



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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REQUEST FOR THE SUBMISSION OF QUOTATIONS (RFQ)

1. INVITATION TO QUOTE

The National Department of Health (NDoH) hereby invites Service providers to estimate Healthcare Expenditures at Public and Private Healthcare providers in South Africa for the period 2023/24 and 2024/25.

2. RFQ DETAILS

Description	REQUEST FOR QUOTATION FOR A SERVICE PROVIDER TO ESTIMATE HEALTHCARE EXPENDITURES AT PUBLIC AND PRIVATE HEALTHCARE PROVIDERS IN SOUTH AFRICA FOR THE PERIOD 2023/24 AND 2024/25
Reference Number	DOH 345-2026/2027
Issue Date	31 AUGUST 2026
Compulsory Briefing Session Date and Time	07 SEPTEMBER 2026 @ 11:00AM (Teams Meeting) https://teams.microsoft.com/meet/394802943694289?p=Z3pi2ZPFflo1EcJhLN
Closing Date	22 SEPTEMBER 2026
Closing Time	11:00AM
Contact Person	Email: purchasing@health.gov.za

**DOH 345-2026/2027 REQUEST FOR QUOTATION FOR A SERVICE PROVIDER TO
ESTIMATE HEALTHCARE EXPENDITURES AT PUBLIC AND PRIVATE
HEALTHCARE PROVIDERS IN SOUTH AFRICA FOR THE PERIOD 2023/24 AND
2024/25**

21 AUGUST 2026 (SPECIFICATIONS DATE)

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1. INTRODUCTION

National Health Accounts (NHA) provides a systemic description of financial flows related to consumption and production of health care goods and services within the health system of a country. The South African health care system is a mixture of a government or publicly funded and market modified system, consisting of a tax-funded health system for the majority, and medical schemes cover (17 percent, 8.3 million beneficiaries) as well as partial cover from other related health insurance products for a relatively small proportion of the population. According to latest NHA estimates for South Africa, the Total Health Expenditure for 2020/21 was estimated at R 514, 850 billion which is 9.17% of GDP. 4.05% of GDP was private health expenditure.

The private sector consists of for-profit providers, such as health care professionals, health care institutions and medical aid administrators, who are funded either by non-profit medical schemes, health insurance policies or out-of-pocket expenditure by households.

The System of Health Accounts (SHA) framework is an internationally accepted methodology for summarizing, describing and analysing the financing of health systems. SHA 2011 framework includes public, private, household and donor expenditures. It links all four functions of a health system to the three axes of health accounts, namely, consumption, provision and financing.

The NHA was formally institutionalized in SA in August 2014 and the first NHA estimates for SA (2013/14) were published in March 2018. The second NHA estimates covering the years 2014/15; 2015/16 and 2016/17 were published on the 15 August 2021. The National Department of Health (NDoH) requests technical assistance during the implementation of NHA Revised Round 3 (2023/24 to 2024/25):

of developing a methodology to calculate age, gender and disease profile, as well as health care functions in the public sector aligned to the BAS expenditures using available data sources including the National Department of Health (NDoH) methodology developed for community health clinics and primary health care clinics during Round 1

mapping the information of expenditure of medical schemes as captured by the Council for Medical Schemes' Annual Statutory Returns (2023 - 2025) to internationally defined codes of the SHA 2011 in close collaboration with NDoH as well as mapping out-of-pocket payments cost sharing with medical schemes (OOPs) into all relevant dimensions of NHA in South Africa.

of mapping and triangulating data sources on out-of-pocket expenditures and calculating donor funding on health in South Africa to the codes of the System of Health Accounts 2011 in close collaboration with NDoH and WHO.

The international classification of System of Health Accounts 2011 is available online – <http://www.who.int/health-accounts/methodology/en/>

And the Broadreach Approach summary presentation is available at <http://www.who.int/health-accounts/methodology/en/>

2. SPECIFICATIONS / SCOPE OF WORK

2.1 Aims and objectives

Government data

- 2.1.1 The work will consist of developing a methodology to calculate age, gender, disease and health care functions for public hospitals, clinics and other public healthcare providers in 2023/24 & 2024/25.
- 2.1.2 The methodology to be aligned to the public health expenditures as they are reported in the National Treasury's Vulindlela CVS files using available data such a DHIS, and other data sources.
- 2.1.3 Review of literature on NHA expenditure by disease, age and gender including the Broad reach methodology developed for community health and primary health care clinics during Round 1.
- 2.1.4 Engage a data management expert to improve data preparation, data mapping and processing into the HAPT for 2023/24-2024/25. Including automation of the above within the excel software or other affordable software.

