineer
Mechanical Engineer	Level 11: Engineer
Civil/Structural Engineer	Level 11: Engineer
Quality Assurance	5 Years' Experience in Health environment
Organisational Development	5 Years' Experience in Health environment
Health and Safety Liaison	Level 10: Health and Safety Officer
Administrative Support	Finance, Admin and PMIS skills required

3.5.1.2 KZN Department of Health – General

Team Member	Skill level required
Corporate Services Liaison	Must have knowledge of provincial and departmental policies re Housing/Accommodation Must have knowledge of provincial and departmental policies re Community Services
District Hospital Services Liaison	Must have knowledge of provincial and departmental policies re Community Services
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services
Security Services Liaison	Must have knowledge of national, provincial and departmental policies re security, level of security required
Hospital Management Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Housing/Accommodation Must have knowledge of Hospital Infrastructure and Maintenance plans
Harry Gwala Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Housing/Accommodation Must have knowledge of Hospital Infrastructure and Maintenance plans

3.5.1.3 Implementing Agent Department of Public Works

Team Member	Skill level required
Project Leader	Project Management skill required. 5 years' experience in the Health planning environment
Architect	University degree, Professional registration and post registration experience in the health field
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Administrative support	Finance, Admin and WIMS skills required

3.5.1.4 External Resources

External Resources may only be procured if there is insufficient in-house skills available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4. Should external resource be required, it is recommended that the following be considered (as is required to augment any In-house capacity):

Table 1

Team Member	Skill level required
Principal Agent	University degree, Professional registration and 3 years post registration experience Project Management skill required

Team Member	Skill level required
Architect	University degree, Professional registration and 3 years post registration
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Electrical Engineer	University degree, Professional registration and 3 years post registration experience
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience
Civil/Structural Engineer	University degree, Professional registration and 3 years post registration experience
Land Surveyor	5 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
Sustainable Specialist	5 Years' Experience in the Infrastructure environment
Community Liaison Officer	Experience and knowledge of applicable legislations and policies
General building contractor	CIBD 8GB

Over and above the preceding, it is expected that the following resources will be required:

- Contracting Management staff
- Contracting Admin staff
- Contracting Supervisory staff
- Construction Artisans
- Construction workers
- Casual Labour
- Specialist sub-contractors
- Applicable construction materials
- Required construction equipment and machinery

3.5.1.5 Additional resources required

Over and above the general building materials required to complete the project the following estimated specialist installations, materials, fittings and equipment will be required:

- Borehole
- Backup generator
- Reserve Fire tank
- IT Hardware and Software
- Telephone Installation

3.6 Statutory Requirements

3.6.1 Constitutional Mandates¹

- **The Constitution of the Republic of South Africa (Act No. 108 of 1996):** In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:

¹ KwaZulu-Natal Department of Health - STRATEGIC PLAN 2015-2019

Section 27(1): "Everyone has the right to have access to ... health care services, including reproductive health care."

- Section 27 (2): The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- Section 27(3): "No one may be refused emergency medical treatment."
- Section 28(1): "Every child has the right to ...basic health care services..."
- Schedule 4 list health services as a concurrent national and provincial legislative competence.

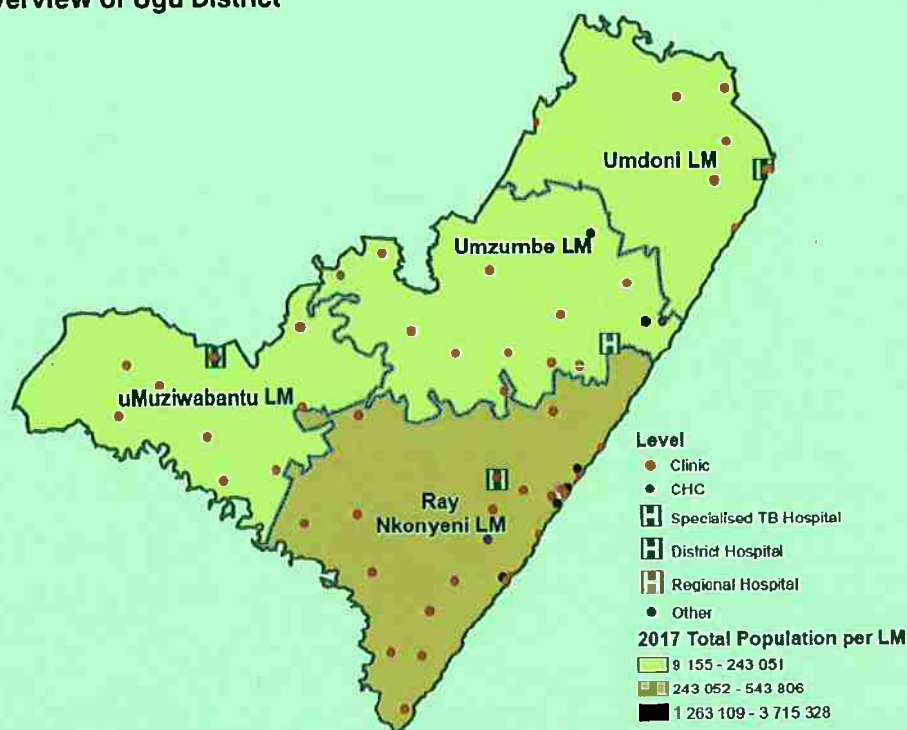
3.6.2 Legislation

- Legislation: Minimum applicable legislation (latest version) include:
 - Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)
 - National Building Regulations SANS 10400
 - KwaZulu-Natal Planning & Development Act, 2008 (Act No. 06 of 2008)
 - Occupational Health & Safety Act No. 85 of 1993.
- Policies:
 - Policy Document for the Design of Structural Installation (to be used strictly as a design guide only)
 - Department of Health Housing Policy
- Norms and Standards: Minimum applicable Norms and Standards
 - IUSS Health Facility Guides Primary Healthcare Facilities
 - Other applicable IUSS Health Facility Guides
 - Ideal Clinic: Integrated Clinical Services management
- Statutory Permissions Required
 - Land:
 - Acquisition:
 - Leases: PTO and ITB forms available and at hand
 - Exact extent of land is to be confirmed
 - Applications
 - Planning and Development Act: SPLUMA application is required to be submitted to local municipality
 - Environmental Impact Assessment: EIA is to be submitted for the whole development area.
 - AMAFA approval: Not required
 - Municipal Approval: Required. All municipal approvals to be sought and granted
 - Access to Provincial /National Roads: No permission is required to access a National or Provincial road directly. Access will be from a District road. However, permission will be required from the Department of Transport for directional signage to the clinic.

4 Clinical Brief

4.1 Situational Analysis

4.1.1.1 Overview of Ugu District



Map 4 Ugu District Map

SOURCE: UGU District Health Plan 2019/20-2021/22

The Ugu District Municipality is a Category C municipality situated in the far south of KwaZulu-Natal. It lies south of Durban, bordered by a coastline of 112km. The district is made up of four local municipalities: Umdoni, uMzumbe, Ray Nkonyeni and Umuziwabantu, all of which have played a critical role in the cultivation of the district's economy. The Ray Nkonyeni Municipality is the ultimate economy booster due to its location. Commercial agriculture in the district produces one-fifth of all bananas consumed in South Africa, with numerous companies successfully exporting these and other products to some of the most exclusive packers in the United Kingdom. The Ugu District is the proud owner of Blue Flag Status beaches, which have marked tourism as a major economic cultivator. The improvement of its infrastructure, education, health and recreational facilities contributes immensely to its appeal.

The district also boasts forty-three (43) Traditional Authorities. The district is comprised of two distinct areas that are divided by the N2 freeway – the coastal strip which is largely urban, and the inland expanse which is rural. The rural-urban divide is a glaring feature in terms of development challenges as 80% of the land is rural and only 20% is urban. The rural inner land is home to the Umuziwabantu, Umzumbe, part of Umdoni and Ray Nkonyeni Local Municipalities. Low income housing and shanty houses are common whilst subsistence agriculture is the main activity in the area. The nurturing of the local economy highly features tourism and agriculture, and includes the district's very own Ugu Jazz Festival. It also includes other renowned annual activities, such as the Africa Bike Week, which have gained momentum worldwide.

Source: The Local Government Handbook South Africa 2017. A complete guide to municipalities in South Africa. Seventh edition. Accessible at: www.municipalities.co.za.

Area: 4 791km² Ugu District Health Plan 2019/20 – 2021/22

Population (2016) b: 768 104

Population density (2016): 160.3 persons per km²

Estimated medical scheme coverage: 8.6%

Cities/Towns: Harding, Hibberdene, Margate, Pennington, Port Edward, Port Shepstone, Scottburgh/Umzinto North, Southbroom.

Main Economic Sectors

- Manufacturing (19%)
- Finance, Insurance, Real Estate and Business Services (17%)
- Wholesale and Retail Trade, Catering and Accommodation (17%)
- Transport, Storage and Communication (11%)
- Agriculture, Forestry and Fishing (8%)
- Community, Social and Personal Services (7%)
- Construction (4%)

SOURCE: UGU District Health Plan 2019/20-2021/22

4.1.1.2 Demographic Profile

The uMzumbe local municipality is largest municipality within the district in terms of the geographic area coverage. It has 20 wards, nine of the wards being the most deprived wards according to the Poverty Index (Poverty Index: 2018). The wards are vast and mostly rural with low cost houses and informal settlements especially at Umzinto. Access to potable water (55%) is most lacking in Umzumbe compared to other municipalities within UGU. The sub- district does not have a district hospital but has a CHC. The referral pathways are through GJ Crookes District Hospital, the transport flow to Port Shepstone town is more convenient for patients to Port Shepstone Hospital, yet it is a Regional Hospital.

Table 2 Demographic Profile

Table 2 Demographic Profile			District DC21	Province KZN	Country ZA
			Ugu DM	KwaZulu-Natal	South Africa
1	Percentage of female headed households (%)	2016	49.9	47.4	41.3
	Unemployment rate (%)	2011	35.2	33	29.8
	Youth unemployment rate (15-34 years) (%)	2011	45.1	42.1	38.4
	Percentage of population 20 years and older with no schooling (%)	2016	17.9	8.6	7.1
	Percentage without matric (%)	2016	68.1	53.9	56.3
	Percentage without higher education (%)	2016	91.9	94.2	92.2
2	Formal dwellings (%)	2016	58.6	72.7	79.2
	Percentage of households using electricity for lighting (%)	2016	84.2	88.5	90.3
3	Percentage of households with flush toilet connected to sewerage (%)	2016	20.8	43.1	60.6
	Percentage of households with weekly refuse removal (%)	2016	19.7	47.7	61
	Percentage of households with piped water inside dwellings (%)	2016	21.2	37.4	44.4
	Drinking Water System (Blue Drop) Performance Rating (%)	2014	66.3	86	79.6

SOURCE: UGU District Health Plan 2019/20-2021/22

The district has high number of people with no schooling, high percentage without matric and higher education. These are some of the contributory factors of high unemployment which tend to form a

viscous cycle with poverty and predispose the communities to a number of low socio-economic conditions. The sub- districts that have rural villages, Umziwabantu, Umdoni inland, Umzumbe are the ones that have low refuse removal and piped water, access services which in turn exposes the communities to waterborne diseases like diarrhoea which claims the highest number of the deaths with children below 5 years according to the District Health Barometer16/17.

Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

4.1.1.3 Socio-economic Profile

The UGu population pyramid base of 00-05 years for 2018 maintained a broad base as in previous years; however, the category of 10 to 14 years and decrease of 15 years to 19 years is a matter of concern.

This category should be investigated in line with the unfolding of the AIDS epidemic as this category could be related to HIV infection before the rollout of the Nevirapine which is 18 years back.

The high death rate due to injuries as well as TB, HIV/AIDS amongst the 15 to 24 years according to Health Barometer within the district will be addressed on the intervention as planned according to the aspirations. The fact that there is an element of interpersonal injuries, alcoholism and drug abuse cannot be excluded as this is mostly reported in all war rooms. The interventions therefore demand an intersectoral approach. The interventions to reduce HIV incidence and manage HIV prevalence planned for this three-year DHP should be aimed at targeting this age group on index testing and viral completion with the aim of viral suppression. Universal test and treat will be maintained specially to address the second 90 of the 90/90/90 strategy.

Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

4.1.1.4 Epidemiology

Table 3 Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

Percentage of deaths by broad causes and single leading causes



Percentages are shown according to the deaths within the age period category of each box, although only the leading 10 causes are displayed.

