



Province of the
EASTERN CAPE
HEALTH

Office of the Nelson Mandela Bay Health District Manager
Private Bag X 28000 · Greenacres · Port Elizabeth · 6057

Enquiries : S. Calitz
Tel : 041 391 8179

Date : 2022-06-01

ADVERTISEMENT OF A 24 DAY BID
REQUEST FOR PROPOSALS/QUOTATIONS

NELSON MANDELA BAY HEALTH DISTRICT
REF.NO : SCMU3-22/23-0118-HO

**MULTI-DISCIPLINE BUILT ENVIRONMENT PROFESSIONAL SERVICES IN CONSORTIUM
REQUIRED FOR THE INFRASTRUCTURE IMPROVEMENTS, ALTERATIONS AND
ADDITIONS AT ORSMOND HOSPITAL IN KARIEGA, NELSON MANDELA BAY HEALTH
DISTRICT**

Quotations are hereby invited from a registered supplier/company to provide for the above items at Nelson Mandela Bay Health District. All quotations with necessary documents must be submitted to the Procurement office. It should be in an enclosed envelope indicating the tender number and for the attention of Susan Calitz/Alta Rudman.

Deliver to Supply Chain Management Office situated at the following address:
Department of Health : Nelson Mandela Bay Health District
Conyngham Road
Parsons Hill
Department of Health Building (Room D16/D15)
Port Elizabeth

Bidders must immediately ensure that they are correctly registered on CSD (Central Supplier Database) when collecting the Bid documents

Bid starting date is **03 June 2022**

Closing date is **27 June 2022** at 11:00.
No late quotations will be accepted.

For any queries please call Susan Calitz 041 391 8179 / Alta Rudman 041 391 8131

.....
MRS. S. MACINGWANE
SNR MANAGER : FINANCE
NELSON MANDELA BAY HEALTH DISTRICT

United in achieving quality health care for all
24 hours Call Centre: 0800032364
Website: www.ecdo.gov.za

BID ADVERTISEMENT

THE EASTERN CAPE DEPARTMENT OF HEALTH INVITES BIDS FOR:					
BID NUMBER:	SCMU3-22/23-0118-HO	CLOSING DATE:	27 June 2022	CLOSING TIME:	11h00
DESCRIPTION	MULTI-DISCIPLINE BUILT ENVIRONMENT PROFESSIONAL SERVICES IN CONSORTIUM REQUIRED FOR THE INFRASTRUCTURE IMPROVEMENTS, ALTERATIONS AND ADDITIONS AT ORSMOND HOSPITAL IN KARIEGA, NELSON MANDELA BAY HEALTH DISTRICT				
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
Nelson Mandela Bay Health District					
Conyngham Road, Parson Hill					
Gqeberha (Port Elizabeth)					
BIDDING PROCEDURE AND TECHNICAL ENQUIRIES MAY BE DIRECTED TO:					
CONTACT PERSON		Ms. S. Calitz			
TELEPHONE NUMBER		041 3918179			
E-MAIL ADDRESS		sussana.calitz@echealth.gov.za			
NO COMPULSORY BID CLARIFICATION MEETING					
BID DOCUMENTS MAY BE OBTAINED FROM THE ABOVE ADDRESS AT A COST OF R 200: Please contact the Bid office for EFT arrangements and collection of bid documents					
BID VALIDITY PERIOD IS 120 DAYS					

TABLE OF CONTENTS

1. SCHEDULE A – SBD 1 Invitation to Bid	4
1.1. Part A – Invitation to Bid	4
1.2. Part B – Terms and Conditions of Bidding	15
2. BACKGROUND AND TERMS OF REFERENCE	16
2.1. Ideal Hospital Realization and Maintenance Framework Manual 2018	16
2.2. Strategic Mental Health Services Demand Assessment of the Health Department	17
2.3. Service Delivery Optimization in the Nelson Mandela Bay Health District	17
2.4. TB Changes and the affected facilities - How was ORSMOND TB HOSPITAL identified?	18
2.5. MHCU's (Mental Health Care Users) Patient flow in NMB district and Quantification of Mental Health burden in NMB Health District	19
2.6. Definitions related to Mental Health Care	21
2.7. Definitions related to Facilities	22
2.8. Objective of the proposed Infrastructure Improvement Scheme	22
2.9. Infrastructure Assessment findings to determine suitability for re-purposing	23
2.10. Size and Scope of Infrastructure Improvements	24
2.11. Planning, Delivery, Procurement and Management of the Proposed Infrastructure Scope in terms of the FIDPM	25
2.12. Procurement Strategy	27
2.13. Scope of Built Environment Professional Services required	28
2.14. Sequence of Implementation of the Infrastructure Scope areas, 1 & 2	34
2.15. Professional Services delivery sequence, duration and pricing method	34
2.16. Pricing of Professional Fees and Disbursements	36
3. EVALUATION CRITERIA	38
3.1. Stage 1: Administrative Compliance / pre-qualification	38
3.2. Evaluation Criteria for Stage 1: Administrative Compliance / pre-qualification	38
3.3. Stage 2: Evaluation in terms of Price and B-BBEE Preference Point System	39
3.4. Stage 3: Due Diligence In-Loco Inspection of all Consortium Members	41
4. CHECKLIST OF MANDATORY RETURNABLE DOCUMENTS	41
5. THE CONTRACT	42
6. ANNEXURES & RETURNABLE SCHEDULES	43
ANNEXURE A – INDICATIVE MASTERPLAN & TYPICAL WARD LAYOUT	43
ANNEXURE B – (GCC) GENERAL CONDITIONS OF CONTRACT	45
ANNEXURE C – (SCC) SPECIAL CONDITIONS OF CONTRACT	60
ANNEXURE D – CONTRACT DATA	67

SCHEDULE A – SBD 1 – Invitation to Bid (refer	68
SCHEDULE B - SBD 3.3 - Pricing Schedule.....	68
Part 1 - Time Based Fees *	68
Part 2 – Fixed Primary Fee and Percentage Based Fees	87
Part 3 – Disbursements: Reimbursable Expenses:.....	91
Part 4 – Provisional Sums:.....	118
Part 5 – Pricing Schedule Executive Summary Page	119
SCHEDULE C - SBD 4 - Declaration of Interest.....	120
SCHEDULE D - SBD 6.1 - Preference Points Claim	124
SCHEDULE E - SBD 8 - Declaration of Bidder's past Supply Chain Management practices (All 10 Consortium Members).....	129
SCHEDULE F - SBD 9 - Certificate of Independent Bid Determination	131
SCHEDULE G1- RESOLUTION TO ENTER INTO CONSORTIA.....	135
SCHEDULE G2 - SPECIAL RESOLUTION OF CONSORTIA (CONSORTIUM AGREEMENT)	139
SCHEDULE H - Proof of CSD Registration of All Consortium Members.....	144
SCHEDULE I - B-BBEE Status Level Verification Certificate (Combined for the Consortium).....	145
SCHEDULE J - Copy of letter of Good Standing with Compensation for Occupational and Injuries Disease Act (COIDA/FEM) REGISTRATION CERTIFICATE	146
SCHEDULE K - Copy of Professional Indemnity Insurance Documents	147
SCHEDULE L - Proof of Experience of the Consortium Leader / Principal Consultant - Copies of Practical Completion Certificates (Total Value of R30m).....	148
SCHEDULE M - Proof of Professional Registration of all Professional and Candidate Professional Resources offered to render services and incur disbursements as per the SBD 1 and SBD 3.3 Pricing Schedule.	149
SCHEDULE N - Confirmation of Receipt of Addenda to Bid Documents	150
SCHEDULE O - Form of Offer and Acceptance	151

1. SCHEDULE A – SBD 1 Invitation to Bid

1.1. Part A – Invitation to Bid

THE EASTERN CAPE DEPARTMENT OF HEALTH INVITES BIDS FROM MULTI-DISCIPLINE BUILT ENVIRONMENT PROFESSIONAL SERVICE PROVIDERS IN CONSORTIUM FOR:					
BID NUMBER:	SCMU3-22/23-0118-HO	CLOSING DATE:	27 June 2022	CLOSING TIME:	11h00
DESCRIPTION	MULTI-DISCIPLINE BUILT ENVIRONMENT PROFESSIONAL SERVICES IN CONSORTIUM REQUIRED FOR THE INFRASTRUCTURE IMPROVEMENTS, ALTERATIONS AND ADDITIONS AT ORSMOND HOSPITAL IN KARIEGA, NELSON MANDELA BAY HEALTH DISTRICT				
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
Nelson Mandela Bay Health District					
Conyngham Road, Parson Hill					
Gqeberha (Port Elizabeth)					
BIDDING PROCEDURE AND TECHNICAL ENQUIRIES MAY BE DIRECTED TO:					
CONTACT PERSON	Ms. S. Calitz				
TELEPHONE NUMBER	041 3918179				
E-MAIL ADDRESS	sussana.calitz@echealth.gov.za				
NO COMPULSORY BID CLARIFICATION MEETING					
BID DOCUMENTS MAY BE OBTAINED FROM THE ABOVE ADDRESS AT A COST OF R 200: Please contact the Bid office for EFT arrangements and collection of bid documents					
BID VALIDITY PERIOD IS 120 DAYS					
1. SUPPLIER INFORMATION – CONSORTIUM LEADER / CONSORTIUM MEMBER No.1					
1.1.	NAME OF BIDDER NOMINATED CONSORTIUM LEAD ENTERPRISE - CONSORTIUM MEMBER No.1 (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of nominated Consortium Lead ENTERPRISE]			
1.2.	CONSORTIUM AGREEMENT ATTACHED	YES [tick]	NO [tick]		
1.3.	NAME OF NOMINATED CONSORTIUM LEAD PROFESSIONAL - (NAME OF A PROFESSIONAL ARCHITECT)	[Name of nominated Lead Professional Architect]			
	SACAP REGISTRATION No,	[SACAP No.]			
1.4.	STREET ADDRESS OF CONSORTIUM	[Street Address]			
1.5.	TELEPHONE NUMBER OF CONSORTIUM LEADER -	[Telephone landline No.]			
1.6.	CELLPHONE NUMBER OF CONSORTIUM LEADER -	[Cell No.]			
1.7.	E-MAIL ADDRESS OF CONSORTIUM LEADER -	[E-mail]			

2. SUPPLIER INFORMATION – CONSORTIUM MEMBER No. 2		
2.1.	NAME OF CONSORTIUM MEMBER No.2 – ARCHITECTURAL SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
2.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.2	[Street Address]
2.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.2	[Telephone landline No.]
2.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.2-	[Cell No.]
2.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.2	[E-mail]
3. SUPPLIER INFORMATION – CONSORTIUM MEMBER No. 3		
3.1.	NAME OF CONSORTIUM MEMBER No.3 – QUANTITY SURVEYING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
3.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.2	[Street Address]
3.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.2	[Telephone landline No.]
3.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.2	[Cell No.]
3.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.2	[E-mail]
4. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 4		
4.1.	NAME OF CONSORTIUM MEMBER No.4 – CIVIL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
4.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.4	[Street Address]
4.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.4	[Telephone landline No.]
4.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.4	[Cell No.]