2.1.5 The objectives are to perform the following tasks in consultation with the NDoH and WHO Country office:

- a) Present initial methodology to calculate beneficiary dimensions and methodology to improve data preparation and possible automation to the NDoH,
- b) Identify available data sources in public health,
- c) Agree on final methodology, which may include data collection, data collation and research results, and
- d) Finalise a project plan with the NDoH and implement such plan according to the SLA.

2.1.6 Implement the final methodology designed above to create a mapping table to the lowest possible level of disaggregation to SHA 2011 into the following dimensions:

- e) Sub-National Level - SNL
- f) Health care providers – HP including splits applied to medical depots, etc
- g) Health care functions – HC
- h) Disease groups - DIS
- i) Age groups - AGE
- j) Gender - GEN

2.1.7 Prepare documentation of the estimation and the methodology for updating the estimates

2.1.8 Prepare distinct import tables and background work i.e. all underlying metadata,

2.1.9 Review data gaps and propose what other data needs to be collected.

Voluntary Health Insurance

2.1.10 Update and map medical schemes expenditures and gap cover on health at the lowest possible level of disaggregation to SHA 2011 from the relevant data template and other granular data into the following classification (where possible):

- a) Sub National level –by province and district (SNL),

- b) Current and investment expenditures (HK),
- c) Institutional units (FS.RI), sources financing schemes, agents and schemes – FS, FA and HF (including linkage of expenditures in the beneficiary data),
- d) health care providers –HP,
- e) age groups, gender and disease groups (AGE/GEN/DIS),
- f) health care functions –HC,
- g) factors of health care provision – FP, and
- h) Risk

2.1.11 Investigate areas of improvement from the NHA Round 2 report, especially in the areas of investments, factors of provision and sources of revenues of medical schemes.

2.1.12 Where needed create split rules based on other data (e.g. on utilization of health care services).

Out-of-Pocket and Donor Funding Expenditures

2.1.13 Analyze existing data sources on out-of-pocket payments in South Africa and perform the following:

2.1.13.1 Source and analyze household survey data and estimate the expenditures on:

- a) Health provider (HP),
- b) Province of the provider/household (SNL),
- c) Type of healthcare (HC), and
- d) Disease, Age group of the patient and the gender (AGE/GEN/DIS).

2.1.14 Review and fill in data gaps and work with NDoH on public and private health OOP expenditures.

2.1.15 Link estimates to the National Accounts figures, align the differences and explain in cooperation with StatsSA.

2.1.16 Analyze donor funding expenditures data and perform the following functions:

2.1.16.1 Source and analyze donor funding data and estimate the expenditure on

- a) Health provider (HP),
- b) Province of the provider/household (SNL),

- c) Type of healthcare (HC), and
- d) Disease, Age group of the patient and the gender (AGE/GEN/DIS).

2.1.17 Verify/update methodology for estimating donor funding based on the NHA Round 2 report, and

2.1.18 Prepare documentation of the estimation and the methodology for updating the estimates,

2.2 Roles and responsibilities (Scope of Work)

It is expected that the service provider will closely collaborate and capacitate the NHA Core team based in Pretoria and will train the representatives of NDoH on estimating health expenditures in South Africa as specified in 2.1.

2.2.1 Deliverables by service provider

2.2.1.1 Final methodology to calculate age, gender, disease and health care functions for public hospitals, clinics and other public healthcare providers aligned to Vulindlela expenditures and considering other available data sources in South Africa in a written document.

2.2.1.2 Final methodology to calculate VHI and Gap Cover estimates based on previous NHA studies documented and agreed on with NDoH.