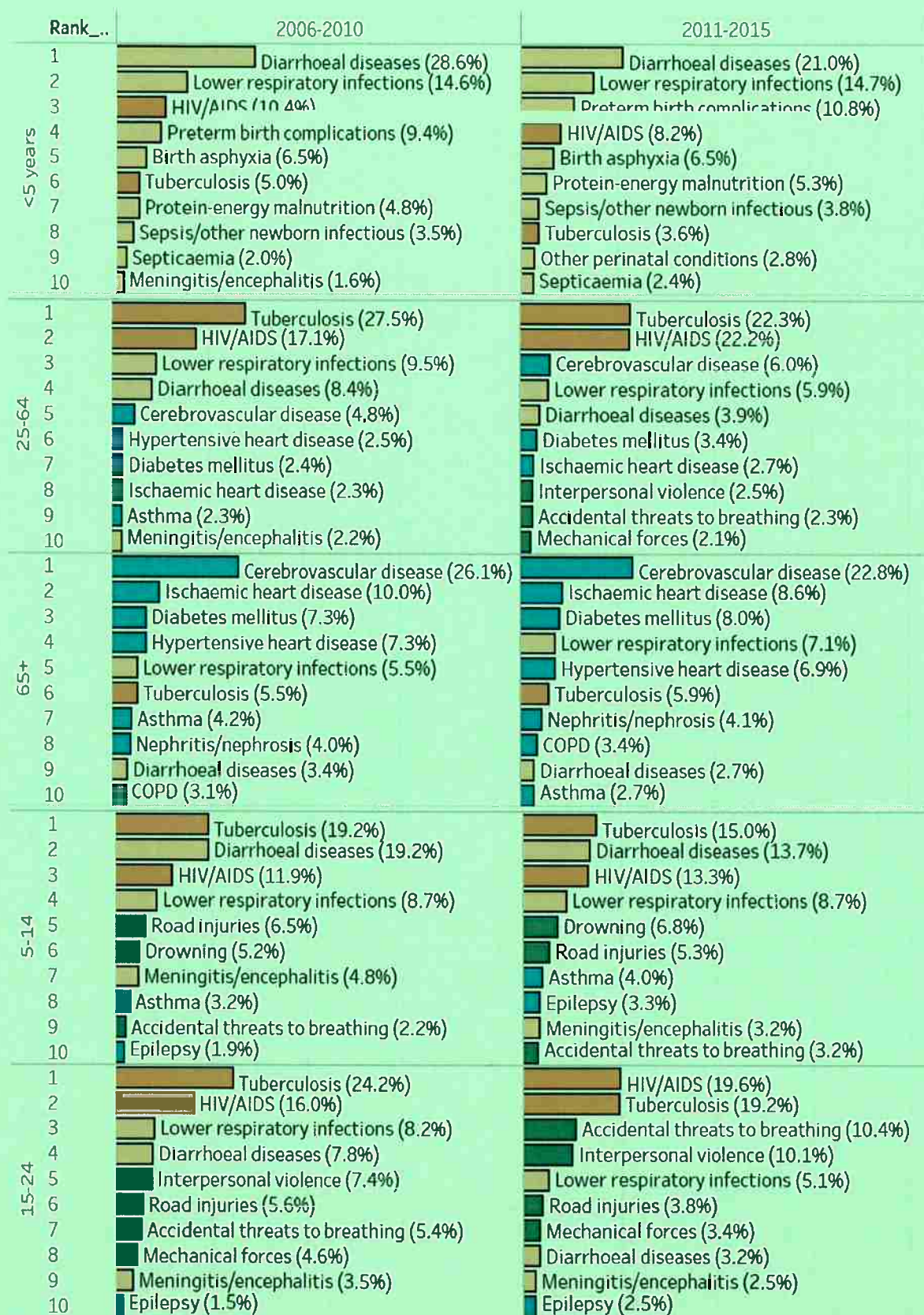
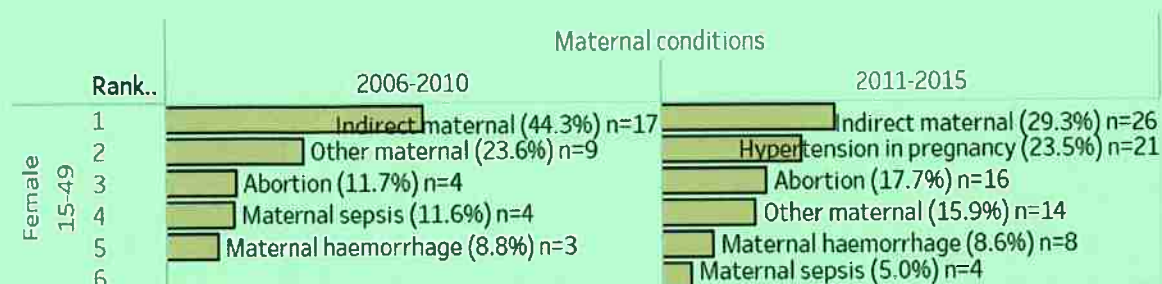


Table 4 Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)



Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

The two leading causes of deaths of children under 5 years remained diarrhoea and lower respiratory tract infections. The former is directly linked to water-borne diseases; due to lack of access to potable water (55% house-holds) and the latter to socio economic factors; such as high unemployment rate; prevalent to the most marginalised and deprived Wards.

Umzumbe and Umuziwabantu sub- districts are the mostly affected local municipalities that have reported both less than 1 year and under 5 years' deaths in facilities.

The impact of high prevalence of communicable diseases, predominantly tuberculosis (TB) and HIV is dominating the 'would-be' economically viable categories and school going ages of 15 years to 64 years remains a concern as it has direct adverse effects on the labour market; thus, crippling educational attainment as well as income drivers.

Non-communicable diseases like cerebrovascular disease and diabetes of 65 years and above are a threat to increased life expectancy.

4.1.1.5 Primary Health Care

	Provincial Strategic Plan 2015-2020 Goal	District Aspiration	How will we measure the aspiration? Impact/Outcome Indicator Name	Baseline (2017/2018)	Target (2017/2018)	5- year target (2024/25)
1	Reduce maternal mortality	Reduce maternal deaths from 97/100000 to 90/100000 2021	Institutional Maternal Mortality Ratio (iMMR)	97/100000	95/100000	90/100000
		Improve viral suppression on pregnant women by initiating all eligible antenatal clients on ART by March 2020	Antenatal client started on ART rate	88%	99%	100%
		Reduce teenage pregnancy rate from 18.8 % to below 18% by 2021	Delivery 10-19 years	18.8%	<18	<18
2	Reduce neonatal mortality	Reduce neonatal deaths from 12/1000 to <8/1000 by 2021 Efficient Management of labour	Inpatient Neonatal Mortality Rate (iNMR)	12/1000	8	12/1000
		Efficient and effective management of premature babies				
3	Reduce under 5 years child mortality rate	Reduce under 5 deaths to below 4% by 2021	Inpatient Under 5 Mortality Rate (iU5MR)	4%	<4%	<4%
		Increase under 1-year immunization coverage from 63,55 to 90% by 2021	Under 1year immunization coverage	66.3	80%	90%

	Provincial Strategic Plan 2015-2020 Goal	District Aspiration	How will we measure the aspiration? Impact/Outcome Indicator Name	Baseline (2017/2018)	Target (2017/2018)	5- year target (2024/25)
4	Manage HIV prevalence	Reduce HIV incidence and manage HIV prevalence.	Adult with viral load suppressed rate 12 months (%)	93%	95%	95%
		Monitor people living with HIV/AIDS to increase viral loads completion 93% to 95% by 2021				
		implement HST testing using the Contact Index Testing approach				
5	Improve TB outcomes	Decrease the TB client lost to follow up from 4.5 to 2.6% by March 2021	TB client lost to follow up rate	4.3%	4%	<2.6%
	Decrease the TB death rate from 6.30 to 2% by March 2021	TB client death rate	5.5	4%	2%	
6	Reduce mortality and morbidity of non-communicable diseases	Reduce mortality and morbidity of non-communicable diseases	Diabetes incidence rate			
		Reduce the incidence diabetes of clients from 15years above from 5.2 to 3.1 by 2021		4	1	1
		Reduce the incidence hypertension of clients from 15years above from 37/1000 to <28/1000 at by 2021	Hypertension incidence rate	2.8	2	2
7	Health System strengthening	Accelerate implementation of PHC re- engineering through COPHC				
		Increase utilisation at PHC facilities	PHC Utilisation rate	2.8	3.0	3.5
		Increase under 5 utilisations at PHC facilities	<5 PHC utilisation rate	2.9	3	4
8	Improve quality of care	Improve quality of clinical care.	8			
	Improve compliance to the Ideal Clinic and National Core Standards	Ideal Clinic Status determination conducted rate %	60% (32/53)	80% (43/53)	45 (45/53)	

Table 5 Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

KEY INTERVENTIONS

Step 2	Step 3	Step 3	Step 2C	Step 2C	Step 4	Step 5
	Key Population	Geographical Area / (Sub - district or ward)	Bottleneck (Challenge)	Root Cause of the identified Bottleneck	Key Intervention	Service Delivery Platform (community, PHC, CHC, DH, Referral Hospital)
Sub-Aspiration Reduce teenage pregnancy rate	10 -19 years	All sub-districts with special focus on Umdoni and Umuziwabantu districts	Teenagers not using family Planning methods	Access to family planning	Promote Family Planning practices Functional AYFS	PHC, CHC and Community
Sub-Aspiration: Increase Viral Load Suppression in pregnant woman	Women of child bearing age.	All sub-districts	Poor Viral load management systems at PHC levels	New community serve nurses not familiar with PMTCT guidelines	Training of com serve nurses. On -site support and mentoring of facilities with high PCR positivity Encourage patients to ask about their viral loads	PHC

Table 6 Source: (Ugu District Municipality: District Health Plan 2019/20-2021/22)

4.2 Scope of the Project

The purpose of the Primary Health Care facility is to promote health, prevent diseases, treat minor illness, rehabilitate and ensure proper referral of clients without compromising quality. It must also provide the equitable access to South Africans, prioritising health services. To ensure that the clinic must function optimally, Ideal clinic Programme was started by the National department.

Ideal Clinic is a clinic with good infrastructure, adequate resources that use applicable clinical policies, protocols and guidelines to ensure provision of high quality health services to the community. The integrated clinical services Management require patients to be streamlined according to three streams

- Acute,
- Maternal and Child Health and
- Chronic Steams
-

The National Government is in the process of implementing the National Health insurance; therefore, its success will depend on the well-functioning of the PHC system with conducive conditions that meet the National standards.

As the revitalization of infrastructure is one of the National Health Systems Priorities (10 point plan), it is ideal to build new clinic buildings to accommodate patients and health care providers in line with patient's safety, infection prevention and control guidelines as well as quality assurance standards.

As per the DHIS information received, there is an estimated catchment population of **4141** in the 5km catchment area. This predicts an average headcount of **11 139** on a national average of 2.69 visits per capita. This aligns with a **outlier / very small clinic size/** typology, as indicated in the tables below.

Type	Size	Service hours per day	Headcount range per annum	Maximum headcount per month	Maximum headcount per day	No of standard consulting rooms required	No of standard counselling rooms required	No of Emergency(E) /treatment-procedure (T)/specialised rooms required
I.	Outliers	8hrs-5days	*6 000 -20 000	1 650	85	4	1	1 E
II.	Small	8hrs-5 days	20 001-40 000	3 350	170	6	2	1E
III.	Medium	8hrs-5 days	40 001 -60 000	5 000	250	9	3	1E +1 T/P
IV.	Large	12 hrs -6 days	60 001-100 000	8 350	350	12	3	1E +1T/P

CALCULATOR FOR CONSULTING ROOMS IN CLINIC		DATE: 2016/03/16
INPUT INDICATED IN RED		
EXAMPLE CDC KZN		
Catchment population from GIS Flow map	4141	 Implemented by giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Visits per capita to calculate population served	2.69	
Predicted headcount	11139.29	The National average for visits per capita (DHIS info (July 2013)) used for Phakisa was 2.69 visits per Capita. The visits/headcount according to DHIS definitions includes the patients who come for repeat scripts, DOTS visit, counselling but also clients seen by outreach teams at a different location and children receiving individual service during a visit to a non- health facility such as schools or crèches. With the Re-engineering of PHC services much emphasis was placed on outreach teams which will increase the headcount but it will also decrease the % of headcount seen at the clinic facility.
Number of consultations per consulting room per day	30	Function of population multiplied by number of visits. If headcount from DHIS is used to calculate clinic size, the current inadequacies of patient behaviour patterns will be entrenched.
Number of working days per year per consulting room	249	The 24 patients is the minimum based on 3 patients per hour 8 hour workday. WISN recommends 34.6 patients per PN per day which is 12.5 minutes per patient. (Annex 5 to Government Gazette of 2 October 2015) The IHPF panning norm was 30 patients per
Calculated no of consults per consulting room per	7470	Number of working days = 365 less weekend days and less public holidays aligned with above gazette
% of headcount attended to in consulting rooms	85%	Number of working days multiplied by the visits per consulting room per day = theoretical number of visits per consulting room per year
No of Consult rooms required	1.3	% of headcount seen in other locations than the clinic consulting room (outside or inside the clinic) See definitions of headcount as per DHIS extract
		Calculated number of consulting rooms by dividing the headcount multiplied by % seen in consulting rooms and divided by the theoretical number of visits per CR per year

Given that the location of the site is deep rural, the scope of the project must include residential units to accommodate for the professional nurses stationed at the clinic. Residential Units for the Operational Manager, Clinical Nurse Practitioners and Professional Nurses will be included according to the KwaZulu-Natal Department of Health Employee Housing Policy (July 2004).

4.2.1 Brief overview of the Project Scope

A New Very Small Clinic to meet the Ideal clinic guidelines to accommodate the following:

- Chronic services
- Acute Services
- Promotive and preventative healthcare
- 6 x residential units
- Back up services- to include potable and fire water, electricity
- Emergency services

Project scope to include the following:

- Site Survey
- Geo-technical report
- Civil platform design

4.2.2 Brief conditional assessment

The facility is a new building to be built on a greenfield site, with no existing buildings.

4.2.3 The Proposed Service Profile

The clinic is to provide a full package of PHC services that include

- Maternal and child health
- Antenatal, perinatal and postnatal
- Integrated Management of Childhood Illnesses (IMCI)
- Dental
- HIV/AIDS and ARV services
- Minor ailments
- Emergency Services
- Reproductive Health
- Chronic management
- Youth Friendly services
- Cervical screening
- Antiretroviral (ARV) Treatment
- Antiretroviral (ARV) Treatment Initiation
- Community Oriented Primary Health Care
- Family Planning
- HIV Counselling and Testing (HCT)
- Medical Male Circumcision (MMC)
- Non-Communicable Diseases
- Opportunistic Infections
- Post-Exposure Prophylaxis (PEP)
- Prevention of Mother-to-Child Transmission (PMTCT)
- Diabetes Test (Glucose / Finger / Urine Test)
- Primary Health Care (PHC)
- Sexually Transmitted Infections (STI) Treatment
- Tuberculosis (TB) Treatment and DOTS
- Backache Treatment
- Blood Pressure
- Body Mass Index (BMI)
- Community-Based Counselling and Testing (CBCT)
- TB Screening (Sputum)
- Viral Load Test
- CD4 Cell Count Test

4.2.4 Division of Care

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

Table 7: Division of Care

Type of Service		Service Area	Security grading
Small Clinic	Guard house/Visitors Block	Guard room & staff facilities, Search room and Public ablutions	High to Medium security
	Administration block	Administration, Storage and Staff Facilities, dispensing	High to Medium security
	Minor ailments block	Consulting, procedure and counselling	Medium security
	Chronic block	Consulting, procedure and counselling	Medium security
	Preventive and Promotive block	Consulting, procedure and counselling	Medium security
	Community Services block	Administrative	Medium security
	Youth Drop-in Services block	Consulting and Counselling	Medium security
	Internal Services block	Storage, Cleaning and Ablutions	Low Security
		Storage	Low Security

4.2.5 Functional Areas

Table 8: Functional Areas

SPACE	DESCRIPTION
Entrance to the Building	Ideally, only one public entrance to the building should be provided as this avoids confusion and aids security. Secondary public entrances may be required for ambulance drop off and collection, as well as stock delivery and collection of waste. The entrance to the building must be clearly identifiable and should be universally accessible. It must be covered and provide protection from the weather.
Help Desk	A desk and chair to accommodate a member of staff who will assist patients' with queries and direct them to where they need to go. This must be close to the entrance to the main waiting area.
Main Waiting Area	Clients attending the facility will be required to sit and wait for folders to be processed or to wait for the appropriate time to proceed for further assistance. A large shared waiting area is to be provided to serve the different clinical streams. The main waiting, preferable, to be located against two external walls with windows and views to the outside. The layout should be flexible enough to accommodate patient flow at peak times. Space must be provided for patients with escorts, mothers with children in prams and for patients in wheelchairs. Waiting areas must be provided for maximum airflow and good natural ventilation in the interest of infection control.