4.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.4	[E-mail]
5. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 5		
5.1.	NAME OF CONSORTIUM MEMBER No.5 – STRUCTURAL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
5.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.5	[Street Address]
5.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.5	[Telephone landline No.]
5.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.5	[Cell No.]
5.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.5	[E-mail]
6. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 6 (MANDATORY)		
6.1.	NAME OF CONSORTIUM MEMBER No.6 – ELECTRICAL AND ELECTRONIC ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
6.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.6	[Street Address]
6.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.6	[Telephone landline No.]
6.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.6	[Cell No.]
5.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.6	[E-mail]
7. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 7		
7.1.	NAME OF CONSORTIUM MEMBER No.7 – MECHANICAL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
7.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.6	[Street Address]

7.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.6	[Telephone landline No.]
7.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.6	[Cell No.]
7.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.6	[E-mail]
8. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 8		
8.1.	NAME OF CONSORTIUM MEMBER No.8 – PRINCIPAL AGENT SERVICES FOR ADMINISTRATION OF THE JBCC AGREEMENT (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
8.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.8	[Street Address]
8.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.8	[Telephone landline No.]
8.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.8	[Cell No.]
8.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.8	[E-mail]
9. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 9		
9.1.	NAME OF CONSORTIUM MEMBER No.9 – CONSTRUCTION HEALTH & SAFETY AGENT SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
9.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.9	[Street Address]
9.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.9	[Telephone landline No.]
9.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.9	[Cell No.]
9.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.9	[E-mail]
10. SUPPLIER INFORMATION – CONSORTIUM MEMBER NO. 10		
10.1.	NAME OF CONSORTIUM MEMBER No.10 – PROFESSIONAL CONSTRUCTION PROJECT MANAGEMENT SERVICES –	[Name of Trading ENTERPRISE]

	EXTERNAL STAKEHOLDER ENGAGEMENT AND SECONDARY SOCIAL DELIVERABLES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	
10.2.	STREET ADDRESS OF CONSORTIUM MEMBER No.10	[Street Address]
10.3.	TELEPHONE NUMBER OF CONSORTIUM MEMBER No.10	[Telephone landline No.]
10.4.	CELLPHONE NUMBER OF CONSORTIUM MEMBER No.10	[Cell No.]
10.5.	E-MAIL ADDRESS OF CONSORTIUM MEMBER No.10	[E-mail]
11. CSD SUPPLIER COMPLIANCE STATUS OF BUILT ENVIRONMENT DISCIPLINE SPECIFIC CONSORTIUM MEMBERS		
11.1.	NAME OF CONSORTIUM MEMBER No.1 – NOMINATED CONSORTIUM LEAD ENTERPRISE - CONSORTIUM MEMBER (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.1	[CSD No.]
11.2.	NAME OF CONSORTIUM MEMBER No.2 – ARCHITECTURAL SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.2	[CSD No.]
11.3.	NAME OF CONSORTIUM MEMBER No.3 – QUANTITY SURVEYING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.2	[CSD No.]
11.4.	NAME OF CONSORTIUM MEMBER No.4 – CIVIL ENGINEERING SERVICES	[Name of Trading ENTERPRISE]

	(NAME OF THE TRADING ENTERPRISE AS PER CSD)	
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.4	[CSD No.]
11.5.	NAME OF CONSORTIUM MEMBER No.5 – STRUCTURAL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.5	[CSD No.]
11.6.	NAME OF CONSORTIUM MEMBER No.6 – ELECTRICAL AND ELECTRONIC ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.6	[CSD No.]
11.7.	NAME OF CONSORTIUM MEMBER No.7 – MECHANICAL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.7	[CSD No.]
11.8.	NAME OF CONSORTIUM MEMBER No.8 – PRINCIPAL AGENT SERVICES FOR ADMINISTRATION OF THE JBCC AGREEMENT (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.7	[CSD No.]
11.9.	NAME OF CONSORTIUM MEMBER No.9 – CONSTRUCTION HEALTH & SAFETY AGENT SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]

	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.9	[CSD No.]	
11.10	NAME OF CONSORTIUM MEMBER No.10 – PROFESSIONAL CONSTRUCTION PROJECT MANAGEMENT SERVICES – EXTERNAL STAKEHOLDER ENGAGEMENT AND SECONDARY SOCIAL DELIVERABLES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]	
	CENTRAL SUPPLIER DATABASE No. OF CONSORTIUM MEMBER No.10	[CSD No.]	
12. PROFESSIONAL REGISTRATION COMPLIANCE STATUS OF PROFESSIONALS EMPLOYED BY THE BUILT ENVIRONMENT DISCIPLINE SPECIFIC CONSORTIUM MEMBERS			
12.1.	NAME OF CONSORTIUM MEMBER No.1 – NOMINATED CONSORTIUM LEAD ENTERPRISE - CONSORTIUM MEMBER (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONAL EMPLOYED	SACAP CATEGORY OF REGISTRATION	SACAP REGISTRATION No.
	1	Architect	
12.2.	NAME OF CONSORTIUM MEMBER No.2 – ARCHITECTURAL SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)	[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED	SACAP CATEGORY OF REGISTRATION: Architect, Senior Architectural Technologist, Architectural Technologist, Candidate Architect, Candidate Senior Architectural Technologist, Candidate Architectural Technologist	SACAP REGISTRATION No.
	1		
	2		
	3		
	4		

	5			
	6			
	7			
12.3.	NAME OF CONSORTIUM MEMBER No.3 – QUANTITY SURVEYING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		SACQSP CATEGORY OF REGISTRATION: Professional Quantity Surveyor, Candidate Quantity Surveyor	SACQSP REGISTRATION No.
	1			
	2			
12.4.	NAME OF CONSORTIUM MEMBER No.4 – CIVIL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		ECSA CATEGORY OF REGISTRATION: Professional Engineer, Professional Engineering Technologist, Professional Certificated Engineer, Professional Engineering Technician. Candidate Engineer, Candidate Engineering Technologist, Candidate Certificated Engineer, Candidate Certificated Engineer, Candidate Engineering Technician	ECSA REGISTRATION No.
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
12.5.	NAME OF CONSORTIUM MEMBER No.5 – STRUCTURAL ENGINEERING SERVICES		[Name of Trading ENTERPRISE]	

	(NAME OF THE TRADING ENTERPRISE AS PER CSD)			
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		ECSA CATEGORY OF REGISTRATION: Professional Engineer, Professional Engineering Technologist, Professional Certificated Engineer, Professional Engineering Technician. Candidate Engineer, Candidate Engineering Technologist, Candidate Certificated Engineer, Candidate Certificated Engineer, Candidate Engineering Technician	ECSA REGISTRATION No.
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
12.6.	NAME OF CONSORTIUM MEMBER No.6 – ELECTRICAL AND ELECTRONIC ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		ECSA CATEGORY OF REGISTRATION: Professional Engineer, Professional Engineering Technologist, Professional Certificated Engineer, Professional Engineering Technician. Candidate Engineer, Candidate Engineering Technologist, Candidate Certificated Engineer, Candidate Certificated Engineer, Candidate Engineering Technician	ECSA REGISTRATION No.
	1			
	2			
	3			
	4			
	5			

	6			
	7			
	8			
12.7.	NAME OF CONSORTIUM MEMBER No.6 – MECHANICAL ENGINEERING SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONALS EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		ECSA CATEGORY OF REGISTRATION: Professional Engineer, Professional Engineering Technologist, Professional Certificated Engineer, Professional Engineering Technician. Candidate Engineer, Candidate Engineering Technologist, Candidate Certificated Engineer, Candidate Certificated Engineer, Candidate Engineering Technician	ECSA REGISTRATION No.
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
12.8.	NAME OF CONSORTIUM MEMBER No.8 – PRINCIPAL AGENT SERVICES FOR ADMINISTRATION OF THE JBCC AGREEMENT (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]	
	INITIALS & SURNAME OF PROFESSIONAL EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		DISCIPLINE & CATEGORY OF REGISTRATION	REGISTRATION No.
	1			
12.9.	NAME OF CONSORTIUM MEMBER No.9 – CONSTRUCTION HEALTH &		[Name of Trading ENTERPRISE]	

	SAFETY AGENT SERVICES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		
	INITIALS & SURNAME OF PROFESSIONAL EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		SACPCMP CATEGORY OF REGISTRATION: Professional Construction Health & Safety Agent (PrCHSA), Candidate Professional Construction Health & Safety Agent (PrCHSA)
			SACPCMP REGISTRATION No.
	1		
	2		
	3		
12.10.	NAME OF CONSORTIUM MEMBER No.10 – PROFESSIONAL CONSTRUCTION PROJECT MANAGEMENT SERVICES – EXTERNAL STAKEHOLDER ENGAGEMENT AND SECONDARY SOCIAL DELIVERABLES (NAME OF THE TRADING ENTERPRISE AS PER CSD)		[Name of Trading ENTERPRISE]
	INITIALS & SURNAME OF PROFESSIONAL EMPLOYED FOR THE SERVICES OFFERED IN THIS BID		SACPCMP CATEGORY OF REGISTRATION: Professional Construction Project Manager, Candidate Professional Construction Project Manager
			SACPCMP REGISTRATION No.
	1		
	2		
	3		
13. B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE (COMBINED)			
	B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE ATTACHED (COMBINED CONSORTIUM B-BBEE STATUS LEVEL SWORN AFFIDAVIT BY ACCREDITED AUTHORITY)		YES [tick] NO [tick]

1.2. Part B – Terms and Conditions of Bidding

1. BID SUBMISSION:
1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2. ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED – (NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT. ALL MANDATORY RETURNABLE SCHEDULES TO BE COMPLETED IN FULL.
1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000, THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT (act 5 of 2011), THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017 AS AMENDED, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND SPECIAL CONDITIONS OF CONTRACT.
1.4. THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM WHICH WILL CONSIST AS A MINIMUM OF THE FOLLOWING AS DESCRIBED HEREIN. General Conditions of Contract (GCC) - Annexure B; Special Conditions of Contract – Annexure C; Form of Offer – Schedule O; Contract Data – Annexure E; All other Relevant Returnable Schedules A – O.
1.5. ONLY BIDS FROM BUILT ENVIRONMENT PROFESSIONAL SERVICE PROVIDERS WHO ARE REGISTERED WITH THE RELEVANT STATUTORY BUILT ENVIRONMENT COUNCILS WILL BE CONSIDERED.
2. TAX COMPLIANCE REQUIREMENTS
2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2.2 EACH MEMBER OF THE CONSORTIUM MUST SUBMIT A SEPARATE CSD NUMBER AND PROOF OF CSD REGISTRATION COMPLIANCE
2.3 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE.”

NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.

SIGNATURE OF BIDDER:

CAPACITY UNDER WHICH THIS BID IS SIGNED: (CONSORTIUM LEADER)

NAME OF CONSORTIUM LEAD ENTERPRISE

.....

.....

(Proof of authority in the form of a signed Consortium agreement attached hereto)

DATE:

2. BACKGROUND AND TERMS OF REFERENCE

2.1. Ideal Hospital Realization and Maintenance Framework Manual 2018.

On 2 February 2018, the National Minister of Health, in Government Gazette No. 41419 21, published Regulation 672: Norms and Standards Regulations applicable to Different Categories of Health Establishments.

The Regulations are outlined in the accompanying document; *Ideal Hospital Realisation and Maintenance Framework Manual 2018*.

The objective of the manual is to promote and protect the health and safety of users and healthcare personnel.

This manual contains 22 sub-regulations across the following domains: User Rights, Clinical Governance and Clinical Care, Clinical Support Services, Facilities and Infrastructure, Governance and Human Resources and General Provisions.

The development of the Ideal Hospital Realisation and Maintenance Framework (IHRM-F) is a critical strategy and intervention to facilitate improved health service delivery and strengthen health system effectiveness by capacitating hospitals to identify and address key issues. The IHRM-F will serve as a benchmark mechanism to monitor Health System Strengthening activities,

An Integrated People-centred Health Services approach that encompass a continuum of care of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, over the different stages in the lifecycle of a person will be adopted.