2.2.1.3 Final methodology to calculate OOP and donor funding data documented and agreed on with the NDoH.

2.2.1.4 Updated table/database mapping public health expenditure by age, gender, disease and health care functions data with SHA 2011 to the lowest possible level in South Africa, 2023/24 – 2024/25.

2.2.1.5 Updated table/database mapping CMS data and other granular data with SHA 2011 in all relevant SHA dimensions used in South Africa, 2023/24 – 2024/25

2.2.1.6 Updated methodology on data preparation, data mapping and processing into the HAPT for 2023/24 – 2024/25. Including automation of the above using the excel software or other affordable software.

- 2.2.1.7 Updated table/database mapping OOP and donor funding health expenditure by dimensions in 2.2 above with SHA 2011 to the lowest possible level in South Africa, 2023/24 – 2024/5.
- 2.2.1.8 Prepare all metadata for import into the HAPT.
- 2.2.1.9 Detailed data specification with metadata in a written document
- 2.2.1.10 Training and "in-house" capacity building
- 2.2.1.11 Information sharing and skills transfer during the process to NDoH.

2.3 Responsibilities of the NDoH

- 2.3.1 Manage the project, i.e. provide administrative and technical support for the project.
- 2.3.2 Provide the service provider with all relevant data, viz. Vulindlela csv files, DHIS data, ASR, survey data and other relevant data as may be requested.
- 2.3.3 Provide human resources for data mapping in collaboration with service provider.
- 2.3.4 Assure data confidentiality, data sharing and avail representatives of NDoH for training and capacity building as well as other members of the Technical Task Force

2.3.5 Required qualifications, skills and experience

- 2.3.5.1 At least a post-graduate degree in Data Management and Mapping, Health Statistics, Actuarial Science, Biostatistics, Economics or related qualification with healthcare industry experience.
- 2.3.5.2 Extensive knowledge and experience of health statistical research in South Africa.
- 2.3.5.3 Extensive knowledge and experience of public health expenditure databases.
- 2.3.5.4 Comprehensive knowledge and experience of DHIS and other utilization data.

- 2.3.5.5 Proven experience in working with public health expenditure database and survey data to form complex statistical databases, knowledge of South African Health Sector.

3. CONTRACTUAL AGREEMENT

3.1 Period of contract

- 3.1.1 The successful Service Provider will operate in terms of the approval by the NDoH during the contract period.
- 3.1.2 The Project Manager of the successful bidder will be expected to consult with the Project Coordinator of the NHA at the NDoH.
- 3.1.3 The NDoH will draw up a Service Level Agreement (SLA) within two weeks after the appointment of the successful vendor, which must be signed by both parties within fourteen working days.
- 3.1.4 The duration of the contract **is Five (05) Months**, and its project details will be finalised in the initiation meeting.

3.2 Intellectual property and confidential information

- 3.2.1 All Intellectual Property created pursuant to this project belongs to the NDoH.
- 3.2.2 The NDoH and the contracted service provider shall keep confidential and not to disclose to third parties any information provided by either Party or its representatives in the course of performance of the project without prior written consent to make such disclosure.

3.3 Accountability and reporting

- 3.3.1 One key contact person and an alternative must be made available by the successful vendor to manage the project.
- 3.3.2 The NHA Coordinator from the NDoH will administer the project on behalf of the NHA Project Manager.

3.4 Terms of payment

3.4.1 Will be specified in the SLA after the kick-off meeting with the contracted vendor.

3.4.2 Payment will be made on a 30-day term after receipt of an original invoice accompanied by a deliverable(s), as per PFMA, 1999.

4 COSTING

4.1 Service Providers are required to cost the following in their bid proposals:

4.1.1 Each individual phase of the project, i.e. deliverable(s) for the periods mentioned in the aims of the project above.

4.1.2 The total amount inclusive of all applicable taxes and expenses of the project.

5. GUIDELINES FOR SUBMISSION OF PROPOSALS

5.1 Information from bidders is set out below and should be submitted in the order specified.

5.2 Service Providers may provide additional information which they deem necessary for their bids.

5.3 Information about the bidder

5.3.1 An organisational chart of team members that will be actively involved in the project and their signed CVs with relevant experience and capacity.