SPACE	DESCRIPTION
Public Ablutions	The public toilets should be grouped together for ease of cleaning and general supervision. They should be easily located and well-marked (signposted), close to the main waiting area. Male and female ablutions must be separate. Provide for disabled persons as well, both male and female.
General reception and records counter	On arrival, patients will pass through the clinic security into a general waiting/reception area, where they report to the general reception desk. The reception counter should be clearly visible to those entering the facility. Serving hatches should be provided at standing height for clients with one at wheelchair height.
Records Room	The records store is where the patient files are stored on shelving in numerical order behind the reception clerks. Files are retrieved and issued to clients for record purposes. Fire detection and protection are essential requirements. A fire entrance door is required.
CCMDD	Central Chronic Medicine Dispensing & Distribution (CCMDD) The CCMDD room is to be accessed by patients without them entering the main waiting/reception area. The room will receive and store chronic patient ready packed medication pre-packaged for distribution at a central pharmacy off site. A dispensing window with a secure gate needs to be installed to enable the packs to be issued to the patient over a counter. Appropriate shelving to be installed and a central table for sorting packs. This room must be well secured with a concrete ceiling and steel gates to the door and the hatch. The CCMDD will be conveniently located near the entrance of the clinic so that patients collecting medication do not become involved with the stream of patients who are arriving to attend the clinic.

Table 9 Acute, Chronic Care, Mother Child and Women's Health

SPACE	DESCRIPTION
Emergency Room	The Emergency Room is for basic resuscitation and management of emergencies or for preparing patients for urgent referral of serious trauma. This room must be close to the ambulance drop off / collection entrance/
Sub Wait Acute	Sub-waiting area must be well placed at or close to service points. The sub-waiting areas are used by clients that are attending specific services. The sub-waiting area should not block passages but, ideally be recessed so that people can pass each other comfortably especially as people may be in wheel chairs or use walking aids or have young children with them. Maximum natural light and cross ventilation to minimise cross infection is essential and these areas should not be too small. Signage must be clearly posted on the floor and suspended on the ceiling.
Preparation / Vitals Rooms	In the Vitals area, the nurse will monitor and record the patient's vital signs and measurements including weight, height, blood pressure, pulse, blood glucose and haemoglobin count. The design and location of the vitals (preparation) should be between the waiting area and consulting rooms. A measure of privacy is required for sensitive conversation. A desk with a chair for the staff member and a chair for the patients is required with enough space for a pram or patient in a wheelchair. Space is also required for weighing scales, a trolley and a wash hand basin. Access to an outside sputum booth is required.

SPACE	DESCRIPTION
Specimen Collection Toilet	The client may be requested to pass a urine specimen for testing. They will be directed to the specimen collection toilet to produce and collect their sample. The patient will then bring the sample in a disposable or non-disposable container to the nurse who will test the urine. The toilet is to be wheelchair accessible.
Consulting Room	Consulting rooms will be located between the preparation room and the sub-waiting areas initial clinical treatment of outpatients is undertaken from the consulting room. A desk and chair for the clinical staff member with an additional two chairs for patients and escorts is required. A clinical wash hand basin is essential. Allocation for consulting rooms: ACUTE Stream 2 Consulting rooms for acute stream CHRONIC Stream 2 Consulting rooms for chronic stream MCWH (Mother Child women's health) Stream 1 Maternal Health consulting room Child Health consulting rooms
Treatment Room X1	The treatment room must provide suitable accommodation for procedures such as: Dressings, Injections; This room must have: • A clinical wash hand basin, soap and towel dispensers; an examination couch; • Sufficient space for work surfaces, built in cupboards for surgical stock items; • Space for an emergency trolley close to electrical plugs for recharging back up batteries, oxygen cylinders and other mobile equipment; • Good lighting is essential for clinical assessments including focused lighting for treatment.
Counselling Room x 3	The consulting and counselling rooms should be the same size and layout so that it is possible for them to be used interchangeably as service needs change. 1 room for Acute stream 1 room for Chronic stream 1 room for Mother, Child and Women's Health
Sub Wait Acute	Suitable for mothers and children, including for wheelchairs and prams; The sub-wait will be used by women or parents bringing their babies for growth assessments, vaccinations. Clients attending the reproductive health service may also be required to wait for attention. The sub-waiting area should be on adjacent to the vitals area and in view of the relevant consulting rooms. Provide a secure external child friendly play area accessed off the main Women and Child Health sub-waiting area. An Adolescent and Youth Friendly room to be provided for.
Baby Weighing area Preparation / Vitals Rooms	A baby weighing area is required with a counter top to change and weigh the babies as well as a clinical wash hand basin. Space for the staff member to record the weight is required. This area can be off the child health sub waiting area. The space should be warm and free of drafts as the baby will be undressed examined, measured and weighed on an electronic scale. Bigger children will be weighed on an electronic standing scale.

SPACE	DESCRIPTION
Preparation / Vitals Room	A standard preparation / vitals area is required for women's health patients. This should be off the sub waiting area
Child Health Consulting Room	Child Health entails the routine examination and growth assessment of babies and children as well as the provision of routine vaccinations and general health care promotion. 1 consulting rooms
Women's health Consulting	Women's Health care will be provided in this area. This includes: • Family planning visits and sexually reproductive health (SRH) • Consulting room dealing with antenatal and post-natal visits and breast feeding assistance

Table 10: Shared Support Rooms

SPACE	DESCRIPTION
Manager's Office	The senior management of the clinic should be centralises to ensure good governance
Community Outreach Office (School Health Team & Ward Based Outreach Teams)	Office space for outreach staff with store attached. This space can be contained in the multipurpose room in which case the storeroom is essential
Clean Utility	Provide for the preparation of injections, packs etc.
Dirty Utility	The space is used for storage of refuse, used and soiled linen. The room should be positioned next to, or near to the sluice and if possible near a utility service door for easy removal and disposal of waste bins and dirty linen. Provides adequate space for the placement of bins in separate refuse areas for paper, medical waste and general waste.
Specimen collection toilet	Wheelchair accessible toilet with hatch to pass specimens through to preparation room for testing.
Store - medicine	General conditions apply as per the IUSS generic room data sheets Medicine room partitioned into medicines and surgical sundries sections Area for fridges (cold chain management) for EPI and General medicines Bulk storage rooms for Medicines and for Surgical sundries.
Store – Clean Linen	
Store - Stationary	
Staff Rest	The area should provide a kitchenette, washbasin, lock-up cupboards, domestic fridge and Hydro boil. Staff toilets and locker space with lockers to be provided. Staff toilet to be adjacent.
Staff Toilet	A separate male and female staff toilet to be provided with separate lobbies to each

Table 11: External

SPACE	DESCRIPTION
Laundry	This is incorporated in the dirty utility
General Waste	General waste and medical waste will be placed in separate and clearly marked container and sent to the dirty utility room in the clinic; Area must be covered and secure from monkeys, stray cats, birds and vermin.
Medical Waste	A secured, vermin proof store for medical waste is required with access for collection vehicle.
Gardeners Store	A secure store is required for maintenance equipment e.g. ladders, horse pipe etc. There should be shelves and hooks mounted on the walls.
Gas Store	Provide an outside; secure space to store gas bottles.
Parking	
Engineering Plant rooms	Allow for a main LT board, standby generator
Elevated water tank	Backup water supply

4.2.6 Bed distribution

Not applicable

4.2.7 Phasing, Decanting and Incubation Strategies

- Phasing

No phasing will be required

- Decanting

Not applicable for this project

- Contingencies

Not applicable for this project

- Redundancies

Not applicable for this project

5 Technical Brief

5.1 Detail Scope of Work

5.1.1 External Circulation to site

- Entrances
- New Entrance: One access is preferred for control and security reasons. It will be manned by security staff. The rest of the site will be secured with fencing.

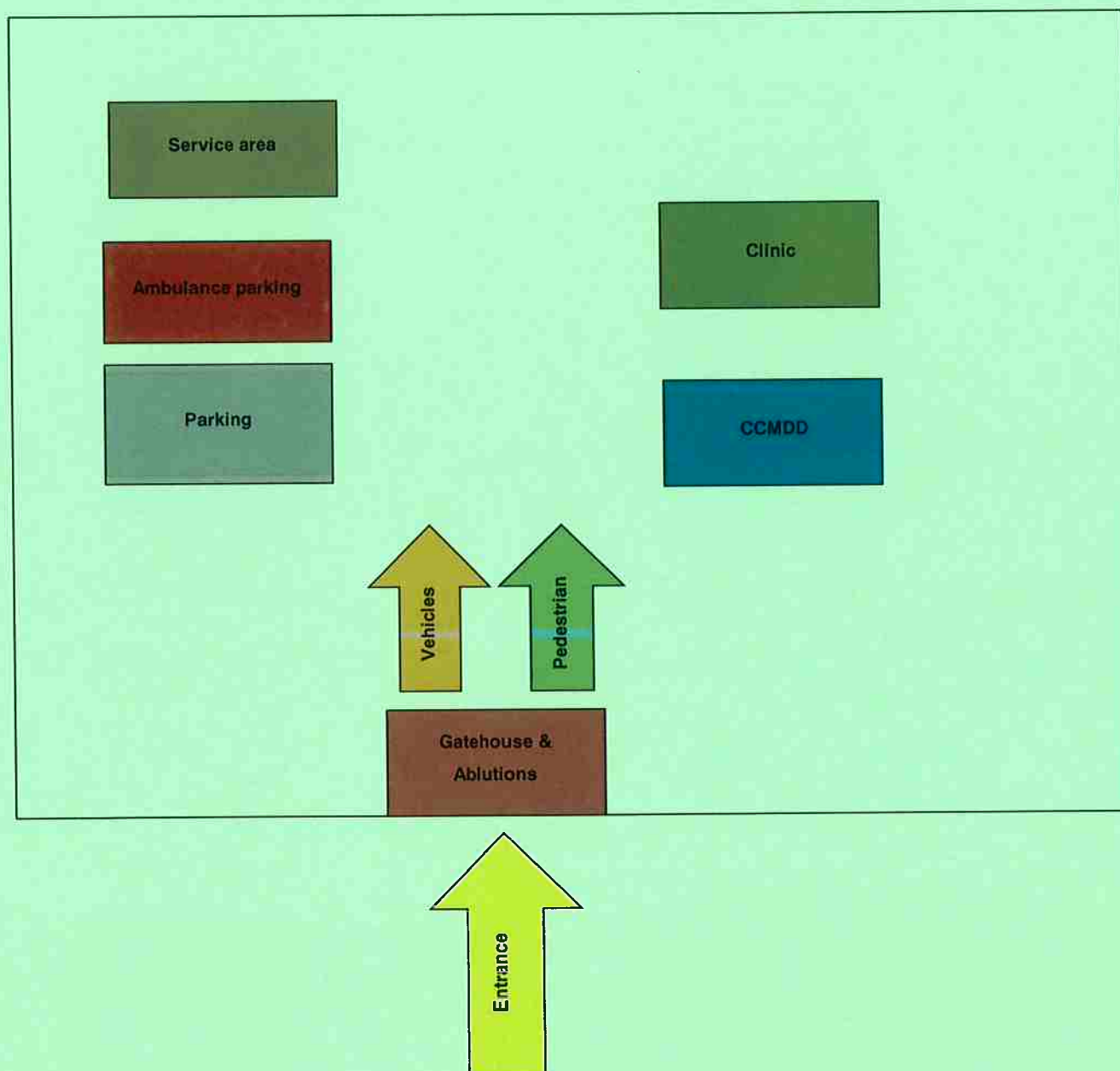


Figure 1: External access to clinic site for public, staff, patients, and visitors

- **Vehicular and Pedestrian Access and Parking:** Vehicular and Pedestrian Access and Parking: The entrance 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.