Clinical services will be organised in terms of 24-hour services (emergency health services, obstetric and in-patient services) and eight hour services (ambulatory health services to outpatients (ideally on referral from a lower level of care), obstetric services, health support services, rehabilitation and palliative care services, diagnostic and therapeutic services). Integrated Clinical Services Management framework using the four streams of care is the platform for providing ambulatory services.

The characteristics of an “Ideal Hospital” is the following:

- Good infrastructure (i.e. physical condition and spaces, health technology, information and communication technology, adequate bulk supplies, and an appropriately managed and maintained motor vehicle fleet).
- Efficient patient administrative processes.
- Adequate and appropriately managed staff.
- Provides evidence based clinical, therapeutic and diagnostic services consistent with the defined Package of services.
- Uses patient experiences, communication and information for continuously improving quality of clinical care, optimisation of hospital processes, finance, system and risks mitigation and management.

- Complies with highest standards of corporate governance and is accountable to the community, internal and external stakeholders.

2.2. Strategic Mental Health Services Demand Assessment of the Health Department

According to the Strategic Mental Health Services Demand Assessment, “There is strong evidence that the burden of mental illness is on the increase both globally and locally. In South Africa the burden has been aggravated by high levels of co-morbidity with the epidemics of substance abuse, chronic diseases and HIV. Other stressors include challenging socio-economic conditions faced by most of the population and increasing high levels of violence.” Coupled with this challenge, the infrastructure accommodating mental health services has, over time, degenerated and in some cases has found to be unsuitable for the admission and treatment of mental health patients.

Due to the challenges experienced in mental health treatment in the Eastern Cape, The National Department of Health appointed an administrator to strengthen the service and offer support in the province.

Through The ECDoH Strategic Plan 2020/2021-2024-2025, the department aims to address these challenges by strengthening the “implementation of mental health services through innovative planning focusing on mainstreaming the mental health services and ensuring that all mental health teams are multidisciplinary at all levels, including at district and primary health care level”. This plan is aligned with the MTSF impact, outcomes and pillars (specifically Pillar 2) from the Presidential and the Provincial Summit.

Governed by the Mental Healthcare Act of 2002, this strengthening of the mental health service platform will be undertaken through the implementation of community based psychiatric services (in PHC facilities), the provision of 72 hours psychiatric observation units in district hospitals, and the focussing on acute and chronic mental health in-patient care. According to the ECDoH SP, the department aims to focus on “strengthening the prevention of mental disorders, substance, drug and alcohol abuse and provision of sufficient resources for mental health”. This will be achieved by promoting a community-based approach, strengthening access to appropriate services at the appropriate level of care, and addressing the inequities of mental healthcare to ensure that disadvantaged communities have access to psychiatric services relevant to the burden of disease.

The Health Departments Infrastructure Programme (Health Facilities Management) is designed to realize the strategic goal of the Health Facility Revitalization Grant which will enable the Health Department plan, manage, maintain and transform health infrastructure in line with national and provincial policy objectives.

The Infrastructure Programme helps to accelerate construction, maintenance, construction and rehabilitation of Health facilities which is the main purpose of the Health Facility Revitalization Grant. Additional outcomes include improved rates of employment and skills development in the delivery of infrastructure, value for money and cost-effective design of facilities.

2.3. Service Delivery Optimization in the Nelson Mandela Bay Health District.

During 2021 the Nelson Mandela Bay District held engagements with management teams across the service delivery platform and the need for a service delivery platform review was identified as a key area for attention. The appointment of the HOD in August 2021 allowed for several sessions with different stakeholders to take place where the HOD was able to convey her vision for the Department of Health. Among the key priorities highlighted by the HOD was the need to optimize the service delivery platform to achieve an efficient and cost-effective health care service delivery model.

To this end, the District Manager invited sector departments and social partners, inclusive of organised labour and NPOs as well as head office Program Managers to a service delivery platform review session held on 19 October 2021. This session was facilitated by experienced, retired health system and service managers through the Clinton Health Access Initiative (CHAI) that supports the District with MCWH and SRH.

The outcome of this session highlighted the following:

- Service delivery optimization and review is not an event but a process.
- The establishment/repurposing of a fully-fledged District Hospital at the site of Empilweni Hospital that has been identified a quick win that would assuage the burden on both the regional and tertiary hospital platform.
- The repurposing of Orsmond TB Hospital to a mental health facility as directed by the Hon MEC for Health during the March and July 2021 Strategic Planning Sessions was supported as a priority at this session. The value of this repurposing was two-fold in that it would alleviate the current mental health crisis and secondly could be developed into a sub-acute and chronic MHC facility within the NMBHD.

To achieve these outcomes the following was put forth as a way forward at the session:

- It was agreed that teams, inclusive of infrastructure must be established to develop the scope of work required for the repurposing of Orsmond and Empilweni hospitals and the consolidation of FPS (Forensic Pathology Services).
- Further engagements by the management teams must take place at various affected sites and a task team is to be established for this purpose.
- To complete the repurposing and commissioning of Orsmond Hospital as a psychiatric facility a team must be identified and an assessment by infrastructure must take place.

2.4. TB Changes and the affected facilities - How was ORSMOND TB HOSPITAL identified?

Since the introduction of the new effective TB drugs (approved in 2016) the department of health has been looking at strategies for the optimization of the bed utilization in these TB hospitals that was now rapidly declining.

Relevant summary of updated guideline:

According to guidelines, all persons with Rifampicin Resistant are to be treated with a shorter, all oral 9-11-month regime or with a longer, all oral 18-20-month regime. The 9-11-month regime consist of a package of bedaquiline, linezolid, clofazimine, levofloxacin, high dose isoniazid, pyrazinamide and ethambutol, with an intensive phase lasting 4-6 months and a continuation phase lasting 5 months.

All persons who are not responding to therapy are able to be identified early for possible rescue regime.

The EC Health department has also introduced linezolid and bedaquiline treatments and as the result more MDR-TB and XDR-TB patients are getting better much faster. In February 2016, the Province

The COVID -19 pandemic assisted in the realization of that strategy as the shortage of isolation beds in the Metro provided an opportunity for the beds at Empilweni TB Hospital to be the first hospital to be repurposed. The remaining TB inpatients were sent to Jose Pearson TB and Orsmond TB Hospital depending on their treatment needs.

With the closure of the Field Hospital after the 2nd wave of Covid 19 there was a need to increase the number of Covid 19 beds in the Nelson Mandela Bay Health District to respond to the 3rd wave as the hospitals were under tremendous pressure. Orsmond TB Hospital was identified, and patients were moved to Jose Pearson TB Hospital to make room for PUIs and COVID19 infected patients who do not require intensive management. This process was delayed and came to function at the end of the 3rd wave and has left the facility grossly underutilized. Hence it has been proposed that Orsmond hospital will again be repurposed to a psychiatric hospital since there is a gross shortage of beds in the Nelson Mandela Bay Health District to cater for mental Health Care Users.

2.5. MHCUs (Mental Health Care Users) Patient flow in NMB district and Quantification of Mental Health burden in NMB Health District

Currently the movement of MHCUs begins at identification of an individual in need of MHC at PHC or by the SAPs through the community. The case is then referral to the nearest casualty for assessment. This assessment must include a general medical examination to exclude any medical condition that could be contributing to the presentation of the current symptoms of the patient. Once these have been excluded the patient has blood and other tests done and if these results are all within normal ranges and appropriate management of any findings does not resolve the patients' symptoms the patient is then referred for 72-hour observation at a listed site.

There are currently three 72hr units in NMB district (DNH/LVH/UPH) with the appropriate MHC documentation completed as per the Mental Health Care Act 17 of 2002. These patients are initiated on appropriate medication and should they not settle after this period they are referred to a designated MHC facility (there are currently 2 in NMB District EDH/DNH) for further care and management. Thereafter patients requiring long term care must either be referred to Kirkwood care centre in SB district or travel to Fort Beaufort to receive care at Tower Hospital.

CURRENT pressure on Beds for MHCUs in NMBD

Currently there are bottle necks in the patient flow described above at the following points:

At casualty

- There is reduced capacity to attend to MHCUs seeking assessment due to the surge in Covid 19 cases
- There is reduced capacity at the 72-hour units to accept patients, thus patients are kept waiting for a 72-hour bed in casualty
- This leads to challenges with appropriate separation of MHCUs and PUIs and has a high risk for abscondment of MHCUs and increases risk of transmission to MHCUs

At listed 72-hour units

- There are too few beds to meet the demands of the MHCUs from casualties

- There are limited beds at the designated units, so patients wait in the listed 72-hour units for a bed at the designated units
- There are currently outbreaks of Covid 19 at both designated units in NMB which has prevented the movement of patients.
- Some patients cannot be discharged from the 72-hour unit as there are social issues and so remain in the unit for protracted periods while social workers attempt to address these issues or find appropriate placement for these individuals

At Designated units

- Units are easily overwhelmed as there is a predominance of Male MHCUs seeking care
- Many patients have substance related issues and readmissions are common
- There are challenges with referral to long term MHC sites as there are none in NMB and there is competition for these beds among all sites in the EC. This issue is compounded by Covid 19 screening to prevent outbreaks at the long-term MHC sites
- There are some patients that cannot be discharged as there are social issues/ court related issues and medical co-morbidities that prevent transfer or discharge. Hence, they remain in the unit for protracted periods while social workers attempt to address these issues.
- At EDH (Elizabeth Donkin Hospital) not all wards are suitable for acute admissions and a ward had to be converted to a Covid unit for MHCUs hence capacity is restricted.

These matters have been raised at various meetings at various levels. The discussion of these challenges and others in the district are compounded as a result of the current resurgence of the Covid 19 Virus in the NMB Metropole. Further, the overwhelming burden of MH illness as a result of the challenges currently facing the flow of MHCUs seeking care in the western region of the EC adds pressure to the entire system which is beyond breaking point at present.

The growing concern of the MHC burden growing as a result of the Covid-19 pandemic effects on Mental health for various reasons and the further pressure this will bring to bear on an already strained system.

Raw data from NMB

dataname	organisationunitname	18/19	19/20	20/21	04/21	05/21	06/21	07/21	08/21	Q1 21/22	Q2 21/22
Mental health clients total	NMBHD	101409	92725	81177	7176	7006	10573	7624	9477	24755	17101
	SD A	16287	17036	15727	2893	2270	4992	2249	3947	10155	6196
	SD B	30521	26171	23190	1976	1860	2251	2445	1944	6087	4389
	SD C	54601	49518	42260	2307	2876	3330	2930	3586	8513	6516

dataname	organisationunitname	18/19	19/20	20/21	04/21	05/21	06/21	07/21	08/21	Q1 21/22	Q2 21/22
Mental health involuntary admission	NMBHD	3610	3498	2030	164	166	162	155	148	492	303
	SD A	1096	1064	466	27	42	65	41	36	134	77
	SD B	693	734	384	35	27	0	28	21	62	49
	SD C	1821	1700	1180	102	97	97	86	91	296	177
Mental health visit 18 years and older	NMBHD	98302	89948	77550	6697	6603	9793	6999	8486	23093	15485
	SD A	15138	16159	14729	2523	1973	4444	1732	3076	8940	4808
	SD B	30381	25895	23140	1965	1847	2251	2441	1944	6063	4385
	SD C	52783	47894	39681	2209	2783	3098	2826	3466	8090	6292
Mental health visit under 18 years	NMBHD	3107	2777	3627	479	403	780	625	991	1662	1616
	SD A	1149	877	998	370	297	548	517	871	1215	1388
	SD B	140	276	50	11	13	0	4	0	24	4
	SD C	1818	1624	2579	98	93	232	104	120	423	224

The Orsmond TB Hospital buildings, supporting infrastructure and site was identified to present potential to be re-purposed for the admission and care of both male and female MHCUs in the NMBHD.