5.3.2 A profile of the company, stating the constituent organisations, shareholders, relevant experience and area of operation.

5.3.3 Technical proposal and financial proposal

5.3.4 A methodology of how the bidder envisages to accomplish the task for each deliverable(s) during the phases of the project.

5.3.5 A project plan describing how the work will be done. This will include description of the proposed:

- a) Ethical considerations,
- b) Active roles of team members within the project, and
- c) Time frames (monthly periods).

6. SPECIAL CONDITIONS

- 6.1 Work will be monitored as per the agreed SLA which will be signed by the NDoH and the contracted service provider.
- 6.2 The contracted vendor may need to seek technical support from the NDoH partners especially the NHA expert assigned by WHO, or by NDoH-approved international organisations or experts.
- 6.3 Monthly progress reports must be submitted by the contracted vendor to the NHA Coordinator for approval by the Project Manager.
- 6.4 Meetings between the NDoH, the successful bidder and any other relevant parties will be organised by the NDoH, who may incur incidental costs of such meetings.
- 6.5 The Service Providers may be required to present their proposals to the NDoH before the final evaluation is done.
- 6.6 The NDoH reserves the right not to appoint a service provider for this requirement.
- 6.7 The Service Providers to submit a proposal, project work plan and a Cost document **SBD 3.3**. The plan also needs to show the different phases of the project and output per phase.
- 6.8 The conditions set out in the Government Procurement General Conditions Contract will apply.
- 6.9 The Technical and Financial Proposals must be delivered to the National Department of Health on or before the closing date of the RFQ.

7. EVALUATION CRITERIA

The SCM Evaluation process will be carried out in three (03) phases:

Phase 1: Supply Chain Management administrative requirements.

Phase 2: Testing compliance to the eligibility criteria (mandatory requirements) mentioned

on the preceding paragraph.

Phase 3: Service Providers with satisfied mandatory requirements will be assessed against the technical evaluation criteria as indicated below. The service provider must achieve a minimum of **60 points** to proceed to the next Phase of the

evaluation, bids that fail to achieve the minimum required points will be disqualified consequently not be considered for further evaluation.

Phase 4: In this Phase proposals will be evaluated on **Price and Preference Point System**

8. PHASE 1: SUPPLY CHAIN ADMINISTRATIVE REQUIREMENTS

8.1 Compliance with all Tax Compliance requirements: Attach Tax Compliance Status Pin, where consortium/joint ventures/ sub-contractors are involved, each party to the association must submit separate Tax Compliance requirements.

8.2 Submission of central supplier database report: Bidder must submit proof of registration with the Central Supplier Database (CSD) (i.e., MAAA..... number).

8.3 Submission of Standard Bidding Documents i.e. SBD 4 and SBD 6.1

9 PHASE 2: MANDATORY REQUIREMENTS

9.1 Submission of bid response document on time: Bidder must submit the bid response at the correct place within the stipulated date and time.

9.2 The closing date and time for the submission of proposals: 22 September 2026 at 11:00AM at the National Department of Health Dr. AB Xuma building 1112 Voortrekker Rd, Pretoria Townlands 351-Jr, Pretoria, 0187

9.3 A Compulsory briefing session will be held as follows:

Date: 07 September 2026

Time: 11:00am

Venue: Virtually (Teams Meeting)

<https://teams.microsoft.com/meet/394802943694289?p=Z3pi2ZPFflo1EcJhLN>

9.4 The Hard Copy (constitutes the legally binding bid document) All SBD and Bid Response forms must be completed in full. All fields must be completed. Where information as requested is not relevant, this should be indicated with N/A. After completion, the full PDF document and the Bid Response document must be

printed. Bidders must submit their complete bid in hard copy format (paper document). The signed hard copy of the bid document will serve as the legal bid document. The duly authorised designee of the entity submitting the bid must attach his/her official signature were indicated on the documents. All pages in the bid submission must be initialled by the same person with black ink. The use of correction fluid is not acceptable. Any change/s must be clearly indicated and initialled. Where certified copies of documents are required, the person certifying such documents must not be associated with the bidder in any way.

9.5 The pricing must strictly be quoted in accordance with **SBD 3.3** pricing schedule attached to this Request for Quotation.