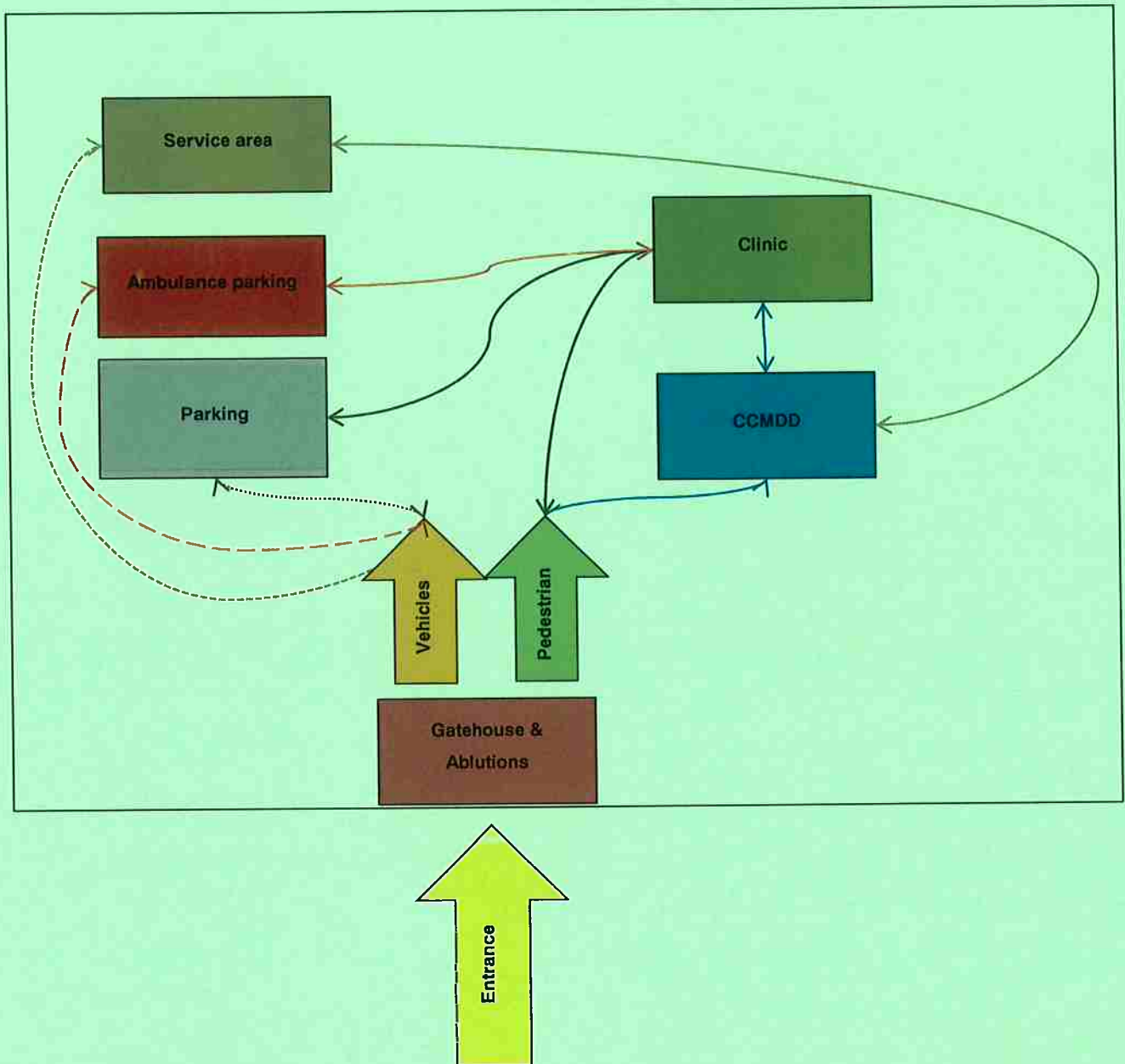


Figure 2: Circulation and movement of public, staff, patients, and visitors

5.1.2 Entrance Design

- The Entrance must be designed to clearly define safe access to the facility for both vehicles and pedestrians. These two must be separated and minimise cross traffic. Routes to the parking, services areas and the clinic must be clearly defined.
- The name of the facility, services rendered and time of operation must be clearly displayed.

- The entrance is the face of the clinic and should be designed as such, It must be welcoming, legible and allow easy navigation between the gate and reception of the clinic.
- Sufficient lighting to be provided at night and the pedestrian access must be universally accessible from the access road.
- Entrance design is to facilitate for shelter of patients waiting at the entrance before and after their clinic visit.
- Standard building materials are to be used and the gates are to be of robust construction with strong security locking mechanisms.

5.1.3 Security and Access control

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

5.1.4 Orientation and Rational Planning Principles

- Architectural character of the clinic: is to utilise standard and easily available building materials and building elements. This is to allow lower CIDB grade and/or less experienced builders the opportunity to construct the clinics. Maintenance of building elements are to be considered in the design of the clinic.

The main elements of the building is to consist of face brick outer skin with plaster and paint inner skin walls, metal sheeting roof, steel cottage pane windows with integrated burglar bars and screens (where applicable), cottage pane external doors with security gates and internal doors steel frame doors with solid core timber doors.

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

- The clinic is to respond to the site specific climate requirements and be mindful of natural ventilation strategies

- The administration wing contains staff areas, and all storage areas. Storage is place where natural ventilation is not absolutely required while staff areas have access to openable windows.
- The positioning of the three streams of the ideal clinic must be carefully considered, noting patient flows and circulation patterns, as well as administrative flows and circulation, in conjunction with fire escape routes and light and ventilation principles.
- Positions of the sputum booths are to be well considered, limiting access from one booth to another. Ventilation can be augmented with mechanical systems if so required.
- Roofs are to be appropriately designed for the given climate, with appropriate insulation as per XA regulations
- External and Integrated play area is to be considered- to link to the Preventive/Promotive wing.
- Space norms and room design are to be guided by the Ideal Clinic standard documents and accommodation list.
- The design of the building is to be appropriate for the functions intended to be carried out within the spaces designed. Each stream for the Ideal clinic is clearly defined with its required accommodation.
- Provision for public toilets must be provided
- Ergonomically the design must be safe and must include minimum risk work while providing a healing environment. Spaces must be clearly defined and have sufficient access to windows for light and ventilation. Access to garden areas should be considered and planted with low maintenance indigenous plants. Waiting areas and central corridor should have visibility and or access to these garden spaces where possible.

Windows must consider cottage pane type with integrated burglar bars to contribute to safety and low maintenance (eg if a glass pane breaks only that pane need to be replaces and not a whole window. Windows in treatment areas must consider privacy.

Store rooms must be control conscious and have no access from the outside. Suitable ventilation must be provided. The medicine store is in the centre of the wing allowing better control and security and will have mechanical ventilation for climate control. Works areas have been allowed for in the records and medicine stores.

Internal play areas have been provided in each waiting area which will have special floor treatments, storage for toys and wall treatments. A fenced and partially covered external play area has been provided at the Promotive /Preventing wing.

- Compliance with quality assurance principals
The clinic must be fully compliant with quality assurance principals as per the Ideal clinic requirements
- The design should balance clinical and capital needs with recurrent budget considerations by utilising simple /conventional construction methods and using standard, commonly available materials. This should reduce the carbon footprint as there will be little need to obtain materials far from site.

- Designing with a close relationship with nature, enviro-friendly efficiency and a design that is flexible and adaptable to future change is to be considered.
- Cross ventilation must allow for maximum natural ventilation.
- Roofs must be designed given the context of the site, maximising on the rain water possibilities where possible.
- The design should minimise the need for extensive ground works, utilising courtyards where possible.
- Use of latest technology and innovations to aid in healing is to be considered where appropriate, given the context of the site and its location- in terms of serviceability of such innovations.

5.1.5 Building and Engineering Services

- Mechanical Services
 - HVAC
- Electrical Services
 - Electricity
 - Backup/Emergency Systems
 - UPS and
 - Emergency Generator
 - High Tension Substations (HT) – if required
 - Low Tension Substations (LT) – if required
 - Lightning Protection
- Civil Engineering
 - Water
 - Potable water
 - Fire Water
 - Sewer
 - Storm water
 - Grey water
- Other Bulk Services
 - ICT - network and cabling
 - Electronics - access control
 - Telecommunications
 - IT Communication

5.1.6 Green Building Initiatives

Green initiatives must be considered

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

5.1.7 Accommodation schedule

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

Table 12: Proposed accommodation schedule- Very Small/ Outlier clinic

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
Guardhouse Block	1		33		Excluding Under cover areas
Security reception/scanning	1	8	8		Can include wake-thru scanner
Security room	1	6	6		
Private search room	1	5	5		Contain gun safes
Kitchenette	1	6	6		
Toilet and locker area	1	8	8		Toilet is unisex
Public Ablutions			13		
Male	1	4	4		
Female	1	4	4		
Disabled toilet	1	5	5		To include nappy change station
Main Block	1		207		
Help desk/security	1	9	9		
Central Waiting area	1	60	60		
Open play area	1	9	9		
Vitals room	1	8	8		
Reception with cubicles	1	10	10		2 booths with privacy screens. 1 booth disabled friendly
Records room	1	12	12		
Data Capturers	1	9	9		
Manager's office	1	12	12		
Staff room	1	12	12		
Kitchenette	1	4	4		Can be combined with staff room
Staff ablutions	1	12	12		Toilets is unisex
Equipment store	1	8	8		
Stationery	1	4	4		
Surgical & Dry goods store	1	9	9		
Medicine store	1	15	15		
CCMDD	1	8	8		
UPS / Server	1	6	6		
Minor Ailments Block	1		65		
Sub-waiting	1	16	16	Addition of small play area	
Open play area	1	4	4		
Vitals room	1	6	6		
Consulting room	2	16	32	No counselling, only consulting	

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
Sputum	1	4	4	Reduce from 2 to 1	
Disabled toilet	1	3	3		
Chronic Care Block	1		78		
Sub-waiting	1	16	16		
Open play area	1	4	4	Addition of small play area	
Vitals room	1	6	6		
Consulting room	2	16	32		
Counselling room	1	16	16		
Sputum	1	4	4	Reduced from 2 to 1	
Preventive & Promotive Block	1		94		
Sub-waiting	1	16	16		
Open play area	1	4	4		Under cover
External play area	1	12	12		
Vitals room	1	6	6		
Reproductive Consulting room	1	16	16		These rooms can be interchangeable
Child Consulting room	1	16	16		
Counselling room	1	16	16		Can be used for Counselling rooms, Nutrition rooms, Immunisation rooms or Allied service clinics
Mother's room	1	8	8		Can have multi-use
Service block	1		83		
Public Ablutions					
Male	1	3	3		
Female	1	3	3		
Disabled toilet	1	4	4		To include nappy change station
Emergency room	1	20	20	Additional	Can be used for emergency Labour / MMC
Porter's alcove	1	3	3	Additional	
Linen store	1	3	3	Additional	
Cleaner's store	1	5	5		
Cleaner's restroom	1	12	12	Additional	To be shared with Garden staff
Cleaner's Ablutions					
WC	1	3	3	Additional	To be shared with Garden staff
Shower	1	3	3	Additional	To be shared with Garden staff
Dirty utility	1	12	12		
Clean Utility	1	12	12		

Room/area	No	Size	Total	Deviation	Notes
		m ²	m ²		
External Store block	1		38		
Yard	1	16	16		
Laundry	1	3	3	Additional	
Garden store	1	6	6		
General waste	1	12	12		
Medical waste	1	6	6		
Gas store	1	6	6		
Youth & After hours service centre	1		99		
Youth				Additional	
Consulting room	1	16	16		
Counselling	1	10	10		
Store	1	2	2		
Toilet	1	3	3		
Waiting area	1	9	9		
After Hours				Additional	
Community Outreach	1	24	24		
Store	1	3	3		
Kitchenette	1	4	4		
Disabled toilet	1	3	3		
Toilet	1	2	2		
Store	1	3	3		
Boardroom	1	20	20		
Total			710		Excluding Outside waiting areas & circulation

Nurses Accommodation

	Req	No	No of persons	Size m ²	Total m ²	Room/area
		Provincial Central Records Repository				
	√	1	1	55	55sqm	1 bed unit
	√	1	7	350	350sqm	Shared nurses home 1 Bathroom to be shared between 2 staff
SUB TOTAL					405	
TOTAL					405	

5.1.8 Unit Configuration Principles

The following are the spatial layout for the clinic

Figure 3 Spatial layout for the clinic building/s

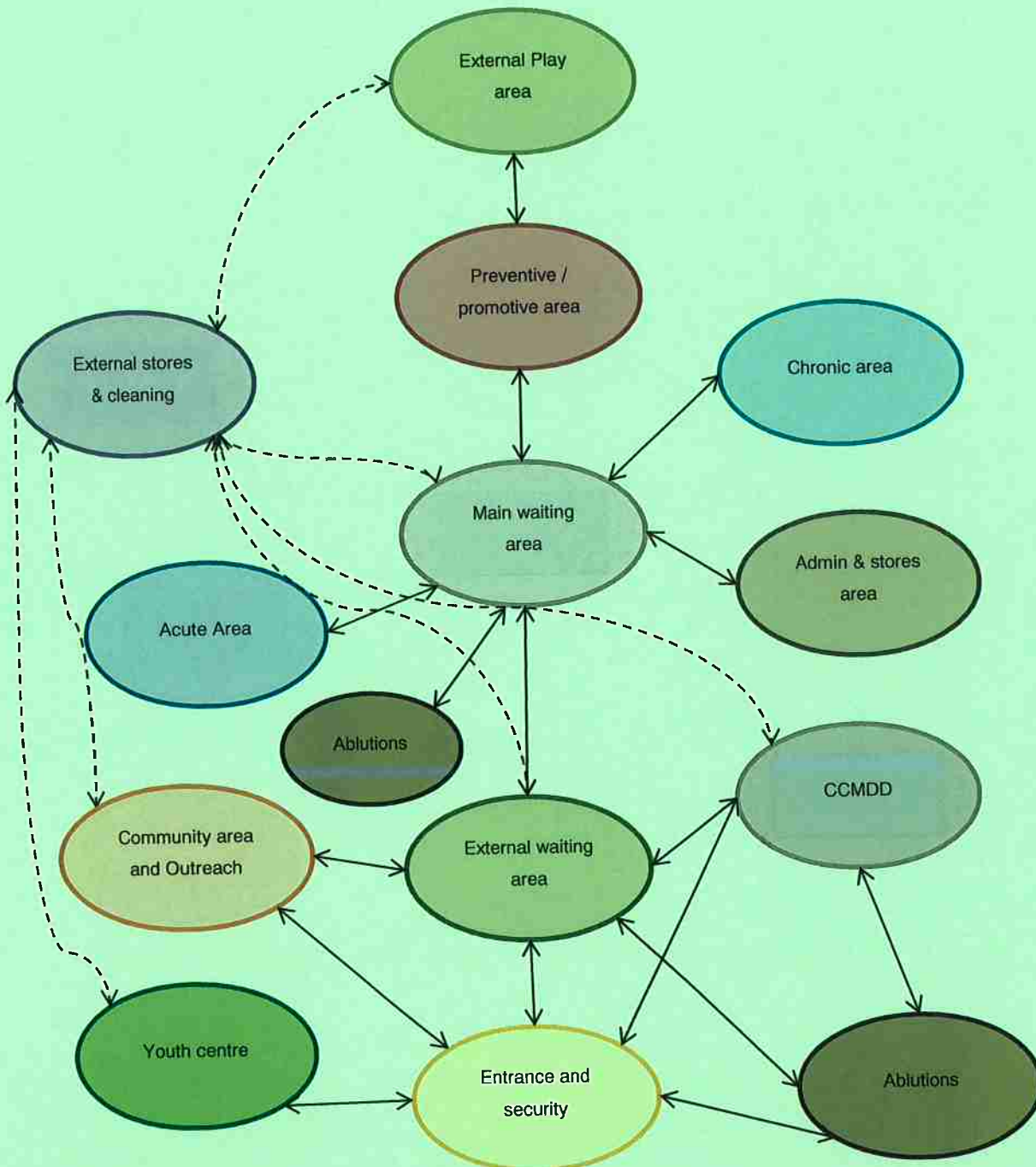


Figure 4: Unit Configuration

5.1.9 Critical departmental relationships:

One of the key outputs of the ideal clinic model, is the establishment of four streams of care, into which different services fall. These services are delivered in two different ways; either as planned appointments, or unplanned visits for patients without appointments as shown in figure below.