2.6. Definitions related to Mental Health Care

1. **Mental illness:** Means a positive diagnosis of a mental health related illness in terms of an accepted diagnostic criteria made by a mental health care practitioner authorized to make such diagnosis.
2. **Intellectually Disability:** Means a range of intellectual functioning extending from partial self-maintenance under close supervision, together with limited self-protection skills in a controlled environment through limited self-protection skills in a controlled environment through limited self-care and requiring constant aid and supervision, to severely restricted sensory and motor functioning and requiring nursing care.
3. **Mental health care user:** This is a person who utilises mental health care services.
4. **Voluntary User:** This is a person who, on written application, voluntarily submits himself to a health establishment for care, treatment and rehabilitation services as a patient at an institution.
5. **Assisted User:** A person who is incapable of making informed decisions due to his / her mental status and who do not refuse care, treatment and rehabilitation services.
6. **Involuntary User:** A person who is incapable of making informed decisions due to his / her mental status and who refuses health intervention but require such services for his/her own protection or the protection of others.
7. **Long Term (Chronic) Users:** This includes a patient who needs hospitalisation beyond the acute average length of stay.
8. **Forensic Psychiatric cases:** Forensic psychiatric cases are divided into two categories, namely forensic observations and forensic state patients.
9. **Forensic Observations:** A person arrested and charged with an offence and some doubt emerges about their mental ability, is sent by the courts to a psychiatric observation facility to determine whether the person is fit to stand trial and were able to differentiate between right and wrong at the time of the crime/incident in an attempt to verify the individual's liability.
10. **State Patients:** A state patient is a person so classified by a court directive and admitted under section 42 of the Mental Health Act of 2002. These patients were found not fit to stand trial and /or responsible for their actions at the time of committing the crime due to mental illness. They remain in hospital, often for years. They cannot be discharged by clinical staff, only through the courts.
11. **Psycho – Social Rehabilitation:** This is a process that offers the opportunity for mental health care users to reach their optimal level of independent functioning in the community. It encompasses four major domains – housing/living – learning/education – socialising/leisure and working/vocational (WHO).
12. **Seclusion:** Means the isolation of a user in a space where his / her freedom of movement is restricted in a highly secured room. Typically, this room is equipped with prescribed specialized materials/ ablution facility. Patients can only be kept here for short periods of time. Specific prescriptions in the Mental Health Care Act must be adhered to when patients are secluded.
13. **Physical means of restraint:** Means temporarily physical restraining the movements of the body, by one or more persons in order to prevent the person so restrained harm him or herself or others.

2.7. Definitions related to Facilities

1. Ablution: A generic term covering the following facilities: WC, bidet, bath, shower and washbasin.
2. Gross area: The total floor area of the building or accommodation zone in square metres, which includes the area covered by external and internal walls and partitions, the structure and lifts and service shafts and all usable floor area.
3. Net area: The total floor area in square metres measured between the inside finishes of walls of the specific area. Surrounding built-in fittings and cupboards are included in the net area.
4. Primary circulation: The spaces providing access to or communication between the various accommodation zones of the hospital. Areas included are entrance halls, corridors (where not used exclusively by one accommodation zone), staircases, fire escapes (internal and external), lifts, lobbies and covered ways.
5. Secondary or departmental circulation: The spaces provided to link together the service areas and rooms within a departmental circulation.
6. Hospital bed: The bed normally occupied by the patient during his stay in hospital. The usual general hospital measure of “beds” is not deemed appropriate as the term “bed” in the mental health context, has increasingly controversial connotations. “Beds” implies “bed space” as the major space need for the patient. For mental illness, the bed space is a small component of the total space needs, indoor and outdoor of acutely mentally ill people.
7. Approved beds: Include beds in use but exclude seclusion room beds.
8. Ward: A ward comprises a functional unit containing patients’ rooms and service rooms used to accommodate and care for the needs of the in-patient (usually 24 to 30 beds). It may be self-contained or share certain functions or rooms with other wards. It can also be termed a nursing unit.
9. Patients’ room: A room designed to accommodate one or more hospital beds.
10. Single room: A room that accommodates one patient only. A private ablution facility may or may not be attached to a single room.
11. Planning: The process leading to the establishment of the requirements to provide a particular health service, through matching service needs to available resources, and the further development of the project service requirements in terms of operational policy and schedule of accommodation, resulting in a Project brief.
12. Design: The process of logically combining and arranging the accommodation specified in the project brief and other elements required to provide the most efficient, functional and economic building solution.
13. Planning unit: A unit of space, equipment or activity in a health care facility used in describing need, area guides and cost units for norms purposes.

2.8. Objective of the proposed Infrastructure Improvement Scheme

The objective is to:

- Create a conducive Hospital space which accommodates the identified Mental Health Care Services, patients, staff and support areas to ensure the rendering of quality services in the short, medium and long term.
- Make all buildings compliant with safety regulations.
- Deliver approved building plans for all buildings at the hospital.
- Obtain Occupation Certificates for all buildings.

2.9. Infrastructure Assessment findings to determine suitability for re-purposing

1. Assessment Methodology: The following matters are of importance and are requirements when the buildings and infrastructure is assessed:

- a. Clinical Areas: The environment must be suitable to avoid institutionalising patients but rather be an enabling environment towards getting patients to experience a sense of a normal lifestyle.
- b. Security & Access Control must be good
- c. An admission area is required
- d. Wards shall be large open spaces with Nurse stations strategically positioned to provide oversight.
- e. Wards shall have access to dining room and recreation areas.
- f. Wards shall have access to external courtyard type recreation areas.
- g. Wards shall have access to en-suite ablution areas.
- h. Clinical Consulting rooms shall be in proximity of the Wards.
- i. The Multi-disciplinary Treatment Room (MDT) shall be in proximity of the Recreation/Dining room area.
- j. A transition space is required between the Nurse Station, Clinical Consulting rooms, MDT room and the Ward
- k. Seclusion rooms are required, preferably away from the Ward sleeping area.
- l. Internal Architectural finishes are to be of a specific type suitable for accommodating psychiatric patients with specific reference to ceilings, light fittings, windows & glazing, doors & sanitary fittings. Architectural finishes and fittings that could potentially be used to harm patients are to be removed and avoided.
- m. Bulk Water for residential use and Fire fighting
- n. Fire safety
- o. Clinical Support Areas – Pharmacy & Admissions to comply
- p. Non-Clinical Support Services Areas – Kitchen, Laundry, stores etc.
- q. Finance & Admin Support Area
- r. Clinician and Staff Areas

2. Assessment Findings

- a. Non-Clinical Support Areas
- b. Buildings No. 1 – 16 as per the Masterplan diagram (Annexure A) has been identified for use as non-clinical support areas, with most of the buildings requiring no change of use or major infrastructure intervention.
- c. Buildings to be demolished - Building No.17 as per Masterplan diagram (Annexure A) has been identified not to be suitable due to structural defects.
- d. Clinicians and Staff Areas - Buildings No.18,19 & 20 as per Masterplan diagram (Annexure A) has been identified for use as Clinicians and Staff Areas, with most of the buildings requiring no major infrastructure intervention.
- e. Clinical Support Areas - Buildings No.21 & 22 as per Masterplan diagram (Annexure A) has been identified for use as non-clinical support areas, with the Admission area requiring certain minor improvements and building 22 requiring major improvements for conversion into a Pharmacy.

- f. Clinical Areas - Buildings No. 23, 24, 25 & 26 as per Masterplan diagram (Annexure A) have been identified for use as Sub-Acute & Chronic Psychiatric Patients for both males and females.
- g. These buildings will require major internal improvements which include (see Typical Ward Layout (Annexure A):
 - i. Provide and position a Duty Room / Nurse station space strategically to provide supervision into the ward with access from the transition space.
 - ii. Provide access from the Ward via a transition space to the dining room and recreation areas.
 - iii. Provide access and construct new external courtyard type recreation areas leading from the main corridor passage.
 - iv. Do improvements to existing ablution areas, lowering of screen walls (1,5m) to enable supervision but maintain privacy.
 - v. Provide 2 x Clinical Consulting rooms within the transition space.
 - vi. Provide and position Multi-disciplinary Treatment Room (MDT) within the transition space adjacent the Recreation/Dining room area.
 - vii. Provide a transition space between the Nurse Station, Clinical Consulting rooms, MDT room and the Ward & Dining room area.
 - viii. Provide and position Seclusion rooms away from the Ward sleeping area.
 - ix. Remove all protruding fittings on the ceilings and walls that could potentially be used by patients to harm themselves and these include ceiling fans, extractors fan, air vents, exposed light bulb fittings, electrical outlets and apertures.
 - x. All glazing to be replaced with suitable "Perspex" type.
 - xi. Screen mesh to be fitted to the inside of all windows.
 - xii. Wall & Floor finishes to be improved with robust impact quality materials.
 - xiii. The Dining/Recreation and seclusion room areas for Building 23 (Male sub-acute patients) is to be located across the passage by re-purposing the existing available spaces.
- h. Admin & Finance Support Areas - Buildings No. 27&28 as per Masterplan diagram were identified for use as Administration. The existing Admin Building requires little or no change in use or infrastructure. The Existing prefab building requires conversion into offices with minor Infrastructure improvements.
- i. External Open Courtyard Recreation Areas - The areas numbered 29, 30 & 31 as per Masterplan diagram were identified where these areas could be built.
- j. Conclusion & Way Forward - The Findings of the assessment indicates favourably towards the repurposing, through infrastructure Improvements, of the existing buildings for use as a Psychiatric hospital where sub-acute and chronic patients can be treated.

2.10. Size and Scope of Infrastructure Improvements

The Brief and Scope of the proposed infrastructure Improvements required to convert the ORSMOND TB Hospital into a Sub-acute & Chronic Mental Healthcare Facility (refer **Annexure A** – Indicative Masterplan and typical Ward Layout) in summary, consist of the following:

- **Infrastructure Scope Area 1** - Infrastructure improvements, alterations and additions to existing buildings earmarked to accommodate Sub-acute & Chronic Clinical Ward Areas

(1854 sqm), Clinical Support Areas (240sqm) and Patient Courtyards (300sqm) comprising **2394 sqm** in total.

- **Infrastructure Scope Area 2** - Infrastructure improvements, Alterations & Additions to remainder of existing buildings comprising **2447 sqm** in total and construction of a new high security fence.

2.11. Planning, Delivery, Procurement and Management of the Proposed Infrastructure Scope in terms of the FIDPM

The strategic approach for the planning, delivery and management of *infrastructure maintenance, improvements, alterations and additions or new infrastructure* is guided by the concept of the Infrastructure Delivery Management System (IDMS), the chosen government wide system for Infrastructure Delivery.

In order to establish a common approach to infrastructure delivery across all organs of state, the National Treasury adopted the Standard for Infrastructure Procurement and Delivery Management (SIPDM). In order to give effect to the SIPDM the following guidelines were issued:

- Treasury Instructions Notes No. 4 of 2015/16 in terms of Public Finance Management Act (PFMA); and
- Circular 77 for Model Supply Chain Management (SCM) policy for Infrastructure Procurement and delivery management.

The National Treasury, in consultation with relevant stakeholders, conducted the SIPDM review, which resulted in the **Framework for Infrastructure Delivery and Procurement Management (FIDPM)**. The FIDPM prescribes minimum requirements for effective governance of infrastructure delivery and procurement management.