9.6 Minimum Three (03) resources with at least an NQF 7 or higher in Data Management and Mapping, Health Statistics, Actuarial Science, Biostatistics, Economics or related qualification.

9.6.1 Qualifications to be certified no older than 06 months from the bid closing date.

9.6.2 For foreign qualifications bidders to provide/ attach a certificate of evaluation for foreign qualifications by the South African Qualifications Authority (SAQA) (SCoE).

9.6.3 Failure to provide a SAQA certification for foreign qualifications will deem the qualification nonresponsive and will result in the foreign qualification being disqualified. **NB: Failure to meet the above mandatory requirements will lead to automatic disqualification and service providers will not advance to Phase 3: Functionality evaluation.**

10 PHASE 3: FUNCTIONALITY EVALUATION CRITERIA

10.1 Criteria for Functionality and Points Weight Allocation for the appointment of a service provider to estimate healthcare functions, diseases, age and gender profiles at public healthcare providers in South Africa.

10.2 During this phase, bidders scoring less than **60 POINTS** will not qualify for Phase 4: Price + Preference Points system.

No.	Criteria	Weight	score								
1	Proposed methodology and work plan: Adequacy of proposed work plan and proposed method. The bidder is required to demonstrate a methodology of how they envisage to accomplish the task for each deliverable(s) during the phases of the project. 1.Methodology to calculate NHA estimates as per 2.1 within the project timeframe. 2. Knowledge of applicable data sources for government data, VHI, OOP and donor funding. Bidder to include a project plan describing how the work will be done. This will include description of the proposed: • Ethical considerations, • Active roles of team members within the project, and • Time frames (monthly periods)	<table><tr><td>3 =</td><td>Proposal addresses all and exceeds the requirements</td></tr><tr><td>2 =</td><td>Proposal addresses most of the requirements with</td></tr><tr><td>1 =</td><td>Proposal partially addresses the requirements with some areas of weakness</td></tr><tr><td>0 =</td><td>No information/ No relevant information.</td></tr></table>	3 =	Proposal addresses all and exceeds the requirements	2 =	Proposal addresses most of the requirements with	1 =	Proposal partially addresses the requirements with some areas of weakness	0 =	No information/ No relevant information.	25
3 =	Proposal addresses all and exceeds the requirements										
2 =	Proposal addresses most of the requirements with										
1 =	Proposal partially addresses the requirements with some areas of weakness										
0 =	No information/ No relevant information.										
2	Lead person/ Project Manager experience: Service provider to demonstrate experience / or potential of assigned Lead Personnel / Project Manager, 1. Signed CVs to demonstrate the following:	<table><tr><td>3=</td><td>7 years and above combined relevant experience in 3 to 5 of the stipulated key areas of experience</td></tr><tr><td>2=</td><td>5 - 6 years combined relevant experience in 3 to 5 of the stipulated key areas of experience</td></tr></table>	3=	7 years and above combined relevant experience in 3 to 5 of the stipulated key areas of experience	2=	5 - 6 years combined relevant experience in 3 to 5 of the stipulated key areas of experience	25				
3=	7 years and above combined relevant experience in 3 to 5 of the stipulated key areas of experience										
2=	5 - 6 years combined relevant experience in 3 to 5 of the stipulated key areas of experience										

No.	Criteria	Weight	score
	1.1 Experience in project management and leading a team, 1.2 Experience in mapping and coding healthcare data to calculate NHA estimates, 1.3 Experience in the application of relevant data sources in all workstreams of the proposal, 1.4 Extensive knowledge and experience of health statistical research in South Africa, and 1.5 Comprehensive knowledge and experience of and other data. *Bidder to state who the lead personnel is for this bid. *CVs to be signed by the individual /owner of the CV. Unsigned CVS will be scored a zero due to non-compliance to the criteria.	1= 3 - 4 years combined relevant experience in 3 to 5 of the stipulated key areas of experience 0= No relevant or related experience / less than 3 years relevant / Assigned Personnel has less than the 3 stipulated key areas of experience	
3	Support personnel team experience: Service provider to demonstrate experience of assigned support personnel. Signed CVs to demonstrate the following: 1. Extensive knowledge and experience of public and private health expenditure databases, 2. Comprehensive knowledge and experience of DHIS and other	3 = 5 years and above relevant experience in 3 to 6 of the stipulated key areas of experience 2 = 3 - 4 years' relevant experience in 3 to 6 of the stipulated key areas of experience 1 = 1 - 2 years' relevant experience in 3 to 6 of	20