THE ICSM MODEL INVOLVES ORGANISING THE FACILITY INTO STREAMS

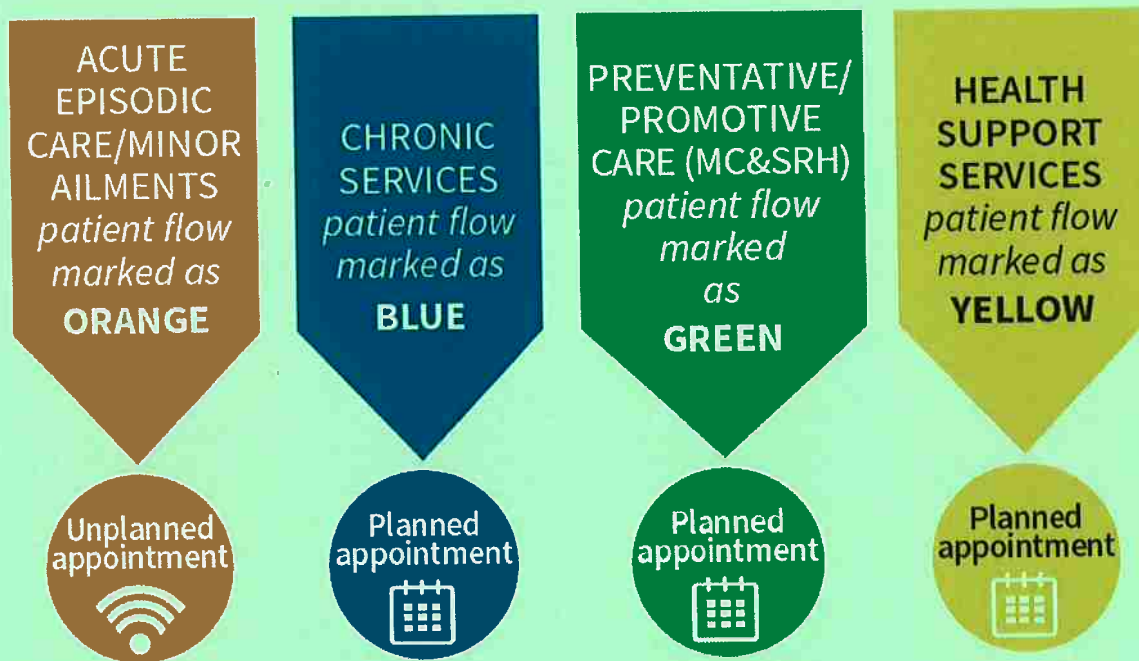


Figure 5 Ideal Clinic Streams of care (Source: Ideal Clinic ICSM manual)

Colour is used as a means of wayfinding and identification in this model. This identity is to be followed through into the signage and identification of spaces within the facility. Figure 6 shows the breakdown of services offered within the four streams of care. Also included is a short description of each service. Refer to Ideal clinic ICSM manual for detail of patient flow.

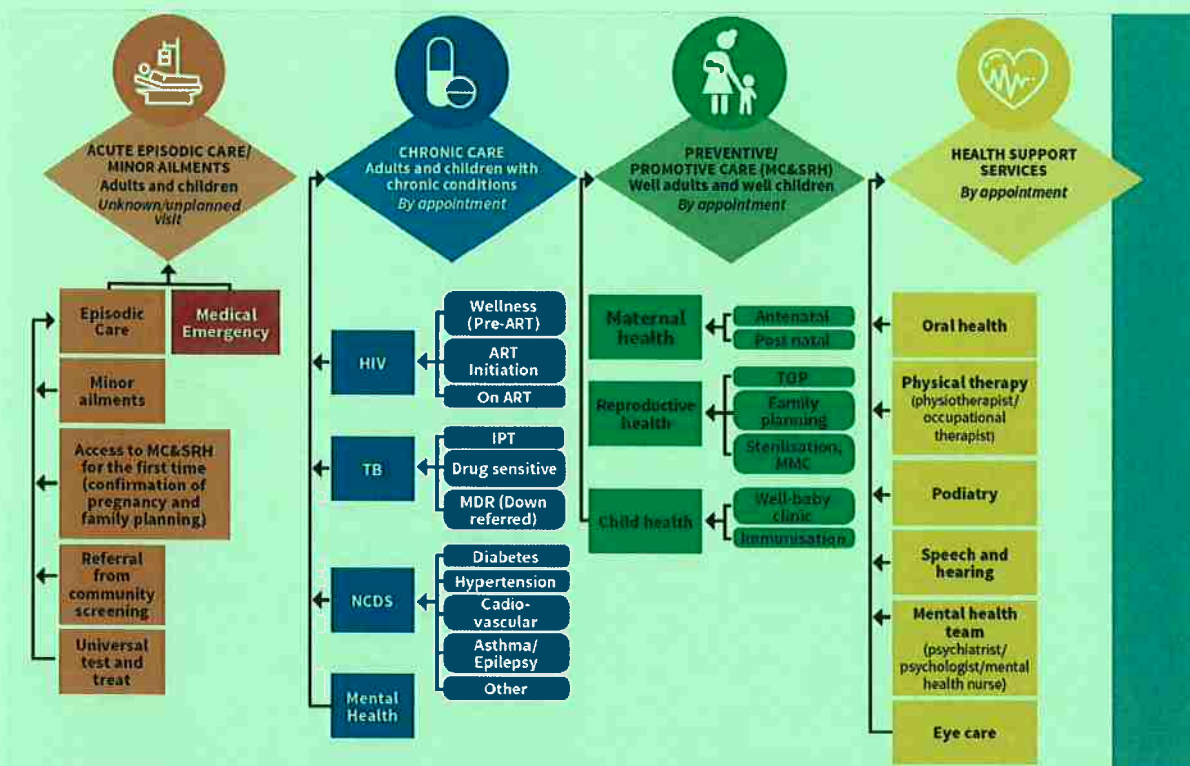


Figure 6 Stream breakdowns (Source: Ideal Clinic ICSM manual)



ACUTE EPISODIC CARE/MINOR AILMENTS

Some patients may arrive at the PHC facility without appointments and will therefore be unknown, or unplanned. If they present as medical emergency patients or want to access MC&SRH for the first time or for universal test and treat or for episodic care or minor ailments, they will be categorised and seen as part of the Acute Episodic Care and Minor Ailments stream.



CHRONIC CARE PATIENT FOR REVIEW

Patients known to have a chronic or long term condition (either communicable or non-communicable) and who attend the facility for HIV, TB, NCDS or mental health reasons for planned appointments will be categorised and seen as part of the Chronic Care stream.



PREVENTATIVE/PROMOTIVE CARE

Patients visiting within the Preventive/ Promotive care (MCH &SRH) stream of health for either maternal health, child health (well-baby and immunisation) and; sexual reproductive health services will have an appointment (unless it is their first visit, in which case they will not be scheduled and will be seen in Acute episodic stream).



HEALTH SUPPORT VISITS

Health support stream patients visiting the facility for the first time will be unplanned, and therefore not have appointments and will be seen in Acute episodic stream and redirected as necessary and subsequent visits will usually be planned and by appointment

(Source: Ideal Clinic ICSM manual)

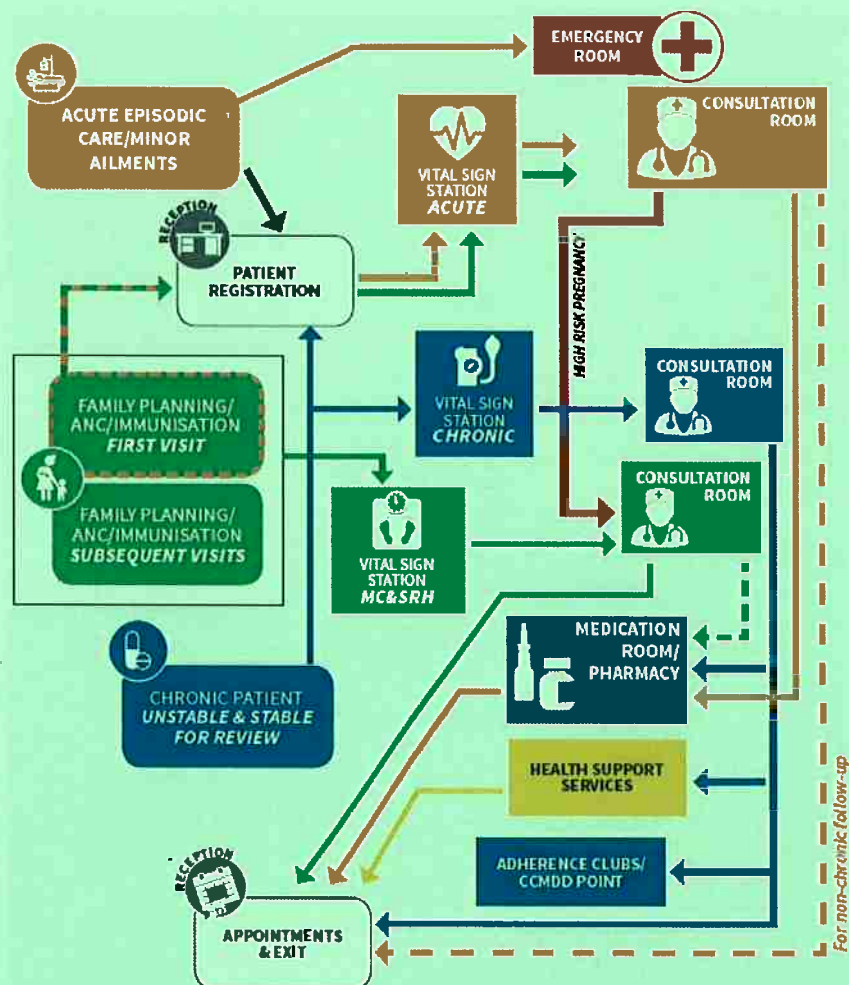


Figure 7 Process flow of patients based on service organisation into streams (Source: Ideal Clinic ICSM manual)

5.1.10 Space requirements

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

5.1.11 KZN-DOH Area requirement and related costing guidance

Refer to IUSS Health Facility Guides Order of Magnitude calculator for New Clinics

5.1.12 Standard specifications for the use of materials in the building

Refer to applicable reference documents

5.1.13 Branding/aesthetic design preferences and requirements

Refer to the Ideal Clinic requirements and KZN Health Corporate Communications for provincial preferences.

5.2 Comparative Examples

At this stage, there are no comparative examples. No projects have completed the full project process from inception to completion under the Ideal Clinic policy.

6 Project / Programme Management and Cost control

6.1 Project Management

6.1.1 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 INITIATION

Stage 1 B

- Deliverable Project brief approved

Stage 2 CONCEPT

- Deliverable Concept and viability report approved

Stage 3 DESIGN DEVELOPMENT

- Deliverable Design development report approved

Stage 4 DESIGN DOCUMENTATION

- Deliverable Design documents report approved

Stage 5 WORKS

- Deliverable Works completion report approved

Stage 6 HANDOVER

- Deliverable Handover report approved

Stage 7 CLOSE OUT

- Deliverable Close out report is accepted

6.1.2 Project Management Plan / Resource Management

The following Project Management plan is a guideline.

Table 13: Proposed Project Plan

ITEM	ELEMENTS
Needs Assessment/Analysis:	This project cannot be undertaken utilising only in-house skills due to insufficient capacity. It is recommended that an Implementing Agent be appointed to manage the project. Furthermore, it is not expected that the Implementing Agent will have the necessary skills to undertake this project in-house and therefore it is envisaged that Professional Service Providers will be appointed.
Brief:	The Implementing Agent is required 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.
Consultancy Brief:	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. • Must develop, design, document, manage and close the project • May not proceed with any stage (IDMS) 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 x community and KZN-DOH • Must adhere to the timeframes for the work to be completed as presented.
Evaluation and Engagement:	• 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

6.1.3 Project Risk Plan

Informed decision-making is critical to the success of any project. Crucial to this success is the identification of risks and how they will be managed. The following risks have been identified prior to the projects start. These risks are not all inclusive and will be reviewed as the project progresses.

The following is some of the risk 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 14: Risk Log

Risk	Owner	Probability (low/med/high)	Consequence (L/M/H)	Actions
The facility size and typology is a small clinic. There is risk that there will be revisions required to the project throughout to adapt to the context specific needs which may arise.	Project Leader	High	Starting low and increasing to High towards construction	Stakeholder involvement is critical at all stages of the project and continual check against new norms and department strategic planning is required to mitigate the effect of changes

Risk	Owner	Probability (low/med/ high)	Consequence (L/M/H)	Actions
Site feasibility: The site position in the scheme of the area may not be best suited to support a successful clinic due to the following factors: 1. There is a very low density of people in the area immediate to the site, while other areas in the ward are noted to have a greater density. The site of the clinic would better serve the community where density of people is higher. 2. The site is located on a hilltop with mountainous terrain. This makes walkability to the site difficult, further discouraging those in need of the clinic to make the journey there- noting that those needing to visit the clinic are already in a state of fragility. 3. The proposed site is not located of a main route, which may require that an additional taxi be taken to the site, at an additional cost. Due to the above factors and the IUSS guidelines with respect to site selection, further investigations are required to correctly place the clinic. While the need of a clinic in the area is noted, the concern is that the site will be underutilised due to the misplacement of the clinic. The district is currently underway with this investigation, and is due to report on the findings thereof.	Project Leader / Real Estate/ District	High	High	Current site requires further investigation with regards to feasibility to ensure the positioning of the site supports a successful operating clinic. The district and real estate has been tasked to advise of current site feasibility and possible alternative sites. No feedback to date has been received.