The Framework specifies the allocation of clear responsibilities for performing activities and making decisions at control points, stages and procurement gates. The Framework promotes the concept 'value for money' by organs of state throughout all the Infrastructure Delivery Management and Infrastructure Procurement Management processes and activities to promote optimal use of resources to achieve the intended outcomes. The expected deliverables shall be executed in accordance with the FIDM Project Life-cycle stages as follow:

STAGE 1 - INITIATION

The details contained in this Bid Document as prescribed by the Department of Health defines project objectives, needs, acceptance criteria, organization's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the Concept Report. Planning for the Proposed Projects under the Health Department's Infrastructure Programme focuses primarily on the "Packaging" of projects, i.e. the identification of a "package" or scope to be implemented in one single contract.

The identification of a "package" or scope in one single contract is informed and guided by Need & priorities as determined by the U-Amp (User Asset Management Plan), IAMP (Infrastructure Asset Management Plan) and Strategic priorities of the Department as depicted in the IPMP Infrastructure Programme Management Plan) and B5 project list.

The proposed Infrastructure improvements at this facility form part of the list of identified facilities strategically prioritized for improvement.

STAGE 2 - CONCEPT

The Concept Stage represents an opportunity for the development of different design concepts to satisfy the project requirements, as developed during Stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, timeframe and other information that may be required.

The Concept Report should as a minimum, provide the following information:

- a) Carry out Condition and suitability assessment reports and as-built drawings of all buildings (all disciplines). Document the initial design criteria, cost plan, design options and the selection of the preferred design option, or the methods and procedures required to maintain the condition of infrastructure for the project.
- b) Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and specialist advice.
- c) Provide an indicative schedule for documentation and construction or maintenance services, associated with the project.
- d) Include a site development plan, and other suitable schematic layouts of the architectural, civil, structural, electrical and mechanical works and bulk services.
- e) Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
- f) Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement of the Construction Regulations, issued in terms of the Occupational Health and Safety Act.
- g) Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent stages and identified health, safety and environmental risk.

STAGE 3 - DESIGN DEVELOPMENT

The Design Development Report shall as necessary:

- a) Develop in detail the approved concept to finalize the design and definition criteria.
- b) Establish the detailed form, character, function and costings.
- c) Define all components in terms of overall size, typical detail, performance and outline specification.
- d) Describe how infrastructure, elements, or components thereof are to function, how they are to be safely constructed, how they are to be maintained and how they are to be commissioned.
- e) Confirm that the project scope can be completed within the budget or propose a revision to the budget.
- f) Approved Site Development Plan from the Local Municipality Building Control Office.

STAGE 4 - DESIGN DOCUMENTATION

Design documentation provides the:

- a) production information that details, performance definition, specification, sizing and positioning of all systems and components that would enable construction;
- b) manufacture, fabrication and construction information for specific components of the work informed by the production information.
- c) Approved Municipal Building Plans.

STAGE 5 - WORKS

The following is required for completion of the Works Stage:

- a) Completion of the works is certified in accordance with the provisions of the contract; or
- b) The goods and associated services are certified as being delivered in accordance with the provisions of the contract.

- c) Occupation Certificate from the from the Local Municipality Building Control Office.

STAGE 6 – HANDOVER

The following activities shall be undertaken during the handover stage:

- a) Finalize and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;
- b) Hand over the works and record information to the user organization and where necessary, train end user staff in the operation of the works.

STAGE 7 - CLOSE OUT

The Close-Out Stage commences when the end user accepts liability for the works. It is complete when:

- a) Record information is archived;
- b) Defects certificates and certificates of completion are issued in terms of the contract;

2.12. Procurement Strategy

- a) The type of Infrastructure Improvements required for the various Scope Areas is complex and specialist in nature and the bulk of the professional services required involves technically complex work which calls for considerable innovation, creativity, expertise and/or skills.
- b) The SANS 294, Construction Procurement Processes, Procedures and Methods, states that a contract shall not be awarded to a tenderer who cannot demonstrate that he possesses the necessary professional and technical qualifications, professional and technical competence, financial resources, equipment and other physical facilities, managerial capability, reliability, experience and reputation, and the personnel, to perform the contract. The procurement of professional services should result in the award of a professional service contract based on demonstrated competence and qualifications for the type of services required, at fair and reasonable prices.
- c) To ensure that professional service contracts are awarded to firms which have both the capacity and capability to provide the quality of the service at a reasonable price and not necessarily to those that are the least costly, the procurement strategy, pricing strategy and contracting strategy adopted to achieve quality and value for money in the professional service appointments, have the following features and elements:
 - 1. A competitive bidding procedure has been adopted, whereby Built Environment Professional Service Providers who are eligible in terms of the pre-qualification criteria applicable to this bid are invited to submit bids.
 - 2. The full and unambiguous requirements in the scope of work required has been specified with clear quantities and timelines;
 - 3. Bids are invited from Consortiums consisting of multi-discipline Built Environment Professional Members with a nominated Consortium Leader responsible for the overall co-ordination of the professional services of all the Consortium Members.
 - 4. The objective of having a consortium is to allow for an association of two or more individuals, companies, or organisations with the objective of participating in a common activity, pooling their resources to achieve a common goal. Within the consortium, each participant retains their separate legal status and the consortium's

control over each participant is limited to activities involving the joint endeavour, particularly the division of profits. The consortium shall be formed by contract.

5. The nominated Consortium Leader shall be a professionally registered Architect with relevant experience in the planning, delivery and management of complex health facility projects. Proof of experience of the Consortium Leader / Architect shall include the submission of copies of Practical Completion Certificates of completed health facilities related projects to the combined value of R30 million (Thirty million Rand). This forms part of the Administrative Compliance / pre-qualification Stage 1 Evaluation Criteria.
6. Pricing Strategy: For the feasibility stages of the Infrastructure Improvement projects, the time-base proven cost Pricing Method has been adopted for the professional services required and once the feasibility and estimated cost have been established, a fixed Primary Fee and a Percentage Fee based on an estimated infrastructure improvement value per Built Environment Professional Discipline Pricing Method applies.
7. The minimum qualifications of persons required to perform specific functions have been specified and proof of professional registration forms part of the Administrative Compliance / pre-qualification Stage 1 Evaluation Criteria.
8. Bidders may not claim Professional Fees for resources that are not registered with the relevant Statutory bodies. Professional Resources, including candidate professional resources employed to render services related to this bid, must be professionally registered with the relevant statutory bodies and proof of Professional Registration shall be provided on the SBD 1 form if the service is offered on the SBD 3.3 Pricing Schedule.
9. In terms of the contracting strategy, the Professional Services Contract shall be a Term Contract with the following featuring elements:
 - i. Duration of the Term Contract is a minimum of 36 months or until all milestones have been achieved by the Service Providers under conditions as described in the Special Conditions of Contract (SCC).
 - ii. Fixed hourly rates for certain time-based services shall be based on a predetermined time period during which these services must be rendered;
 - iii. A fixed Primary Fee and a Percentage Fee based on an estimated infrastructure improvement value per Built Environment Professional Discipline can be charged once the feasibility and estimated Infrastructure Improvement Cost has been established.
 - iv. Special Conditions of Contract applies to this bid and services offered. The Special Conditions of Contract (SCC) supplements the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

2.13. Scope of Built Environment Professional Services required

The Scope of Discipline Specific Built Environment Professional Services required in this bid shall be delivered in accordance with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables, consisting in summary of the following as illustrated in *Table 1* here below:

Table 1 - Summary of PSP services required

Infrastructure Scope Areas	Infrastructure Scope Description	Discipline Specific Built Environment Professional Services required to deliver the FIDPM End of Stage Deliverables for the Infrastructure Scope Areas	Applicable Project life-cycle Stages for this specific Infrastructure Scope Area in terms of the Framework for Infrastructure Delivery and Procurement Management (FIDPM)
Infrastructure Scope Area 1	Infrastructure improvements, alterations and additions to existing buildings earmarked to accommodate Sub-acute & Chronic Clinical Ward Areas (1854 sqm), Clinical Support Areas (240sqm) and Patient Courtyards (300sqm) comprising 2394 sqm in total.	1. Consortium Lead Consultancy Services; 2. Architectural Services; 3. Quantity Surveying Services; 4. Civil Engineering Services; 5. Structural Engineering Services; 6. Electrical and Electronic Engineering Services; 7. Mechanical Engineering Services; 8. Principal Agent Services; 9. Construction Health & Safety Agent Services; 10. Professional Construction Project Management Services – External Stakeholder Engagement and Secondary Social Deliverables.	Concept Stage 2
			Design Development Stage 3
			Design Documentation Stage 4
			Works Stage 5
			Handover Stage 6
			Close-out Stage 7
Infrastructure Scope Area 2	Infrastructure improvements, Alterations & Additions to remainder of existing buildings comprising 2447 sqm in total and construction of a new high security fence.	1. Consortium Lead Consultancy Services; 2. Architectural Services; 3. Quantity Surveying Services; 4. Civil Engineering Services; 5. Structural Engineering Services; 6. Electrical and Electronic Engineering Services; 7. Mechanical Engineering Services; 8. Principal Agent Services; 9. Construction Health & Safety Agent Services; 10. Professional Construction Project Management Services – External Stakeholder	Concept Stage 2
			Design Development Stage 3
			Design Documentation Stage 4
			Works Stage 5
			Handover Stage 6
			Close-out Stage 7

		Engagement and Secondary Social Deliverables.	
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a) Consortium Lead Consultancy Services “Principal Consultant”;

- i. The Consortium Leader or “Principal Consultant” means the person or ENTERPRISE appointed by the Employer to manage and administer the services of all other consultants.
- ii. The Consortium Leader or “Principal Consultant” shall be a professionally registered Architect with relevant experience in the planning, delivery and management of health facility projects. Registration with the South African Council for the Architectural Profession (SACAP) (Architectural Profession Act of 2000 (Act No. 44 of 2000) is mandatory.
- iii. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council’s professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- iv. The “Principal Consultant” will also conduct, administer, and be responsible for minutes of “PCU” (Planning Commissioning Unit) meetings during all FIDPM stages of the proposed infrastructure scheme, with the Facility Manager and his/her core management team, as a minimum, once a month.

b) Architectural Services.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council’s professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The resources employed shall be registered with the South African Council for the Architectural Profession (SACAP) (Architectural Profession Act of 2000 (Act No. 44 of 2000));
- iii. Architectural Services include Condition & Suitability Assessments, preparation of as-built drawings, the planning and design of buildings for the use of people by the creative organization of materials and components with consideration to mass, space, form, volume, texture, structure, light, shadow, materials and the project brief;
- iv. Submit and obtain Municipal approval of a Site Development Plan and Building Plans with the aim of obtaining Occupation certificates for the various Scope Areas.
- v. As-built drawings, Condition & Functionality Assessment reports of all buildings in terms of the GIAMA guidelines
- vi. Preparing and presenting detailed Room data sheet drawings and illustrations for each room during the FIDPM Design Development Stage 3 & Design Documentation Stage 4.

c) Quantity Surveying Services.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council’s professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.