No.	Criteria	Weight	score								
	utilization data and data sourcing where applicable, 3. Proven experience in working with public and private health expenditure database and survey data to form complex statistical databases, knowledge of South African Health Sector, 4. Experience in mapping and coding 5. Experience in the application of relevant data sources in public and private health scenarios 514to research proposal. *List of all relevant projects and role played must be included in the CV. Unsigned CVs will be scored a zero due to non-compliance to the criteria.	<table><tr><td></td><td>the stipulated key areas of experience</td></tr><tr><td>0 =</td><td>No relevant or related experience / support personnel has less than 3 of the key areas of experience</td></tr></table>		the stipulated key areas of experience	0 =	No relevant or related experience / support personnel has less than 3 of the key areas of experience					
	the stipulated key areas of experience										
0 =	No relevant or related experience / support personnel has less than 3 of the key areas of experience										
4	Track record 6. In Large, Multiple data sets entries, comprehensive analysis, managing data, and integrating into systems accounts data mapping, coding and analysis, with specific reference to South African Public Health data. 7. Reference letters to be on company letter head with contact details i.e. Email address, telephone, physical address and signed. Unsigned reference letters, no contact details will be scored a zero due to non-compliance to the criteria.	<table><tr><td>3 =</td><td>3 relevant reference letters attached</td></tr><tr><td>2 =</td><td>2 relevant reference letters attached</td></tr><tr><td>1 =</td><td>1 relevant reference letter attached</td></tr><tr><td>0 =</td><td>No reference letter attached/no relevant reference letter</td></tr></table>	3 =	3 relevant reference letters attached	2 =	2 relevant reference letters attached	1 =	1 relevant reference letter attached	0 =	No reference letter attached/no relevant reference letter	15
3 =	3 relevant reference letters attached										
2 =	2 relevant reference letters attached										
1 =	1 relevant reference letter attached										
0 =	No reference letter attached/no relevant reference letter										

No.	Criteria	Weight	score								
5	Capacity building/Skills transfer 1. List in their proposal how they will do Training and "in-house" capacity building 2. Bidder to explain how capacity building will be done to ensure that the project can continue in the next round. 3. Training manuals and a practical proposal to be provided on how capacity building and skills transfer will be achieved	<table><tr><td>3</td><td>Proposal and manual fully demonstrate how capacity building will be achieved with some areas exceeding the</td></tr><tr><td>2</td><td>Proposal and Manual partially demonstrate how capacity building will be achieved minimal areas of weakness</td></tr><tr><td>1</td><td>Proposal and Manual poorly / demonstrate how capacity building will be achieved only one aspect of the proposal has potential</td></tr><tr><td>0</td><td>No information /No Manual provided.</td></tr></table>	3	Proposal and manual fully demonstrate how capacity building will be achieved with some areas exceeding the	2	Proposal and Manual partially demonstrate how capacity building will be achieved minimal areas of weakness	1	Proposal and Manual poorly / demonstrate how capacity building will be achieved only one aspect of the proposal has potential	0	No information /No Manual provided.	15
3	Proposal and manual fully demonstrate how capacity building will be achieved with some areas exceeding the										
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1	Proposal and Manual poorly / demonstrate how capacity building will be achieved only one aspect of the proposal has potential										
0	No information /No Manual provided.										

Service Providers to meet a minimum threshold of 60 points out of 100 points to advance to price and preference points. Failure to meet the 60 points will result in disqualification.