6.1.4 Occupational Health and Safety

6.1.4.1 The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its regulations.

6.1.4.2 A Construction Work Permit is required if the intended work will:

- Exceed 365 days and will involve more than 3600 persons days of construction work; or
- The tender limit is grade 7; 8 or 9 of the Construction Industry Development Board (CIDB) grading.

6.1.4.3 A client who intends to have construction work carried out; 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.

6.1.4.4 For projects that require a Construction work permit; a Health & Safety Agent must be appointed.

6.2 Communication Plan

The following plan is a guideline.

- 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

- Methodologies

Communication will be done through the following methods:

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

- Delivery

Communication will be delivered through:

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

- Personnel

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

- KZN-DOH Head Office sections
- KZN-DOH Ugu District
- Turton CHC
- Implementing Agent- DoPW
- Consultant team

Communication is expected to take place between:

- KZN-DOH Ugu District and Community
- KZN-DOH ID and DoPW
- DoPW and Consultants
- DoPW and Facility Name
- DoPW and Contractor/s
- Between Consultants

6.3 Project Milestones

Table 15: MILESTONES and TASKS

FIDPM	Milestone	Date	% Project Complete
	PROJECT START DATE	2020/01/06	0%
Stage 1A	PRE-FEASIBILITY/ BRIEF	2021/03/31	3%
Stage 1B			
Stage 2	FEASIBILITY/CONCEPT	2021/09/28	21%
Stage 3	DESIGN DEVELOPMENT	2022/03/30	28%
Stage 4	DESIGN DOCUMENTATION		
	TENDER	2022/10/30	
Stage 5	CONSTRUCTION START	2022/10/30	
	CONSTRUCTION	2023/09/30	71%
	Construction 0 - 25%	2022/12/30	58%
	Construction 26 - 50%	2023/02/30	61%
	Construction 51 - 75%	2023/04/30	64%
	Construction 76 - 100%	2023/06/30	67%
	PRACTICAL COMPLETION		68%
	WORKS COMPLETION		68%
Stage 6	HANDED OVER	2023/10/03	73%
	FINAL COMPLETION	2024/01/03	100%
	CLOSE OUT	2024/07/30	

6.4 Project Cost Breakdown

The project cost is made up of the following elements:

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

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.

6.4.1 Construction estimated cost

Building Cost (incl. VAT)		
Funding source	Health Facility Revitalization Grant (HFRG)	
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 39 025 000	20/02/2020
Pre-tender escalation	R 4 058 600	0.4%
Post-tender escalation	R 2 326 514	0.5%
Estimated Fees	R 8 173 821	18% of construction cost
Contingency	R 1 951 250	5 % provision
Estimated Building Cost (incl. VAT)	R 55 535 185	

Building Cost (incl. VAT)		
Estimated Building Rate per m ² (incl. VAT)	R 35 000/sqm	Based on 1115 sqm

6.4.2 Health Technology estimated cost

HTS list is to be developed- Draft list is provided below

No HTS items are included in the Infrastructure Budget

PHASE 1 : PLANNING (PART A)					
SECTION	ROOM	ITEM DESCRIPTION	QUANTIT Y	ESTIMATED COST	
				Per each	Total
Guardhouse Block	Security room	Telephone	1	R500.00	R500.00
		Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
	Private search room	gun safe	1	R5 000.00	R5 000.00
		Security scanner	2	R1 500.00	R3 000.00
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00
		Kettle	1	R300.00	R300.00
		Microwave	1	R1 500.00	R1 500.00
		Pedal bin	1	R500.00	R500.00
		Wall clock	1	R300.00	R300.00
		Fridge 110L	1	R1 800.00	R1 800.00
	Toilets and locker area	Bin pedal	1	R500.00	R500.00
		Staff lockers	10	R2 000.00	R20 000.00
		Lavatory brush	1	R100.00	R100.00
Public ablution	Male	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Female	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Disable toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
Main Block	Help desk security	Telephone	1	R500.00	R500.00
		Bin pedal	1	R500.00	R500.00
		Office chairs	1	R1 500.00	R1 500.00
	Central waiting area	Waiting area chairs	30	R800.00	R24 000.00
		Water dispensor	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	2	R1 000.00	R2 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00

PHASE 1 : PLANNING (PART A)					
		Defibrillator	1	R100 000.00	R100 000.00
		Emergency Trolley	1	R40 000.00	R40 000.00
		Schedule drug cupboard	1	R5 000.00	R5 000.00
		Scale, Electronic	1	R5 000.00	R5 000.00
		Heamoglobin meter	2	R2 000.00	R4 000.00
		Cholesterol meter	2	R2 000.00	R4 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R500.00	R1 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Reception with cubicles	Computer	2	R15 000.00	R30 000.00
		Notice Board	1	R1 000.00	R1 000.00
		Office chairs	2	R1 500.00	R3 000.00
		Clock	1	R300.00	R300.00
		Water dispenser	1	R3 000.00	R3 000.00
	Record room	shelving	1	R4 000.00	R4 000.00
		Office chairs	1	R1 500.00	R1 500.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Data captures	Desk	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Bin, Pedal	1	R500.00	R500.00
		Computer	1	R15 000.00	R15 000.00
		blinds/ Curtains	1	R1 000.00	R1 000.00
		Telephone	1	R500.00	R500.00
	Manager's office	Chair, Visitors	2	R800.00	R1 600.00
		Desk	1	R2 500.00	R2 500.00
		Office chair	1	R1 500.00	R1 500.00
		Cabinet, Filing	1	R3 000.00	R3 000.00
		Bin, Pedal	1	R500.00	R500.00
		Notice Board	1	R1 000.00	R1 000.00
		Computer	1	R15 000.00	R15 000.00
		blinds/ Curtains		R1 000.00	R0.00
		Wall clock	1	R300.00	R300.00
		Printer	1	R3 000.00	R3 000.00
	Staff room	Table	2	R2 500.00	R5 000.00
		chairs	4	R800.00	R3 200.00
		Fridge 110L	1	R1 800.00	R1 800.00
		Bin, Pedal	1	R500.00	R500.00
		Kettle	1	R300.00	R300.00
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00

PHASE 1 : PLANNING (PART A)					
		Kettle	1	R300.00	R300.00
		Pedal bin	1	R500.00	R500.00
		Microwave	1	R1 500.00	R1 500.00
		Wall clock	1	R300.00	R300.00
		Fridge 110L	1	R1 800.00	R1 800.00
	Staff ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Equipment store	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Stationery	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Surgical and dry goods store	shelving	1	R4 000.00	R4 000.00
		ladder 2 step	1	R1 500.00	R1 500.00
	Medicine store	shelving	1	R4 000.00	R4 000.00
		Medicine fridge	1	R50 000.00	R50 000.00
	CCMDD	Medicine fridge 260 litre	1	R50 000.00	R50 000.00
		Shelves - floor standing	1	R4 000.00	R4 000.00
		Wall mounted digital thermometer	2	R500.00	R1 000.00
		Brazaier bins (small)	2	R100.00	R200.00
		Brazaier bins (medium)	2	R150.00	R300.00
		Brazaier bins (large)	2	R200.00	R400.00
		Telephone	1	R500.00	R500.00
		Clock - wall, battery	1	R120.00	R120.00
Minor Ailments Block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
		Water dispenser	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
		Scale, Electronic	1	R5 000.00	R5 000.00
		Heamoglobin meter	2	R2 000.00	R4 000.00
		Cholesterol meter	2	R2 000.00	R4 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R500.00	R1 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Consultation room	Desk	3	R2 500.00	R7 500.00
		Office chair	3	R1 500.00	R4 500.00
		Cabinet, Filing	3	R3 000.00	R9 000.00

PHASE 1 : PLANNING (PART A)					
		Couch, Examination	3	R2 500.00	R7 500.00
		Bin, Pedal	3	R500.00	R1 500.00
		Foot Stool	3	R500.00	R1 500.00
		Paper Towel Dispenser	3		R0.00
		Computer	3	R15 500.00	R46 500.00
		BP Machine	3	R15 000.00	R45 000.00
		Diagnostic Set, Wall mounted	3	R7 000.00	R21 000.00
		Lamp, Examination	3	R40 000.00	R120 000.00
	Sputum	Soap Dispenser	1	R200.00	R200.00
		Paper towel holder	1	R300.00	R300.00
	Disable toilet	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
Chronic care block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
		Water dispenser	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
		Scale, Electronic	1	R5 000.00	R5 000.00
		Haemoglobin meter	2	R2 000.00	R4 000.00
		Cholesterol meter	2	R2 000.00	R4 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R500.00	R1 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Consultation room	Desk	3	R2 500.00	R7 500.00
		Office chair	3	R1 500.00	R4 500.00
		Cabinet, Filing	3	R3 000.00	R9 000.00
		Couch, Examination	3	R2 500.00	R7 500.00
		Bin, Pedal	3	R500.00	R1 500.00
		Foot Stool	3	R500.00	R1 500.00
		Paper Towel Dispenser	3		R0.00
		Computer	3	R15 500.00	R46 500.00
		BP Machine	3	R15 000.00	R45 000.00
		Diagnostic Set, Wall mounted	3	R7 000.00	R21 000.00
		Lamp, Examination	3	R40 000.00	R120 000.00
	Sputum	Soap Dispenser	1	R200.00	R200.00
		Paper towel holder	1	R300.00	R300.00

PHASE 1 : PLANNING (PART A)					
Preventive & Promotive Block	Sub waiting area	Waiting area chairs	8	R800.00	R6 400.00
		Water dispensor	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
	Vitals room	Table	1	R2 500.00	R2 500.00
		Office chairs	1	R1 500.00	R1 500.00
		Visitor's chair	2	R800.00	R1 600.00
		Scale, Electronic	1	R5 000.00	R5 000.00
		Heamoglobin meter	2	R2 000.00	R4 000.00
		Cholesterol meter	2	R2 000.00	R4 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R500.00	R1 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Consultation room	Desk	2	R2 500.00	R5 000.00
		Office chair	2	R1 500.00	R3 000.00
		Cabinet, Filing	2	R3 000.00	R6 000.00
		Couch, Examination	2	R2 500.00	R5 000.00
		Bin, Pedal	2	R500.00	R1 000.00
		Foot Stool	2	R500.00	R1 000.00
		Paper Towel Dispencer	2		R0.00
		Computer	2	R15 500.00	R31 000.00
		BP Machine	2	R15 000.00	R30 000.00
		Diagnostic Set, Wall mounted	2	R7 000.00	R14 000.00
		Lamp, Examination	2	R40 000.00	R80 000.00
	Multipurpose rooms	Table	2	R2 500.00	R5 000.00
		Chairs	10	R800.00	R8 000.00
		Bin, Pedal	1	R500.00	R500.00
	Mother's room	Lazy boys couch	3	R2 500.00	R7 500.00
		Bin, Pedal	1	R500.00	R500.00
Service block	Public Ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Male Ablutions	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Female Ablution	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Disable toilet	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Emergency room	Examination Couch	2	R2 500.00	R5 000.00
		ECG machine	1	R55 000.00	R55 000.00

PHASE 1 : PLANNING (PART A)					
		Emergency Trolley	1	R40 000.00	R40 000.00
		Schedule drug cupboard	1	R5 000.00	R5 000.00
		fridge, Medication	1	R50 000.00	R50 000.00
		Trolleys, dressing,blood, Injection	3	R5 000.00	R15 000.00
		Scale, Electronic	1	R1 000.00	R1 000.00
		Scale, Wheelchair	1	R1 000.00	R1 000.00
		BP Machine	1	R15 000.00	R15 000.00
		Glucometer	2	R2 000.00	R4 000.00
		Blood Gas Analyser	1	R200 000.00	R200 000.00
		Drip Stand	2	R2 000.00	R4 000.00
		Wheel Chairs	1	R5 000.00	R5 000.00
		Stretchers	1	R6 000.00	R6 000.00
		Curtains/ Blinds	1	R6 000.00	R6 000.00
	Porter's alcove	Wheel Chairs	1	R3 000.00	R3 000.00
		Trolley Patient with mattress, cot sides, straps, O2 holder & drip stand	1	R6 000.00	R6 000.00
	Linen store	Shelves - floor standing	2	R3 000.00	R6 000.00
	Cleaner's store	Polisher/scrubbing machine	1	R12 000.00	R12 000.00
		Cleaning trolley, complete with accessories	1	R3 000.00	R3 000.00
	Dirty utility	Bin - refuse, large, polythene, 85lt, red, food grade	1	R700.00	R700.00
		Bedpan - stainless steel	2	R300.00	R600.00
		Kidney dish - small 15cms, stainless steel	5	R30.00	R150.00
		Bucket Galvanised 20 Litre	1	R200.00	R200.00
		Trolley Double-Mopping 30 Litre PVC Buckets N1812	1	R400.00	R400.00
		Urinal - wall mounted rack	1	R300.00	R300.00
		Urinal - Stainless Steel	1	R300.00	R300.00
		Jug - measuring, 1000mls, plastic	1	R50.00	R50.00
		Broom Bass (380mm) with Handle	1	R50.00	R50.00
		Bin - refuse, large, white, heavy duty polythene, 85lt	1	R700.00	R700.00
		Jug - measuring, graduated 1000 mls, plastic	1	R50.00	R50.00
		Brush scrubbing 180 mm	2	R20.00	R40.00
		Dustpan with brush	2	R60.00	R120.00
External store block	General waste	Wheelie Bin- with two wheel	4	R1 500.00	R6 000.00
	Medical waste	Plastic pallets	2	R1 000.00	R2 000.00
	Gas store	Steal rack- cylinder holders	1	R300.00	R300.00
	Consultation room	Desk	1	R2 500.00	R2 500.00

PHASE 1 : PLANNING (PART A)					
Youth & After hours services		Office chair	1	R1 500.00	R1 500.00
		Cabinet, Filing	1	R3 000.00	R3 000.00
		Couch, Examination	1	R2 500.00	R2 500.00
		Bin, Pedal	1	R500.00	R500.00
		Foot Stool	1	R500.00	R500.00
		Paper Towel Dispencer	1		R0.00
		Computer	1	R15 500.00	R15 500.00
		BP Machine	1	R15 000.00	R15 000.00
		Diagnostic Set, Wall mounted	1	R7 000.00	R7 000.00
		Lamp, Examlnation	1	R40 000.00	R40 000.00
	Toilet	Bin pedal	2	R500.00	R1 000.00
		Lavatory brush	1	R100.00	R100.00
	Waiting area	Waiting area chairs	5	R800.00	R4 000.00
		Water dispensor	1	R3 000.00	R3 000.00
		Wall clock	1	R300.00	R300.00
		Bin - pedal, stainless steel 20 litre	1	R1 000.00	R1 000.00
	Kitchenette	4 Seater table with chairs	1	R3 000.00	R3 000.00
		Kettle	1	R300.00	R300.00
		Pedal bin	1	R500.00	R500.00
		Fridge 110L	1	R1 800.00	R1 800.00
		Microwave	1	R1 500.00	R1 500.00
	Disable toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Toilet	Bin pedal	1	R500.00	R500.00
		Lavatory brush	1	R100.00	R100.00
	Boardroom	12 seater boardroom table with chairs	1	R15 000.00	R15 000.00
		Bin, Pedal	1	R500.00	R500.00
		White board	1	R1 000.00	R1 000.00
		Projector	1	R15 000.00	R15 000.00
TOTAL					R2 026 380.00

6.4.3 Commissioning estimated cost

Commissioning: Not considered part of Infrastructure budget.