- ii. The resources employed shall be registered with the South African Council for the Quantity Surveying Profession (SACQSP) (Quantity Surveying Profession Act of 2000 (Act No. 49 of 2000)).
- iii. Quantity surveying (cost management) include the provision of expert, professional services and advice on construction procurement, contracting and costs.

d) Civil Engineering Services;

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The resources employed shall be registered with the Engineering Council of South Africa (ECSA) (Engineering Profession Act of 2000 (Act No. 46 of 2000))
- iii. Civil engineering Services include the planning and design of earthworks, dredging and geotechnical processes, transportation, water supply and treatment, drainage and sewerage systems and storm water control and;
- iv. Geotechnical engineering Services which include the evaluation of the geotechnical characteristics of a site and the provision of specialist advice on the behavior and engineering properties of on-site earth materials and the design of earthworks and foundations for structures.
- v. As-built drawings, Condition & Functionality Assessment reports of all buildings in terms of the GIAMA guidelines

e) Structural Engineering Services.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The resources employed shall be registered with the Engineering Council of South Africa (ECSA) (Engineering Profession Act of 2000 (Act No. 46 of 2000))
- iii. Structural engineering Services include the designing of the structures to withstand the loads that they are likely to be subjected to safely and without loss of function.
- iv. As-built drawings, Condition & Functionality Assessment reports of all buildings in terms of the GIAMA guidelines
- v. Roof truss inspections, designing new roof trusses and issuing of roof truss compliance certificates for existing trusses and new trusses.

f) Electrical and Electronic Engineering Services.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The resources employed shall be registered with the Engineering Council of South Africa (ECSA) (Engineering Profession Act of 2000 (Act No. 46 of 2000))
- iii. Electrical and Electronic Engineering Services include the planning and design of systems for generating, transmitting, distributing and utilizing electrical energy.
- iv. Electronic Engineering Services include services related to the provision of electronic systems and detailing the terminations, signals and interconnections of electronic components as distinct from conventional electrical HV, MV and LV systems and related reticulation – including but not limited to access control, nurse call systems, fire detection and alarm systems, CCTV, BMS and ICT.

- v. As-built drawings, Condition & Functionality Assessment reports of all buildings in terms of the GIAMA guidelines
- vi. Preparing and presenting detailed Room data sheet drawings and illustrations for each room during the FIDPM Design Development Stage 3 & Design Documentation Stage 4.

g) Mechanical Engineering Services.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The resources employed shall be registered with the Engineering Council of South Africa (ECSA) (Engineering Profession Act of 2000 (Act No. 46 of 2000))
- iii. Mechanical engineering Services include the planning and design of plant and systems for lifting, hoisting and materials handling, turbines, pumps and fluid power, heating, cooling, and ventilating and air-conditioning and;
- iv. Fire engineering which includes the planning and designing of fire protection system to protect people and their environments from the destructive effects of fire and smoke.
- v. As-built drawings, Condition & Functionality Assessment reports of all buildings in terms of the GIAMA guidelines.
- vi. Preparing and presenting detailed Room data sheet drawings and illustrations for each room during the FIDPM Design Development Stage 3 & Design Documentation Stage 4.

h) Principal Agent Services.

- i. The role and functions of the principal agent shall be as described in the JBCC principal agreement.
- ii. Principal Agent means the person appointed to fulfil the obligations of the agreed form of contract during FIDPM Stages 5, 6 & 7.
- iii. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.

i) Construction Health & Safety Agent Services;

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The Construction Health and Safety Agent shall be registered with the South African Council for the Project and Construction Management Professions (SACPCMP) (Project and Construction Management Profession Act of 2000 (Act No. 48 of 2000)) as a Professional Construction Health & Safety Agent (PrCHSA) to perform the required functions.
- iii. The PrCHSA will on behalf of the client apply to the provincial director in writing at least 30 days before construction work is carried out where applicable (Depending on the contract value and the duration of the project) for a construction work permit to perform construction work.
- iv. The Construction Health and Safety Agent will manage health and safety on a construction project for the client to prevent and limit project risks.

j) Professional Construction Project Management Services – External Stakeholder Engagement and Secondary Social Deliverables.

- i. The Scope of the Professional Services required under this discipline shall be in alignment with the relevant Statutory Council's professional services guidelines and code of conduct to achieve the (FIDPM) deliverables.
- ii. The delivery of construction projects involves the manufacturing of a product on a site. The desire and expectations of the surrounding communities to become involved in and gain economically from projects in their area are genuine and cannot be dismissed and must be met. Local communities expect and demand participation in projects given that there are opportunities for numbers of skilled and semi-skilled persons on a site.
- iii. The SACPCMP Professional responsible for External Stakeholder Engagement and Secondary Social Deliverables management, shall under the guidance of the Consortium Lead Consultant and in liaison with all the other Consortium members:
 - a. Deal with the demands of local communities and business forums through early and regular engagements and;
 - b. Deal with the risks posed by not accommodating the demands;
 - c. Depending upon the nature of the works, identify SMME subcontracting opportunities and requirements for several trades and local materials and facilitate, conduct and manage engagements with the stakeholders.
- iv. For this programme to be successful and sustainable, the social facilitator must perform strategic and technical support in line with the expected deliverables of the programme:
 - a. To develop a social facilitation Implementing Plan.
 - b. To facilitate stakeholder engagement both at management and stakeholder level
 - c. To provide inputs to the Risk Management Plan
 - d. To develop and manage the Communication Plan
 - e. To provide input into the Monitoring and Reporting tool for the projects (with reference to employment, training and SMME development reports)
 - f. To develop and apply conflict resolution mechanisms
 - g. To craft and implement interventions and mitigation strategies
- v. Furthermore, Social facilitators deal with the day-to-day operations of the project such as:
 - a. Environmental scanning;
 - b. Identification of existing stakeholders and their role thereof;
 - c. Setting up the local governing structures, provide capacitation and ensure sign-off of the Development Charters;
 - d. Ensure smooth decanting and beneficiation processes;
 - e. Manage and monitor risk;
 - f. Manage conflict resolution between the communities and site agents.
 - g. Formulate co-ordination of the strategies and the implementation of the systems of regular reporting to the relevant structures such as PSP Team, PSC Committee, the DEPARTMENT OF HEALTH, including local structures linked to the projects such as Building Steering Committees for Health programme and other stakeholders in accordance with relevant protocols;
 - h. Create an enabling environment for the implementation of the programme, through the promotion of partnerships between the Health Districts, community structures, and the DEPARTMENT OF HEALTH & DPW & I.

- i. Prepare documentation for proper handover of the projects once completed (report);
- vi. Ensure that all relevant legislation is complied with during project implementation;
- vii. Project Outputs/Deliverables;
 - a. Inception Report: The report shall cover an overall project plan (inclusive of a project schedule) with intermediate and final outputs, proposed methodology and identified timeframes/milestones.
 - b. Stakeholder mapping report: The report shall indicate all stakeholders that are relevant to the projects include, their interests, influence,
 - c. Evidence of stakeholder consultation and community mobilization: The minutes of all meetings held with the relevant stakeholders, including a summary of community mobilization meeting outcomes, shall be provided. In addition, practical information with clear step-by-step guidelines for field facilitators (inclusive of local community members) engaging with the community shall also be provided.
 - d. Evidence of community awareness raising: Report on all community awareness raising activities shall be provided.
 - e. Evidence of Project Steering Committee establishment: The Terms of Reference for each project Steering Committee shall be provided in a format to be agreed to with DEPARTMENT OF HEALTH. Project Steering Committee Skills Audit Report: A report outlining the skills set of members of the Project Steering Committee shall be provided.
 - f. Project Steering Committee Members' Capacitation Report: A report regarding the training of Project Steering Committee on their roles and responsibilities, procedural terms for meetings and conflict resolution shall be provided.
 - g. Final Report: An overall Social Facilitation report shall be submitted to, and accepted by the DEPARTMENT OF HEALTH & DPW & I.
 - h. Monthly EPWP Reporting
 - i. CLO duties and responsibilities

2.14. Sequence of Implementation of the Infrastructure Scope areas, 1 & 2

The Infrastructure Scope areas, 1 & 2 can be improved in chronological order, one Infrastructure area after but not necessarily in the order as described, as the sequence of implementation shall be decided by the Employer on confirmation of the feasibility outcomes of the FIDPM Stages 2 & 3 and confirmation of budget.

2.15. Professional Services delivery sequence, duration and pricing method

The Professional Services delivery sequence, duration and pricing method in relation to the various Infrastructure Scope Areas shall be in accordance with *Tables 2 & 3* here below.

The Concept Stage 2 and Design Development Stage 3 PSP deliverables for all disciplines in relation to the different Infrastructure Scope areas, 1 & 2 shall be rendered simultaneously as depicted in *Table 3* here below. This is required to determine the overall feasibility of the proposed Infrastructure interventions.

Table 2 – Concept Stage 2 & Design Development Stage 3 – Sequence of delivery of PSP Services & Pricing Method

FIDPM Project life-cycle Stages	Infrastructure Scope Areas	Sequence of Delivery of PSP Services in relation to the Infrastructure Scope Areas	Duration (weeks)	Pricing Method (All Disciplines)
Concept Stage 2	Infrastructure Scope Area 1 (2394 m ²)	Simultaneous	6	Time based fee
	Infrastructure Scope Area 2 (2447 m ²)			
Design Development Stage 3	Infrastructure Scope Area 1 (2394 m ²)	Simultaneous	8	Time based fee
	Infrastructure Scope Area 2 (2447 m ²)			

The Infrastructure Scope areas, 1 & 2 shall be improved in chronological order, one Infrastructure area after the other but the sequence of implementation shall finally be decided by the Employer on confirmation of the feasibility outcomes of the FIDPM Stages 2 & 3 and confirmation of budget.

The Design Documentation Stage 4, Works Stage 5, Handover Stage 6 and Close-out Stage 7 PSP deliverables shall then be rendered in alignment with the order of implementation as instructed by the Employer and, preliminary depicted in *Table 3* here below:

Table 3 – Design Documentation Stage 4, Works Stage 5, Handover Stage 6 and Close-out Stage 7 - Sequence of delivery of PSP Services & Pricing Method

FIDPM Project life-cycle Stages	Infrastructure Scope Areas	Estimated Infrastructure Improvement value	Sequence of Delivery of Services in relation to the Infrastructure Scope Areas	Duration (weeks)	Pricing Method (For all disciplines except SACPCMP Services)
Design Documentation Stage 4	Infrastructure Scope Area 1 (2394 m ²)	R 19 502 000.00	Chronological order	8	Fixed & % Based fee
Works Stage 5	Infrastructure Scope Area 1 (2394 m ²)	R 19 502 000.00	Chronological order	52	Fixed & % Based fee
Handover Stage 6	Infrastructure Scope Area 1 (2394 m ²)	R 19 502 000.00	Chronological order	8	Fixed & % Based fee
Close-out Stage 7	Infrastructure Scope Area 1 (2394 m ²)	R 19 502 000.00	Chronological order	24	Fixed & % Based fee
Design Documentation Stage 4	Infrastructure Scope Area 2 (2447 m ²)	R 11 940013.30	Chronological order	8	Fixed & % Based fee
Works Stage 5	Infrastructure Scope Area 2 (2447 m ²)	R 11 940013.30	Chronological order	52	Fixed & % Based fee
Handover Stage 6	Infrastructure Scope Area 2 (2447 m ²)	R 11 940013.30	Chronological order	8	Fixed & % Based fee
Close-out Stage 7	Infrastructure Scope Area 2 (2447 m ²)	R 11 940013.30	Chronological order	24	Fixed & % Based fee

The Professional Service Provider will be appointed for the duration of the 2 Infrastructure Scope area projects, which incorporates any necessary project related extensions. Service Providers are to note that once appointed, they will be expected to commence the work at possibly very short notices. This is due to the urgent nature of the projects. Failure to adhere to this may result in the service provider being removed from the project.

2.16. Pricing of Professional Fees and Disbursements

The pricing of the Professional Fees and disbursements shall be done in accordance with the Pricing Schedule SBD 3.3. The Pricing Schedule consist of 3 Parts as follows:

Part 1 - Time Based Fees.