11. PHASE 4: BID PRICE AND PREFERENCE POINT EVALUATION

The 80/20 preference point system for acquiring goods or services with a Rand value equal to or below R50 million will be used in this quote. Only service providers who qualify for Phase 2 will be evaluated in Phase 3

11.1 PRICE POINTS SCORING SYSTEM

In line with the PPPFA requirements, this bid will be evaluated in accordance with **80/20** preferential points scoring system as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
TOTAL POINTS FOR PRICE AND B-BBEE MUST NOT EXCEED	100

11.3 Financial Proposal Template and Submission (80 points)

Service Providers must note the following important information and instructions when submitting their financial proposal:

- a) Service Providers are required to complete and submit **SBD 3.3 – Pricing Schedule: Professional Services** together with a quotation detailing all costs as part of their Financial Proposal.
- b) Service Providers must submit a quotation that reflects the National Department of Health quotation reference number (**DOH 345-2026/2027**), the quotation must be signed and be in the letterhead of the company. The quotation will form the basis for financial evaluation.
- c) The Prospective Service Providers must note the following when submitting a quotation:
 - The quotation must be submitted in South African Rand (ZAR) only (VAT Inclusive)
 - The Service Provider must provide a **Total Price** for the complete scope of services for the five (05) months contract period.
 - All costs required to deliver the services must be included in the pricing quotation and SDB 3.3.
 - No additional costs will be considered after award unless approved through the applicable contract amendment process.

12. CLAIMING PREFERENCE POINTS

- To claim preference points in terms of the Preferential Procurement Regulations 2022.
- Subject to section 2(1)(f) of the Act, the contract must be awarded to the Service Provider scoring the highest points.
- **SBD 6.1 must be fully completed** to claim preference points; the table below depicts the points allocation system. A valid B-BBEE Certificate or Sworn Affidavit must be attached as proof to claim points.

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

NB: Failure to complete SBD 6.1 and to provide relevant supporting documents for any claimed preference points will result in zero points allocated under that category. The quotation will be evaluated based on price only

- **B-BBEE DOCUMENTATION (NON-MANDATORY)**

- All Service Providers are **required to submit valid B-BBEE documentation** as part of their quotation, in line with the requirements of the Broad-Based Black Economic Empowerment Act, No. 53 of 2003. This documentation is required for compliance and reporting purposes. Acceptable B-BBEE documents include:

- A **Sworn Affidavit** (for EMEs and 51%+ black-owned QSEs), or
- A **SANAS-accredited B-BBEE Certificate** (for Generic Enterprises and applicable QSEs)
- Where ownership is held **under a trust or other shareholding arrangement**, the following must be submitted:
 - A **shareholding certificate** clearly indicating the ownership structure (number of shares held by each member or director of the company)
 - **Copies of ID documents** for all beneficiaries or shareholders

13. QUESTIONS AND QUERIES

Any clarity-seeking questions should be sent by email to purchasing@health.gov.za. The closing date for receipt of all enquiries is five (5) days before the closing date of the bid. All enquiries received after will not be considered.

14. SERVICE PROVIDER DUE DILIGENCE

The State reserves the right to conduct supplier due diligence prior to final award or at any time during the contract period. During the due diligence process, the information submitted by the bidder will be verified and any misrepresentation thereof may disqualify the bid in whole or parts thereof.

The Department of Health reserves the right to reject any service that is not compliant with the specifications and any other legislative framework.

The Department reserves the right to terminate the contract at any stage if there is substantive proof of inefficiency in the delivery of the services.

15. APPLICABILITY OF THE GENERAL CONDITION OF CONTRACT (GCC)

" The appointment of the successful service provider will be subject to the General Conditions of Contract (GCC) for government procurement, as issued by National Treasury. All suppliers are deemed to have read and understood these conditions.

By submitting a quotation, suppliers acknowledge that the GCC will form part of the contract between themselves and the Department of Health. "The GCC is available on the National Treasury website and may be provided on request. "

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

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

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

2. Bidder's declaration

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

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

Full Name	Identity Number	Name of Institution	State

- 2.2 Do you, or any person connected with the bidder, have a relationship

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

with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1 If so, furnish particulars:

.....

3 DECLARATION

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

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring

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

institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

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

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

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

.....	
Signature	Date
.....	
Position	Name of bidder

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

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

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all bids:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2

- a) The value of this bid is estimated to **exceed/not exceed** R50 000 000 (all applicable taxes included) and therefore the preference point system shall be applicable; or
- b) Either the 80/20 or 90/10 preference point system will be applicable to this tender (*delete whichever is not applicable for this tender*).