Responsibility: Not considered at this stage of the project.

6.4.4 Operations estimated cost or additional cost

Operations: Not considered at this stage of the project

Responsibility: Not considered at this stage of the project

Table 16: Estimated Annual Operational cost

DESCRIPTION	AMOUNT
Total	R36,230,250
Compensation Of Employees	R20,000,000
Salaries And Wages	R17,000,000
Social Contributions	R3,000,000
Goods And Services	R16,215,000
Agency & Support/Outsourced Services	R10,000
Catering: Departmental Activities	R5,000
Consumable Supplies	R100,000
Consumables :Stationary, Printing &Office Supplies	R500,000
Contractors	R20,000
Fleet Services(F/Services)	R20,000
Inv: Medicine	R11,000,000
Inv: Chemicals, Fuel, Oil, Gas, Wood & Coal	R900,000
Inv: Materials & Supplies	R5,000
Inv: Medical Supplies	R150,000
Inv: Other Supplies	R450,000
Laboratory Services	R1,500,000
Minor Assets	R30,000
Operating Leases	R25,000
Property Payments	R1,500,000
Interest And Rent On Land	R250
Interest	R250
Machinery And Equipment	R15,000
Other Machinery & Equipment	R15,000

6.4.5 Current financial year cashflow

Table 17: Estimated Monthly Cashflow (AIP)

Estimated Cashflow for current year (Total Construction cost + Fees, incl VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
											R0

6.4.6 Project duration cash flow

Cashflow relates to building costs only **408 691,03**

Table 18: Projected Annual Cashflow

MTEF and beyond	Fees	Construction	Total
Prior years			
Yr 20/21	R0	R0,00	R0
Yr 21/22	R2 452 146,18	R13 197 314,50	R15 649 460, 18
Yr 23/24	R3 269 528,24	R28 877 994,63	R32 147 522,86
Yr 24/25	R1 021 727,57	R3 334 805,28	R4 356 532,85
Yr 25/26	R1 021 727,57	R1 951 250,00	R2 972 977,57
Beyond MTEF			
TOTAL	R8 173 820,59	R47 361 364,40	R55 535 184,99

7 Procurement Strategy

The Procurement Strategy has been prepared by the Department of Health. The project is not in the current Infrastructure Programme Management Plan (IPMP) and has been identified as a new project. It sets out the Delivery Management Strategy as well as the Procurement and Contracting Arrangements proposed for each project requiring the procurement of Consultants (Professional Services) or Contractors (Works).

7.1 FIDPM Procurement gates

The FIDPM procurement gates must be implemented. The FIDPM states:

- 7.1.1 Infrastructure procurement shall be undertaken in accordance with all applicable Infrastructure Procurement-related legislation and this Framework.
- 7.1.2 Infrastructure procurement shall be implemented in accordance with procurement gates prescribed in clause 6.2 and the CIDB prescripts. If deemed necessary by the institution, Accounting Officer or Accounting Authority can, over and above procurement gates prescribed in clause 6.2, introduce additional procurement gates.
- 7.1.3 Procurement Gate 1 and 2 shall be informed by the Programme Management Control Point Deliverables in terms of Section 5.2 above.
- 7.1.4 Given the peculiarity of the institution, the procurement of Professional Service Providers (PSPs) and Contractors can occur at any points in the IDM Processes.
- 7.1.5 The Accounting Officer or Accounting Authority must ensure that a budget is available and cash flow is sufficient to meet contractual obligations and pay contractors within the time period provided for in the contract.
- 7.1.6 Procurement gates provided in 6.2 shall be used, as appropriate, to:

Infrastructure Procurement Requirements

- a) Authorise commencement to the next control gate;
- b) Confirm conformity with requirements; and/or
- c) Provide information, which creates an opportunity for corrective action to be taken.

The following Procurement gates are applicable to the project:

7.2 Formulation Process

The 5-step process for the preparation of the Delivery Management Strategy and the Procurement and Contracting Arrangements is summarised below.

The 5-step process for the preparation of the Delivery Management Strategy and the Procurement and Contracting Arrangements is summarised below.

- o Establishing the Base Information

Step 1: Establishing the project scope, the control budget, the implementation milestones, the programme and the cash flow is included in this document

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

- Nyavini Clinic: Construction of new small clinic
- The broad scope of work for procurement is contained in this document
- The estimate financial value of proposed procurement is R55 535 185

PG 1 will be complete once this Brief has been approved by the Health Infrastructure approval Committee and the Head: Health.

Step 2: Collect available CIDB data for contractors in terms of their classifications, grading, ownership and availability within the project area. According to CIDB, this project will be a level 7 GB contract



Home

Register of Contractors

[Disciplinary gazettes and case law reports](#)
[National Treasury Database of Restricted Suppliers](#)
[National Treasury Register for Tender Defaulters](#)

Select by Status:

Select by Region: (Registered head office address region)

Select by Designation and class:

Select by CRS Number: (list CRS numbers separated by commas, eg 100001,100002)

Select by Contractor Name: (enter a partial or complete organisation name)

Select Potentially Emerging ☐

Town / City Filter (Reloading the town filter will clear existing searches)

Figure 8 CIDB levels

Source: www.cidb.co.za

As of 06 February 2020 there is 110 active 7 GB Contractors in KwaZulu-Natal.

- Formulate the Delivery Management Strategy for Works

Step 1: Identify opportunities for clustering projects into packages (rather than implementing as individual projects) to achieve greater efficiency, economy of scale or for other reasons discussed in further detail below –

This project cannot be clustered as there is no similar project in the area

Step 2: Assess the resource requirements for the project and weigh internal capacity against that of the DOPW (or other external Implementing Agency) to determine whether the project is better suited to in-house or external implementation –

This is yet to be determined by KZN-DOPW, however if required provision has been made below

- Identify suitable Contracting Arrangements for Works

Step 1: Consider alternative contracting arrangements and select the most suitable strategy for the project as expanded upon below

- Step 2: The best strategy to secure financial offers and to establish the basis for remuneration for the services to be provided in terms of the contract
- Step 3: Identify the appropriate Contractual arrangement (Form of Contract) for the implementation of the works

- Identify an appropriate Procurement Strategy for Works (where Works are required)

- Step 1: The Procurement Procedure will be the standard KZN-DOPW procedure
- Step 2: The procurement programme is imbedded in the project milestone as reflected in this document. The anticipated bid award date is Sep 2022
- Step 3: The project is currently in FIDPM stage 1 B.

- Identify suitable Contracting Arrangements for Services

- Step 1: The parameters for the procurement of technical and/or professional services and the mechanism for appointment, will be based on the outcome of the needs analysis to be performed by KZN-DOPW
- Step 2: The most suitable Contracting Strategy is expanded on below
- Step 3: The appropriate Form of Contract for the provision of these services are indicated below

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

Construction:

- Standard KZN-DOPW procurement strategies will be followed
- The recommended procurement strategy for construction is Design by Employer
- Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.
- The proposed contracting and pricing strategy are:
 - Bill of Quantities
 - NEC3 contract
- Contractors are to be paid on a monthly value based on actual works completed as

PSP's:

- Needs analysis to be done to determine if in-house skills are insufficient, if the skills are insufficient, then:
 - Standard KZN-DOPW procurement strategies will be followed
 - The recommended procurement strategy for PSP's are the CIDB PSP contract
 - Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.

- The proposed contracting and pricing strategy will be based on Standard Services rendered by PSP as is contained in the various applicable gazettes
- PSP's are to be paid at the end of each approved stage or on a proven monthly value based on a percentage of the current stage

PG 2 is complete when procurement strategies that are to be adopted are approved.

7.3 Primary and Secondary Objectives

While the primary objective of an infrastructure project is the delivery of functional infrastructure such as buildings, plant and equipment, roads, electricity or water, the project will, where possible, incorporate secondary (or developmental) socio-economic objectives such as targeted procurement and employment, local economic development, skills development, Job creation and so on.

These objectives are given equal importance and although Developmental objectives do not appear in the IPMP as individual items they are cross-cutting in the formulation of procurement and implementation strategies.

The Primary and Secondary Objectives for this project are listed below:

- For this project the primary objective procure and deliver the required output/s within budget, to the required standard and within the specified timeframe
- The secondary objectives aims at socio-economic benefits which will be achieved through a combination of targeted procurement, skills development and job creation through the development and construction stages of the projects

7.4 Delivery Management Strategy

The Delivery Management Strategy extracted from the IPMP for this project is a follows.

7.4.1 Professional Services

The Contracting Arrangements contained in the IPMP are as follows:

Contracting Arrangements for Professional Services				
Professional services needed	Procurement Strategy / Type of Appointment	Contracting strategy	Pricing Strategy	Form of Contract
Full service	Traditional Separate	Design and build	Gazetted Fee	DoPW Standard Contract

7.4.2 For Works

The Strategic Arrangements contained in the IPMP are as follows:

Delivery Management Strategy for Works			Contracting Arrangements for Works			Procurement Arrangements for Works		
Delivery Mode	Implementer	Estimated Project Control Budget (R.m)	Contracting strategy	Pricing strategy	Form of Contract	Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Individual Project	DoPW	R55 535 184,99	Design and build	BOQ	NEC3	Public Open Tender	Sep 2022	Identified

Note: The IPMP comprises a narrative component and schedules. The narrative explains the methodology in detail and provides the data on which the above strategy is based. Both of these documents can be found on the F Drive for further information.

7.5 Additional Procurement Gates

The following additional Procurement Gates must be applied on this project by KZN-DOPW:

- Procurement Gate 3 (PG3): Approval for procurement documents
 - Procurement documents will be completed and will comprise of:
 - For Construction:
 - Drawings
 - Specifications
 - Bills of quantities
 - For PSP's
 - Standard KZN-DOPW tender documentation

PG 3 is complete when the procurement document is approved.

- Procurement Gate 4 (PG4): Confirmation of cash flow
 - Confirmation sufficient cash flow to meet contractual obligations will be done prior to project proceeding to the Bid Specification Committee (BSC).
 - The control measures for payment of contractors within the time period provided for in the contract include monthly invoices, checked and recommended by the project leader and approved for Payment documents

PG 4 is complete when cash flow is approved

- Procurement Gate 5 (PG 5): Solicit tender offers by:
 - Submission of tender documents to KZN-DOPW BSC and Bid Award Committee (BAC)
 - Inviting tender offers via advertisement in Local papers and Government systems
 - Closing of tenders and recording of received tenders
 - Preparation of a report on tender offers received
 - Safe filing of received tenders

PG 5 is complete when all received tender offers are duly accounted for.

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

- Open and record tender offers received by Bid Evaluation Committee (BEC)
- Evaluation of tenders to:
 - Determine whether or not tender offers are complete.
 - Determine whether or not tender offers are responsive.
 - Evaluation of tender submissions.
 - Preparation of a risk analysis.
 - Preparation a tender-evaluation report and submit to BAC for approval

PG 6 is complete when the evaluation report is reviewed and recommendations is ratified.

- Procurement Gate 7 (PG7): Award the contract.
Notification of successful tenderer and unsuccessful tenderers
 - Adherence to Appeals process
 - If no appeals, compilation contract document and signing thereof by all parties
 - Safe filing of contract.
 - Receipt of required documents in terms of the contract from the Contractor

PG 7 is complete when the tenderer has provided evidence of complying with all requirement stated in the tender data and formally accepts the tender offer in writing and issues the contractor with a signed copy of the contract

- Procurement Gate 8 (PG 8): Administer the contract and confirm compliance with all contractual requirements.
 - Capturing contract award data.
 - Administration contract in accordance with the terms and provisions of the contract
 - Site hand over
 - Progress and technical meeting
 - Monthly progress reports
 - Monthly payments
 - Snag lists
 - Ensure compliance with contractual requirements
 - Completion certificates c
 - Close out reports
 - Assets management prescripts adhered to
 - Final payments
 - Confirmation contract is complete

PG 8 is complete when contract completion/termination data is captured.

7.6 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.

NOTE: 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 IDMS) and must align with the methodology described in the IPMP

8 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 SIPDM 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).

Requirements for this project are outlined below:

EPWP Minimum Requirement	Project Values in Rands and minimum guidelines					
	Up To 5 00 000	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

Reporting Requirements:

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

9 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 later stages 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 which 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.

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 which 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 planned, either in-house or by contracting out.
- Installation – assistance may be 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 micro-processor 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, 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."