1. Time-Based proven cost Pricing as prescribed, is applicable to all disciplines:
 - a. For FIDPM Concept Stage 2 & Design Development Stage 3;
 - b. For the Construction Health & Safety Agent Professional Services & Construction Project Management Services required for external Stakeholder Engagement & Secondary Social Deliverables during FIDPM Stages 2 to 7;
 - c. To have a basis for paying any additional Professional Services that may be required for reasons provided for in the Special Conditions of Contract (SCC).
2. The bidders shall indicate the quantity of the various categories of resources offered to perform the Services and if offered and priced, provide proof of Professional Registration on the SBD 1 form. This requirement forms part of the Special Conditions of Contract (SCC) and applicable bid responsiveness evaluation criteria.
3. The number of Hours offered and distributed across the categories of professional service shall add up and be equal to hours where prescribed by the Employer per discipline.
4. The Charge Rate / Hour offered shall include cost of the professionals employed to render the services, overheads, mark-up and profit.
5. Fee payment claims shall be on a proven cost basis with portfolio of evidence of meeting and site attendance registers, travelling log sheets and copies of deliverables etc.

Part 2 – Fixed Primary Fee and Percentage Based Fees

1. Bidders are required to offer a fixed Primary Fee and a Percentage Fee based on an estimated infrastructure improvement value per Built Environment Discipline during FIDPM Stages 4-7 on all Scope areas. (excluding Construction Health & Safety Agent Professional Services & Construction Project Management Services required for external Stakeholder Engagement & Secondary Social Deliverables).
2. The fees offered shall cover cost of the professionals employed to render the services, overheads, mark-up and profit.
3. Fee payment claims shall be on a proven cost basis with portfolio of evidence of meeting and site attendance registers, travelling log sheets and copies of deliverables etc.

Part 3 – Disbursements: Reimbursable Expenses:

1. Vehicle Travelling Costs.

On the Pricing schedule, the following is to be noted:

- a. Bidders shall indicate the distance (return trip) from the various discipline specific PSP Office locations (As per SBD1) to various destinations as prescribed.
- b. Bidders shall indicate the Maximum Vehicle Engine Size to be used by the various discipline specific PSP's.
- c. Bidders shall indicate the Charge Rate per Km (As per Department of Transport published tariffs at the time of closing of bid).
- d. The Employer pre-determined and prescribed the number of trips for this bid in order to have a set basis to compare the bids.
- e. Reimbursement of these costs shall be on a proven cost basis with portfolio of evidence, meeting and site attendance registers, travelling log sheets and copies of deliverables etc. in support of claims.

2. Time Travelling Costs.

On the Pricing schedule, the following is to be noted:

- a. Bidders shall indicate the quantity of the various categories of resources who will be travelling. In certain instances, the Employer pre-determined and prescribed the category and number of PSP's for this bid in order to have a set basis to compare the bids.
- b. Bidders shall indicate the distance (return trip) from the various discipline specific PSP Office locations (As per SBD1) to various destinations as prescribed.
- c. Bidders shall indicate the Travel Time, the No. of Hours (return trip).
- d. Bidders shall indicate the Charge Rate per Hour offered. The Charge Rate shall be fixed.
- e. The Employer pre-determined and prescribed the number of trips for this bid for certain categories of PSP in order to have a set basis to compare the bids.
- f. Reimbursement of these costs shall be on a proven cost basis with portfolio of evidence, meeting and site attendance registers, travelling log sheets and copies of deliverables etc. in support of claims.

Part 4 – Provisional Sums

1. Special Studies and Investigation Costs.

Reimbursement of these items shall be on a proven cost basis and estimated Provisional Sums have been allowed for in the Pricing Schedule in order to have a set basis to compare the bids for:

- a. Geotechnical Investigations including laboratory tests;
- b. Topographical Technical Survey.
- c. Tests for traces of asbestos.

2. Typing, duplicating Costs.

- a. Reimbursement of these costs shall be in accordance with the Public Works & Infrastructure Reimbursable tariffs applicable. An estimated Provisional Sum has been allowed for in the Pricing Schedule in order to have a set basis to compare the bids.
- b. The costs of typing, printing and duplicating work in connection with the documentation which must be done shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as adjusted from time to time and referred to below, is obtainable on the

Website: <http://www.publicworks.gov.za/> under “Documents”; “Service providers Guidelines”; item 1.

- c. If the Service Provider cannot undertake the work himself, he/she may have it done by another service provider which specialises in this type of work and he/she shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him/her confirming that the tariff is the most economical for the locality concerned.
- d. 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, 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.
- e. The typing of correspondence, appendices and covering letters are deemed to be included in the fees.

3. EVALUATION CRITERIA

The bid shall be evaluated as follows:

Stage 1: Administrative Compliance / pre-qualification

Stage 2: Price and B-BBEE Points

Stage 3: In Loco Inspection of all Consortium Members

3.1. Stage 1: Administrative Compliance / pre-qualification

- a. The purpose of the Administrative Compliance / pre-qualification is to determine which bid responses are compliant and non-compliant with the bid conditions issued by the Health Department as part of the bidding process.
- b. The Health Department has defined minimum pre-qualification criteria that must be met by the Bidder for the Health Department to accept a bid for evaluation. In this regard a pre-qualification verification will be carried out by the Health Department in order to determine whether a bid complies.
- c. Where the Bidder's bid fails to comply fully with any of the pre-qualification criteria, or the Health Department is for any reason unable to verify whether the pre-qualification criteria are fully complied with, the Health Department shall have the right to either:
 - i. Reject the Bid in question and not to evaluate it at all;
 - ii. Give the Bidder an opportunity to submit/or supplement the information and/or documentation provided, so as to achieve full compliance with the pre-qualification criteria, provided that such information and/or documentation can be provided within a period of 7 (seven) days, or such alternative period as the Health Department may determine, of it being requested by the Health Department and is administrative in nature, as opposed to forming a material part of the Bidder's Bid;
 - iii. In any event permit the Bid to be evaluated, subject to the outstanding information and/or documentation being submitted prior to the award of the Bid.

3.2. Evaluation Criteria for Stage 1: Administrative Compliance / pre-qualification

The following criteria shall apply:

- a. The bid documentation must be completed comprehensively and correctly.
- b. Declaration forms (SBD) must be signed.
- c. All Mandatory Returnable Schedules and information required therein to be completed in full and submitted.
- d. Bidders shall be Consortia with a Consortium Agreement and the name of the Consortium shall be the nominated Consortium Lead ENTERPRISE.
- e. Bids will only be considered from Consortia where Individual Members of the Consortium are registered Built Environment Professional Service Providers who are eligible to take part in terms of the pre-qualification criteria applicable.
- f. The nominated Consortium Leader shall be a professionally registered Architect with relevant experience in the planning, delivery and management of complex health facility projects. Proof of experience of the Consortium Leader / Architect shall include the submission of copies of Practical Completion Certificates of completed projects to the combined value of R30 million (Thirty million Rand). The value of the projects shall be indicated on the Practical Completion Certificates for ease of reference and verification and certified by a Commissioner of Oath.
- g. Bidders may not offer claim Professional Fees and or disbursements for resources that are not registered with the relevant Statutory bodies. Professional Resources, including candidate professional resources employed to render services related to this bid, must be professionally registered with the relevant statutory bodies and proof of Professional Registration shall be provided on the SBD 1 form and Mandatory returnable schedules, if the service is offered on the SBD 3.3 Pricing Schedule.
- h. All Parts, Items and sub-items listed in the Pricing Schedule SBD 3.3 must be completed in full. In the event where the bidder elects not to offer a resource, rate fee or disbursements, the items or sub-items shall not be left blank but populated to indicate the value of NIL (0).
- i. All Consortium Members must be CSD compliant. CSD registration numbers must be provided on the SBD 1 form for all Consortium Members and proof of registration to be provided in the Mandatory returnable schedules.
- j. Only Bidders who complied with the Stage 1 Evaluation criteria may proceed to the Evaluation Stage 2.

3.3. Stage 2: Evaluation in terms of Price and B-BBEE Preference Point System

Step 1: Calculation of points for price

1. The PPPFA prescribes that the lowest acceptable bid will score 80 points for price. Bidders that quoted higher prices will score lower points for price on a pro-rata basis.
2. In terms of regulation 6 of the Preferential Procurement Regulations pertaining to the Preferential Procurement Policy Framework Act, 2011 (act 5 of 2011), and the Preferential Procurement Regulations 2017 as amended, responsive bids shall be adjudicated on the 80/20 preference point system in terms of which points awarded to bidders for price is calculated as follow:

$$P_s = 80 \left(1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where:

P_s: Points scored for comparative price of bid under consideration

P_t: Comparative price of bid under consideration

P_{min}: Comparative price of lowest acceptable bid

Step 2: Calculation of points for B-BBEE status level of contributor

- Preference points will be allocated according to the following *table:

B-BBEE 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

* PPPFA Regulations 2017 – Reg. 5(2) and Reg.6 (2).

- Bidders are required to complete the preference claim form (SBD 6.1) and submit their original and valid B-BBEE status level verification certificate or a certified copy thereof or sworn affidavit in case of a Consortium, EMEs and QSEs at the closing date and time of the bid in order to claim the B-BBEE status level points.
- Only bidders who have completed and signed the declaration part of the preference claim form and who have submitted a B-BBEE status level certificate issued by a SANAS accredited verification agency will be considered for preference points.
- Failure on the part of the bidder to comply with above paragraphs will be deemed that preference points for B-BBEE status level of contribution are not claimed and will therefore be allocated a zero (0).
- The Department of Health may, before the bid is adjudicated or at any time, require a bidder to substantiate claims it has made regarding preference.

Step 3: Calculation of total points scored for price and B-BBEE status level of contributor

- The points scored for price must be added to the points scored for B-BBEE status level of contributor to obtain the bidder's total points scored out of 100.
- The points scored will be rounded off to the nearest 2 decimals.

3. The Bidder who scored the highest number of points out of a 100 (hundred), may proceed to the next Evaluation Stage 3.
4. In the event where the Bidder who scored the highest number of points has failed to comply with the Due Diligence In-Loco Inspection evaluation criteria, the Health Department may consider the Bidder who scored the 2nd highest points, to proceed to the next Evaluation Stage 3.

3.4. Stage 3: Due Diligence In-Loco Inspection of all Consortium Members

1. As part of its due diligence obligations, the Department of Health shall do an In-Loco inspection of the offices of all Consortium Members to verify the following details:
 - a. The existence of the business ENTERPRISE as declared on the SBD1 form.
 - b. The existence of the professional resources as declared on the SBD1 and SBD 3.3 forms.
2. In the event where the In-Loco Inspections find inconsistencies and or misrepresentation in terms of what has been declared on the SBD 1 and SBD 3.3 forms, the Bidder will be notified of such inconsistencies and or misrepresentations in writing and allowed 7 (seven) days to rectify such.
3. The Bidder who complies with the Due Diligence In-Loco Inspection evaluation criteria, may then be considered for recommendation for award.
4. In the event where the Bidder has failed to rectify the inconsistencies and or misrepresentations within the 7 (seven) day period, the Health Department shall consider the Bidder who scored the 2nd highest points to proceed to the Evaluation Stage 3.