1.3 Points for this bid shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this bid are allocated as follows:

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

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

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

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"price"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

4. POINTS AWARDED FOR PRICE

4.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20 or 90/10

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

Where

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration

Pmin = Price of lowest acceptable bid

4.2 FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME-GENERATING PROCUREMENT

4.3 POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

or

90/10

$$P_s = 80 \left(1 + \frac{Pt - P_{max}}{P_{max}} \right) \text{ or } P_s = 90 \left(1 + \frac{Pt - P_{max}}{P_{max}} \right)$$

Where

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration

P_{max} = Price of highest acceptable bid

5. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

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

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

6. BID DECLARATION

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

7. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

7.1 B-BBEE Status Level of Contributor: . =(maximum of 10 or 20 points)
(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

8. SUB-CONTRACTING

8.1 Will any portion of the contract be sub-contracted?

(Tick applicable box)

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

8.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....
- iv) Whether the sub-contractor is an EME or QSE

(Tick applicable box)

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

- v) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2022:

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

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM**

- ☐ Partnership/Joint Venture / Consortium
- ☐ One person business/sole propriety
- ☐ Close corporation
- ☐ Company
- ☐ (Pty) Limited

[TICK APPLICABLE BOX]

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....

.....

.....

.....

9.6 **COMPANY CLASSIFICATION**

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

[TICK APPLICABLE BOX]

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

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES

1.

2.

.....
SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS

.....

.....

PRICING SCHEDULE
(Professional Services)

NAME OF BIDDER: BID NO: **DOH 345-2026/2027**

CLOSING TIME **11:00 AM**

CLOSING DATE: **22 SEPTEMBER 2026**

OFFER TO BE VALID FOR **60 DAYS** FROM THE CLOSING DATE OF BID.

ITEM NO	DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)	
1.	The accompanying information must be used for the formulation of proposals.		
2.	Bidders are required to indicate a ceiling price based on the total estimated time for completion of all phases and including all expenses inclusive of all applicable taxes for the project.	R.....	
3.	PERSONS WHO WILL BE INVOLVED IN THE PROJECT AND RATES APPLICABLE (CERTIFIED INVOICES MUST BE RENDERED IN TERMS HEREOF)		
4.	PERSON AND POSITION	HOURLY RATE	DAILY RATE
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
	.....	R.....	.....
5.	PHASES ACCORDING TO WHICH THE PROJECT WILL BE COMPLETED, COST PER PHASE AND MAN-DAYS TO BE SPENT		
	.....	R.....	 days
	.....	R.....	 days
	.....	R.....	 days
	.....	R.....	 days
5.1	Travel expenses (specify, for example rate/km and total km, class of airtravel, etc). Only actual costs are recoverable. Proof of the expenses incurred must accompany certified invoices.		
	DESCRIPTION OF EXPENSE TO BE INCURRED	RATE	QUANTITY AMOUNT
	.....	.....	R.....
	.....	.....	R.....
	.....	.....	R.....
	.....	.....	R.....
		TOTAL: R.....	

** "all applicable taxes" includes value-added tax, pay as you earn, income tax, unemployment insurance contributions and skills development levies.

Name of Bidder:

- 5.2 Other expenses, for example accommodation (specify, eg. Three star hotel, bed and breakfast, telephone cost, reproduction cost, etc.). On basis of these particulars, certified invoices will be checked for correctness. Proof of the expenses must accompany invoices.

DESCRIPTION OF EXPENSE TO BE INCURRED	RATE	QUANTITY	AMOUNT
.....			R.....
.....			R.....
.....			R.....
.....			R.....
TOTAL: R.....			

6. Period required for commencement with project after acceptance of bid
7. Estimated man-days for completion of project
8. Are the rates quoted firm for the full period of contract? *YES/NO
9. If not firm for the full period, provide details of the basis on which adjustments will be applied for, for example consumer price index.

*[DELETE IF NOT APPLICABLE]

Any enquiries regarding bidding procedures may be directed to the –

(NATIONAL DEPARTMENT OF HEALTH @ purchasing@health.gov.za)