Minimum HTS list is to be developed

Other HTS considerations

Other HTS considerations will be finalised once specific projects have been identified and will also consider the following:

- Risks
- Maintenance
- Training
- Operational cost and lifecycle costing

10 Commissioning

The purpose of commissioning a health facility is to ensure that construction work is 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, ie the building may become fully 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 sub-systems. The process oversees:



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

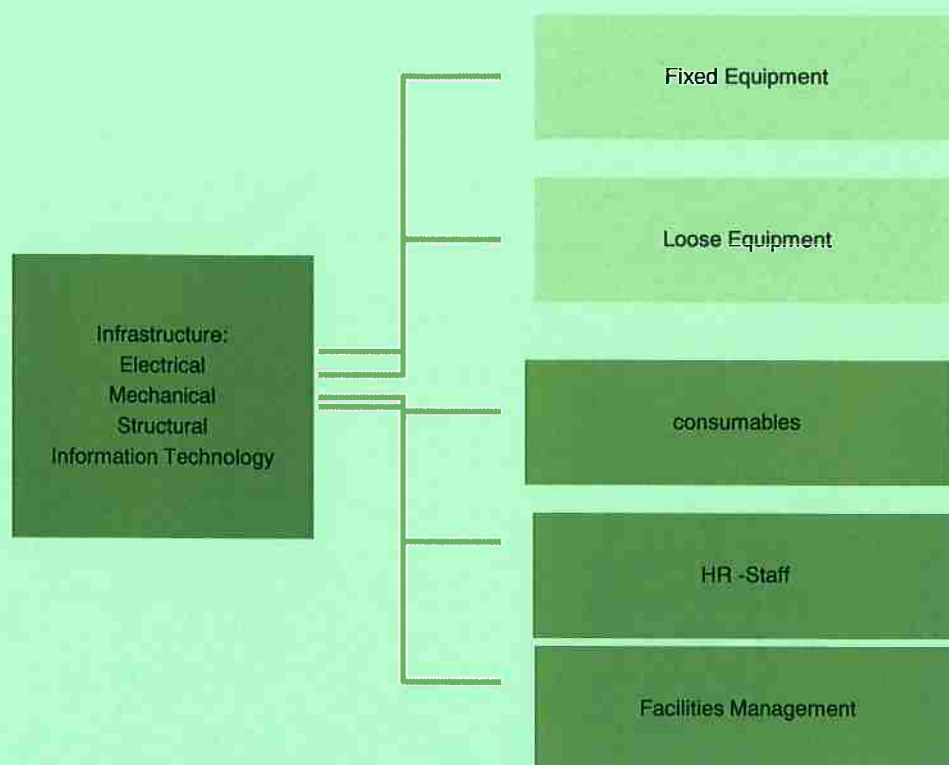


Figure: Key elements in the commission process as per IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014

The 3 Major components of commissioning which must be considered in all projects include:

1. Building Component
2. Equipment Component
3. Operational Component

These are parallel processes occurring throughout the project which must be initiated at the beginning of the project before construction.

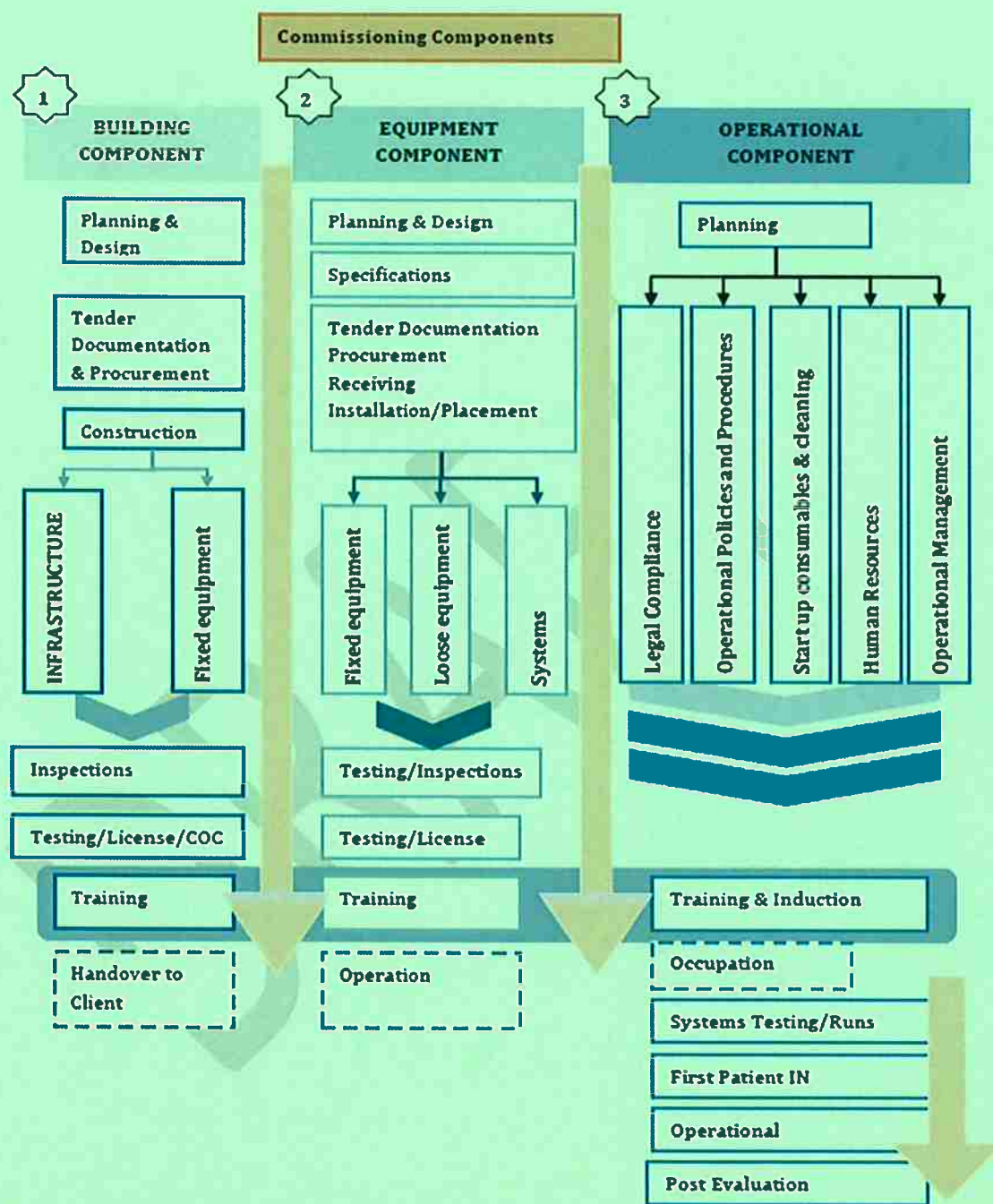


Figure: Commissioning Health Facilities Draft 1.4 April 2014

It is advised that an operational commissioning committee be established which is chaired by the facility head or any appointed manager. The objective is to ensure that the infrastructural, equipment and operational programmes are aligned and co-ordinated, ensuring the effective operationalization of the new or renovated areas.

It is recommended that the commissioning team steps correspond with the Framework for Infrastructure Delivery and Procurement Management (FIPDM) process as set out in the IUSS document.

(IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014)

Other documents to be considered when designing and commissioning include but are not limited to: *National Core Standard; Ideal Hospital and Ideal Clinic Documents; National and Provincial Clinical Norms and guidelines.*

11 Organisational Development

Organisational Development is required for this project to operationalise the clinic and provide effective and efficient service to the health users.

The health sector is undergoing a reform process that is focused on Primary Health Care re-engineering. As part of this reform, the health sector is working towards improving efficiency and effectiveness of delivery of services, and has prioritised establishment of Ideal clinics to optimise the use of investments in the public health sector and ensure better health outputs and outcomes for the sector.

There is a minimum of 9 core Human Resources for Health categories required for optimal operation of the PHC Clinic under the leadership of Operational Manager. Their description, and numbers required are shown in the table below. The numbers of staff per category are also dependent on the number of hours the clinic is open per day.

11.3 History

The purpose of OD plan is to prepare a new facility or building for occupation and to ensure that all internal personnel, where appropriate are appointed and trained to operate the facility.

Key Elements for a Success

- Availability of critical personnel
- Allocation of budget to fund the required posts

Implementation plan and commissioning strategy

11.4 Proposed Staffing Requirements

Table 19: Additional staff requirement

STAFF ESTABLISHMENT: Nyavini Clinic					
DETAIL	SERVICE AREA	NO OF STAFF	RANK OF STAFF CORE STAFF	NO OF STAFF	RANK OF STAFF NON CORE SUPPORT
Management & Administration	Outpatient	1	Operational Manager	1	Administrative clerk (Day)
				1	Data Capturer
Nursing Services	Outpatients	2	Clinical Nurse Practitioner	2	General Orderlies
		2	Professional Nurses (Gen)	1	Groundsman
		3			
		2	Enrolled Nurses		
		1	Nursing Assistants		
			Pharmacy Assistant		

12 External Appointments

External Resources may only be procured if there is insufficient in-house skills available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.

12.3 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)

12.4 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

12.5 Appointment of External Implementing Agent

KZN-DOH has entered into a legally binding Service Level Agreement with 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)

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

13 Contact Numbers

Stakeholder	Authority	Contact Person
Department of Health		Infrastructure Development
Contact Person		Ms. Z.Docrat
Tel		033 940 2609
Mobile		079 52 88 182
Email		Zakiyah.Docrat@kznhealth.gov.za
Department of Health		Infrastructure Development
Client Department:		Ms. M De Goede
Tel		033 940 2611
Mobile		082 777 2514
Email		Michelle.Degoede@kznhealth.gov.za
Turton CHC		
CEO		Dr ZM Bikitsha
Tel		039 972 6000
Mobile		071774 7699
Email		Zanele.Bikitsha@kznhealth.gov.za
Ugu District		Director
District Director		Mrs N Mkhize
Tel		(039) 688 3000
Mobile		083 709 738
Email		Ntokozo.Mkhize@kznhealth.gov.za
Ugu District		
District Engineer		H J Ahrens
Tel		(039) 688 3043
Mobile		083 709 738
Email		hinrich.ahrens@kznhealth.gov.za
Ugu District		
District CUBP co-ordinator		Ms S Zama
Tel		(039) 688 3062
Mobile		-074 413 9863
Email		sbusiswe.zama@kznhealth.gov.za
Strategic planning		
Director		Nerissa Moodley
Tel		033 395 2944
Mobile		072 296 5279
Email		Nerissa.Moodley@kznhealth.gov.za
Strategic planning		
Deputy Manager		Tracey Hattingh
Tel		033 395 2877
Mobile		-
Email		Tracey.Hattingh@kznhealth.gov.za

Infection Prevention Control: Planning
Tel:
Mobile:
Email:

Mrs Kaloshnee Ganas
031 260 4048
083 666 1455
Kaloshnee.ganas@kznhealth.gov.za

Implementing Agent
Contact Person
Tel

KZN Department of Public Works
Ms Z Pfute
033 355 5500

Umzumbe Municipality
Ward 07 Councillor
Tel
Mobile
Email

J.P Mtambo
TBC
073 513 1963
TBC

14 Signatures

Signatories

The following Facilities, Programmes and their Managers, Directors or Leaders have been fully advised and have read and understood the contents of this document.

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

Name:

Designation

Date:

Signature:

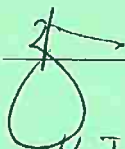
Name:

Designation

Date:

Signature:

Zorele Bilitshy
Gen / mm
22/10/2020



H.J. AHRENS
DISTRICT ENGINEER
21.10.2020



Ntokozo C Mkhize
District
2020/10/21



Name: _____
Designation _____
Date: _____

Signature: _____

Name: _____
Designation _____
Date: _____

Signature: _____

Name: _____
Designation _____
Date: _____

Signature: _____

Name: _____
Designation _____
Date: _____

Signature: _____

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
Architectural Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Quantity Surveying 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
Electrical Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
Mechanical Engineering Firm:					
• Lead Professional:					
• Support Professional/Candidate:					
• Specialist Fire Engineer: (Must be ECSA registered Mechanical Engineer & may be the same as the Mechanical Lead Professional if suitably qualified and experienced)					

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
Specialist Wet Services Engineer: (Must be ECSA registered Mechanical Engineer & may be the same as the Mechanical Lead Professional if suitably qualified and experienced)					
Civil Engineering Firm:					
Lead Professional:					
Support Professional/Candidate:					
Structural Engineering Firm:					
Lead Professional:					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Support 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:	
Period with Current Employer: (mm-yyyy to mm-yyyy)	
Previous Employer:	
Position Held with Previous Employer:	
Period with Previous Employer: (mm-yyyy to mm-yyyy)	

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

Qualification	Year Obtained	Institution

3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

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

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

APPENDIX G:

RETURNABLES – RESPONSIVENESS

APPENDIX H:

RETURNABLES – ELIGIBILITY CRITERIA

REGISTERED PROFESSIONAL ARCHITECT CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL QUANTITY SURVEYOR CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL STRUCTURAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CIVIL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL MECHANICAL ENGINEER (INCLUDING FIRE ENGINEER AND WET SERVICES ENGINEER) CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL ELECTRICAL ENGINEER CERTIFICATE AND PROFESSIONAL INDEMNITY

REGISTERED PROFESSIONAL CONSTRUCTION HEALTH AND SAFETY CERTIFICATE AND PROFESSIONAL INDEMNITY

APPENDIX I:

RETURNABLES – FUNCTIONALITY CRITERIA

LEAD ARCHITECT CV

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

LEAD QUANTITY SURVEYOR CV

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

LEAD STRUCTURAL ENGINEER CV

**LEAD STRUCTURAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD CIVIL ENGINEER CV

**LEAD CIVIL ENGINEER PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

LEAD MECHANICAL ENGINEER CV

**LEAD MECHANICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

FIRE ENGINEER CV

**FIRE ENGINEER PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED
FINAL ACCOUNT SUMMARIES /
REFERENCE LETTERS**

WET SERVICES ENGINEER CV

**WET SERVICES ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD ELECTRICAL ENGINEER CV

**LEAD ELECTRICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF
AWARD / SIGNED FINAL ACCOUNT
SUMMARIES / REFERENCE
LETTERS**

LEAD CONSTRUCTION HEALTH AND SAFETY AGENT CV

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

ARCHITECTURAL DISCIPLINE ORGANOGRAM

QUANTITY SURVEYING DISCIPLINE ORGANOGRAM

STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM

CIVIL ENGINEERING DISCIPLINE ORGANOGRAM

MECHANICAL ENGINEERING (INCLUDING FIRE ENGINEER AND WET SERVICES ENGINEER) DISCIPLINE ORGANOGRAM

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

CONSTRUCTION HEALTH AND SAFETY DISCIPLINE ORGANOGRAM