4. CHECKLIST OF MANDATORY RETURNABLE DOCUMENTS

Schedule List	Description	YES	NO
Schedule A	SBD 1 - Invitation to Bid		
Schedule B	SBD 3.3 - Pricing Schedule		
Schedule C	SBD 4 - Declaration of Interest		
Schedule D	SBD 6.1 - Preference Points Claim		
Schedule E	SBD 8 - Declaration of Bidder's past Supply Chain Management practices		
Schedule F	SBD 9 - Certificate of Independent Bid Determination		
Schedule G	Signed Consortium Agreement		
Schedule H	Proof of CSD Registration of All Consortium Members		
Schedule I	B-BBEE Status Level Verification Certificate (Combined for the Consortium)		

Schedule J	Copy of letter of Good Standing with Compensation for Occupational and Injuries Disease Act (COIDA/FEM) REGISTRATION CERTIFICATE		
Schedule K	Proof of Professional Indemnity Insurance Documents		
Schedule L	Proof of Experience of the Consortium Leader / Principal Consultant - Copies of Practical Completion Certificates (Total Value of R30m)		
Schedule M	Proof of Professional Registration of all Professional and Candidate Professional Resources offered to render services and incur disbursements as per the SBD 1 and SBD 3.3 Pricing Schedule.		
Schedule N	Confirmation of Receipt of Addenda to Bid Documents		
Schedule O	Form of Offer and Acceptance		

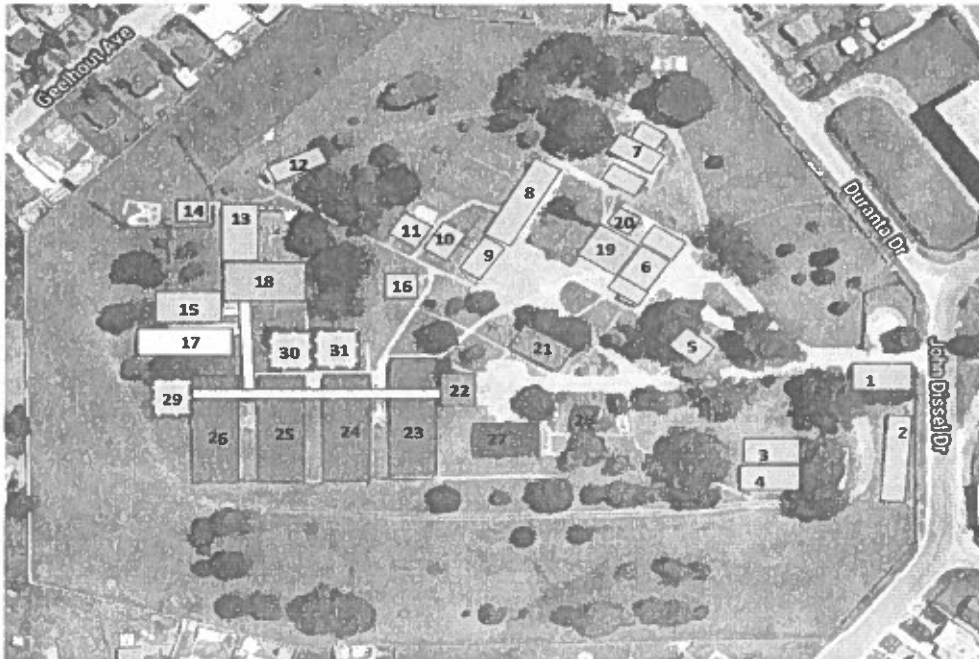
5. THE CONTRACT

1. The Contract consist of the following:
 - a. General Conditions of Contract (GCC) - Annexure B.
 - b. Special Conditions of Contract (SCC) – Annexure C
 - c. Form of Offer and Acceptance– Schedule O
 - d. Contract Data – Annexure E
 - e. All other relevant returnable Schedules A – O

6. ANNEXURES & RETURNABLE SCHEDULES

ANNEXURE A – INDICATIVE MASTERPLAN & TYPICAL WARD LAYOUT

MASTERPLAN - ORSMOND HOSPITAL PROPOSED USE OF EXISTING BUILDINGS



LEGEND



NON CLINICAL SUPPORT AREAS

1. Existing Gate House - no change in use or infrastructure
2. Covered parking area - no change in use or infrastructure
3. Technical Stores - no change in use or infrastructure
4. Technical Stores - no change in use or infrastructure
5. Residence - no change in use or infrastructure
6. Kitchen - no change in use or infrastructure
7. Maintenance - no change in use or infrastructure
8. Laundry - no change in use or infrastructure
9. PPE Stores - no change in use or infrastructure
10. Meeting Rooms & offices - no change in use or infrastructure
11. Medical Waste - no change in use or infrastructure
12. Store room - no change in use or infrastructure
13. Store room - this part of the building was previously used as a ward, but can be continued to be used for storage - structural assessment is required.
14. Store room - no change in use or infrastructure
15. Store room - this part of the building was previously used as Clinical Areas, but is recommended for use as storage - structural assessment is required.
16. Meeting Rooms & offices - no change in use or infrastructure



BUILDINGS TO BE DEMOLISHED

17. Existing building to be demolished due to



CLINICIAN & STAFF AREAS

18. Clinician Meeting & training rooms - minor improvements required to infrastructure
19. Covered parking area - no change in use or infrastructure
20. Staff Dining Area



CLINICAL SUPPORT AREAS

21. PHARMACY - Major Infrastructure improvements required to convert existing building
22. Admission area - minor improvements required



CLINICAL AREAS

23. Male Sub-Acute Psychiatric Ward - Major Internal Improvements required to convert the existing ward block
24. Male Chronic Psychiatric Ward - Major Internal Improvements required to convert the existing ward block
25. Female Sub-Acute Psychiatric Ward - Major Internal Improvements required to convert the existing ward block
26. Female Chronic Psychiatric Ward - Major Internal Improvements required to convert the existing ward block



ADMIN & FINANCE SUPPORT AREAS

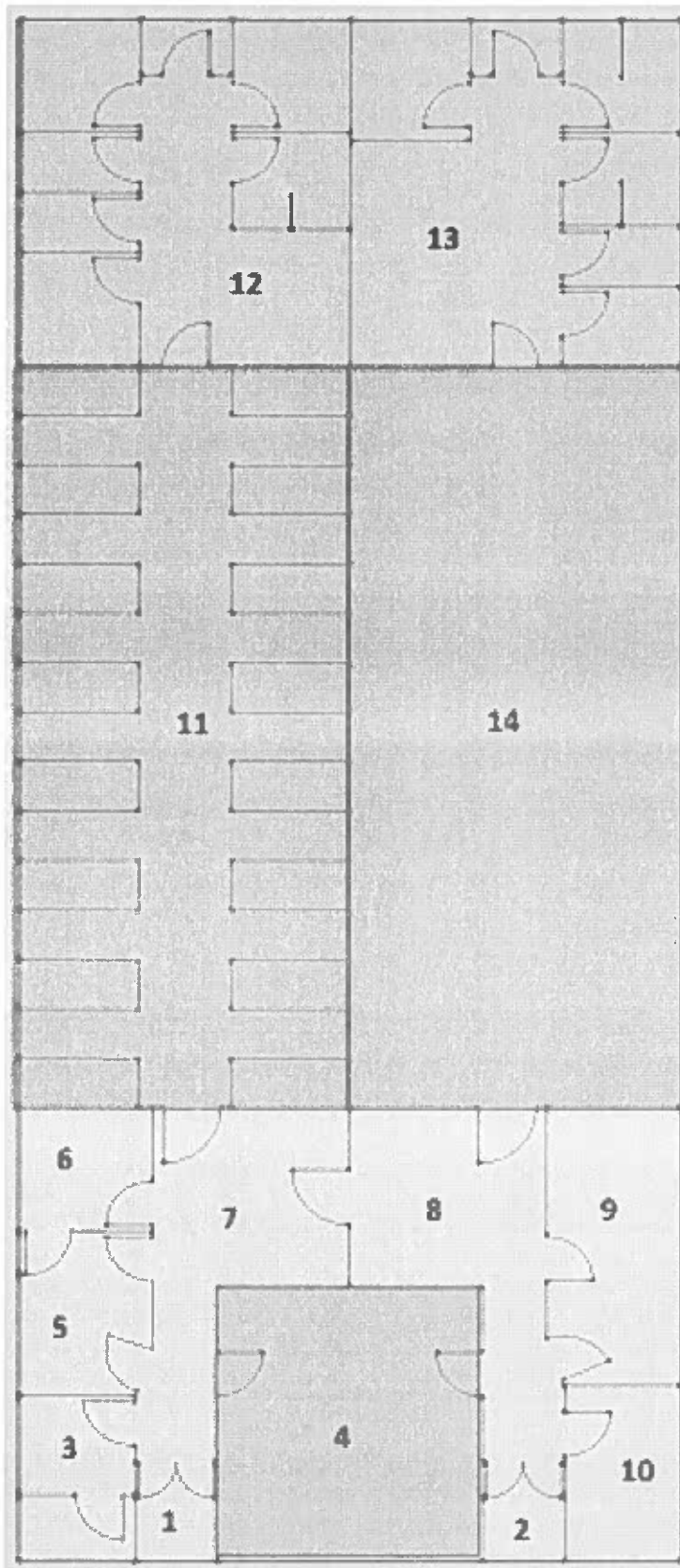
27. Admin Building - no change in use or infrastructure
28. Admin Building - Existing pre-fab converted into offices - minor Infrastructure improvements



PATIENT COURTYARDS

29. Female Sub-Acute Courtyard - Construction of a new courtyard
30. Male Chronic Courtyard - Construction of a new courtyard
31. Male Sub-Acute Courtyard - Construction of a new courtyard

TYPICAL WARD LAYOUT



LEGEND

1. Entrance to Ward
2. Entrance to Recreation Dining Area
3. Staff Toilet
4. Duty Room
5. Consulting Cubicle No.1
6. Consulting Cubicle No.2
7. Transition Space to Ward
8. Transition Space to Recreation / Dining Area
9. DMT Room
10. Staff Kitchen
11. Ward Sleep Area
12. En-suite Ablutions
13. Day-time Ablutions
14. Recreation / Dining Area

ANNEXURE B – (GCC) GENERAL CONDITIONS OF CONTRACT

THE NATIONAL TREASURY

Republic of South Africa



GOVERNMENT PROCUREMENT: GENERAL CONDITIONS OF CONTRACT

July 2010

GOVERNMENT PROCUREMENT
GENERAL CONDITIONS OF CONTRACT
July 2010

NOTES

The purpose of this document is to:

- (i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and
- (ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

TABLE OF CLAUSES

1. Definitions
2. Application
3. General
4. Standards
5. Use of contract documents and information; inspection
6. Patent rights
7. Performance security
8. Inspections, tests and analysis
9. Packing
10. Delivery and documents
11. Insurance
12. Transportation
13. Incidental services
14. Spare parts
15. Warranty
16. Payment
17. Prices
18. Contract amendments
19. Assignment
20. Subcontracts
21. Delays in the supplier's performance
22. Penalties
23. Termination for default
24. Dumping and countervailing duties
25. Force Majeure
26. Termination for insolvency
27. Settlement of disputes
28. Limitation of liability
29. Governing language
30. Applicable law
31. Notices
32. Taxes and duties
33. National Industrial Participation Programme (NIPP)
34. Prohibition of restrictive practices

General Conditions of Contract

1. Definitions

1. The following terms shall be interpreted as indicated:
 - 1.1 "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.
 - 1.2 "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
 - 1.3 "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
 - 1.4 "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.
 - 1.5 "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
 - 1.6 "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
 - 1.7 "Day" means calendar day.
 - 1.8 "Delivery" means delivery in compliance of the conditions of the contract or order.
 - 1.9 "Delivery ex stock" means immediate delivery directly from stock actually on hand.
 - 1.10 "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.
 - 1.11 "Dumping" occurs when a private enterprise abroad markets its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the

RSA.

- 1.12 "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 1.13 "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 1.14 "GCC" means the General Conditions of Contract.
- 1.15 "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 1.16 "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.
- 1.17 "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.
- 1.18 "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 1.19 "Order" means an official written order issued for the supply of goods or works or the rendering of a service.
- 1.20 "Project site," where applicable, means the place indicated in bidding documents.
- 1.21 "Purchaser" means the organization purchasing the goods.
- 1.22 "Republic" means the Republic of South Africa.
- 1.23 "SCC" means the Special Conditions of Contract.
- 1.24 "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such