

KZN Health Intranet

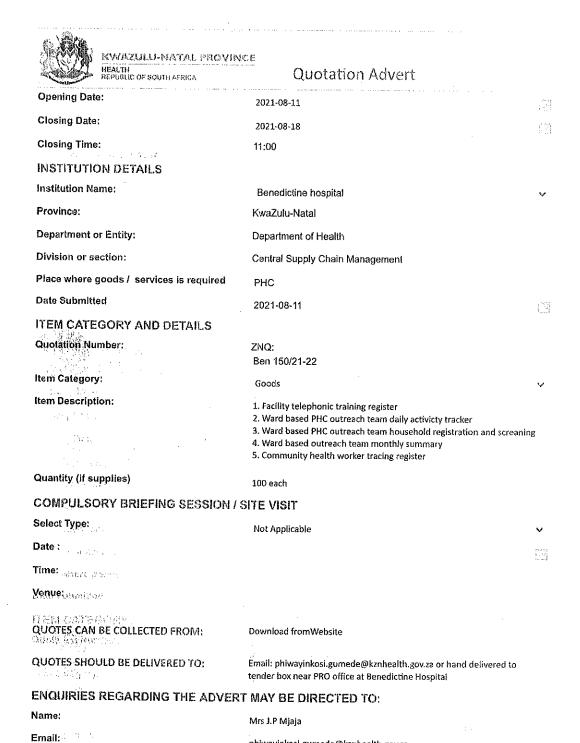
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KZN Health > Components > Supply Chain Management

EZN EUALTE:

AdvertQuote



phiwayinkosi.gumede@kznhealth.gov.za

**Contact Number:** 

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Finance Manager Name:

By RESTANCE OF SE

Mrs P.N Gumede

Finance Manager Signature:

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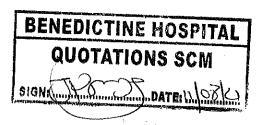
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STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT. Benedictine Hospital
DATE ADVERTISED: 11/08/2021 CLOSING DATE: 18/08/2021 CLOSING TIME: 11:00
FACSIMILE NUMBER: N/A E-MAIL ADDRESS: phiwayinkosi.gumede@kznhealth.gov.za
PHYSICAL ADDRESS: Benedictine Hospital Vryheid main road Nongoma 3950
ZNQ NUMBER: Ben150/21-22
DESCRIPTION: PHC Registers
CONTRACT PERIOD Once off (if applicable) VALIDITY PERIOD 60 Days SARS PIN
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE
UNIQUE REGISTRATION REFERENCE
Email: phiwayinkosi.gumede@kznhealth.gov.za or deposit to tender box near PRO office office at Benedictine Hospital  Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.  The quote box is open from 08:00 to 15:30.  ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)  THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
THE FOLLOWING PARTICULARS MUST BE FURNISHED  (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)
NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODE NUMBER FACSIMILE NUMBER CODE NUMBER
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)
HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)
The state of the s

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSES) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]



(1 Al	Oversitu	Description	Brand &	Country of	Price	
tem No	Quantity	Describitor	model	manufacture	R	c
		Supply and deliver				-
1.	1000 each	Facility telephonic traicing register				
2.	1000 each	Ward based PHC outreach team daily activity tracker	<u> </u>			
3.	1,000 each	Ward based PHC outreach team household registration and screaming record				-
4,	500 each	Ward based outreach team monthly summary			:	
5.	1000 each	Community health worker tracing register				
6.	1000 each	Ward based primary health care outrouch team individual client health record	.,			
7.	1000 each	Ward based primary health care outreach team monthly DHIS report				
	. 542	Result.				
<del>(1) (1)</del>		NB: Specification attached				
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	T TI OANO (CADE engitioning)	
	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week	
13 136 1 136 1 11111		

Enquiries regarding the quote may be directed to:

Contact Person Mrs. J.P. Miaja Tel: 0358317062 E-Mail Address: phiwayinkosi.gumede@kznhealth

Enquiries regarding technical information may be directed to:

Contact Person: Mrs Ngcobo Tel 0358317153

BENEDICTINE HOSPITAL QUOTATIONS SCM CAST DATE WAR

## **DECLARATION OF INTEREST**

: : :	Any legal person, including persons employed by the state <sup>1</sup> , or blood relationship, may make an offer or offers in terms of this ir limited quote or proposal). In view of possible allegations of favor employed by the state, or to persons connected with or related declare his/her position in relation to the evaluating/adjudicating the bidder is employed by the state; and/or the legal person on whose behalf the bidding document is si evaluation and or adjudication of the quote(s), or where it is known on whose behalf the declarant acts and persons who are involved.	nvitation ouritism to ther authoritism authoritism gned, I	n to quote (includ	es a price quotat Ilting quote, or pa nat the bidder or o with persons/a onship exists bet	ion, advertise ort thereof, be his/her autho person who a ween the pers	awarded to persons rised representative are/is involved in the con or persons for or
2.	In order to give effect to the above, the following questionnaire m					
2.1. 2.2. 2.3.		2.5.	Company Regis Tax Reference VAT Registration	Number:	,.,	*********
2.8.	The names of all directors / trustees / shareholders / members, employee / persal numbers must be indicated in paragraph 3 be Are you or any person connected with the bidder presently emp 1. If so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member;	elow. loyed b	y the state?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[HCK	YES NO
2.8	Name of state institution at which you or the person connected to Position occupied in the state institution:  2. If you are presently employed by the state, did you obtain the nthe public sector?  2.1. If yes, did you attach proof of such authority to the quote do	approp	Any other pa oriate authority to t?	articulars: undertake remu	nerative work	
2.8. 2.9.	Failure to submit proof of such authority, where applicable, may not such a submit proof of such authority, where applicable, may not such a submission of such authority submission of such authority submission of submis	oroof: ,. stees /	shareholders / m	embers or their s	spouses cond	YES NO
2.10	Do you, or any person connected with the bidder, have any relamay be involved with the evaluation and or adjudication of this confirmation.  Are you, or any person connected with the bidder, aware of any	itionshi quote? relatio	p (family, friend, o	other) with a pers  nd, other) betwee		YES NO
2.1 <sup>4</sup> 2.12	employed by the state who may be involved with the evaluation  1.1. If so, furnish particulars: 2. Do you or any of the directors / trustees / shareholders / membe or not they are bidding for this contract?  2.1. If so, furnish particulars:	and or	e company have	nis quote? any interest in an		YES NO
<b>3.</b> NB:	Full details of directors / trustees / members / shareholders: The Department Of Health will validate details of directors / trustees in the consumer that their details are up-to-date and verified on CSD not be considered and passed over as non-compliant according	ustees . If the	Department cann	iot validate trie ii	normation of	ippliers' responsibility n CSD, the quote will
-4/4j-T	DECLARATION THE UNDERSIGNED (NAME)			CERTIFY	' THAT THI	E INFORMATION
ΙA	CCEPT THAT THE STATE MAY REJECT THE QUOTE OVE TO BE FALSE.	OR A	CT AGAINST	ME SHOULD	THIS DEC	LARATION
	The second of th					
	me of bidder and second Signature	F	Position	√}h (1 - 17)	Date	
a) b)	ate" means — any national or provincial department, national or provincial public entity constitutional institution within the meaning of the Public Finance Manageme Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	int d) e)	Parliament.	or the national Cour		
²"Sh	nareholder" means a person who owns shares in the company and is actively invol	ved in the	e management of the	enterprise or busines	ss and exercises	control over the enterprise.
ė,	The Action of the Control of the Con				÷	3

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

## AMENDMENT OF CONTRACT

Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

## **CHANGE OF ADDRESS** 2.

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> Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et 2.1. executandi) details change from the time of bidding to the expiry of the contract.

## GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

The institution is under no obligation to accept the lowest or any quote. 3.1.

The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all 3.2. quotations excluding VAT as some bidders may not be VAT vendors.

The bidder must ensure the correctness & validity of quote: 3.3.

- that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & , (i) calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required 3.5. documentation must be completed in full and submitted.

Offers must comply strictly with the specification. 3.6.

Only offers that meet or are greater than the specification will be considered. 3.7.

Late quotes will not be considered. 3.8.

- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3.9.
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered. 3.10.

All delivery costs must be included in the quote price, for delivery at the prescribed destination. 3.11.

- Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point. 3.13.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

## 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. words importing the masculine gender shall include the feminine and the neuter.

Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation 4.2. may be used, but an original signature must appear on such photocopies.

The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. 4.3.

- Quotation submitted must be complete in all respects. 4.4.
- Any alteration made by the bidder must be initialled. 4.5.

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Use of correcting fluid is prohibited 4.6.

Quotation will be opened in public as soon as practicable after the closing time of quotation. 4.7.

Where practical, prices are made public at the time of opening quotations. 4.8.

If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in 4.9. question. Clear indication thereof must be stated on the schedules attached.

## SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the 5.1. directives in the quotation documents.

Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 5.2. sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 5.3. until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.

A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 5.4. date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

## 6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

## 7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	will not						
(i) (ii)							
Insti	Institution Stamp: Institution Site Inspection / briefing session Official						
		Full Name:					
	and the second s	Signature:					
i V	t Avenue in the second of the	Date:					
<del></del>							

## 8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

## 9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

## 10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

## 11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;

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- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

## 12. PATENT RIGHTS

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The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

## 13. PENALTIES

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13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

3.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities

delivered at a later stage at the service provider's expense.

13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay

until actual delivery or performance.

## 14. TERMINATION FOR DEFAULT

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14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

If the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,

(ii) if the supplier falls to perform any other obligation(s) under the contract; or

- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

 $q_{ij} = q_{ij}^2 \left( \frac{1}{N} \right)^{-1}$ 

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

## PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes 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, 2017.

## 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for regulrements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

The maximum points to this quote is allocated as lonows.	
	等有一种基础的 (1966年)。
	I SOUTE 1
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	48.00

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, 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 quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

## 2. DEFINITIONS

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- (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); [278-13] [279-13]
- (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) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:

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- 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. POINTS AWARDED FOR PRICE

## 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = Price of lowest acceptable bid

## 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 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 (80/20 system)
1	20
2	18
. 3 ,	14
4	12
. 5	8
. 6	6
7	4
*	2
Non-compliant contributor	0

5.	BID DECL	ARATIO!	١

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7. 7.1 7.1.1

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

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

6.1 B-BBEE Status Level of Contributor: = ......(maximum of 20 points)

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

District States for or or ministro.		
SUB-CONTRACTING	(Tick applicat	ile box)
Will any portion of the contract be sub-contracted?	YES	I NO
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  Whether the sub-contractor is an EME or QSE	*********	e box)
<ul> <li>Specify, by ticking the appropriate box, if subcontracting with an enterprine Preferential Procurement Regulations, 2017:</li> </ul>	se in terms of YES	I NO
Designated Group: An EME or QSE which is at last 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		
Stream or 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 [TICK APPLICABLE BOX]
	Partnership/Joint Venture / Consortium  One person business/sole propriety  Close corporation  Company  (Pty) Limited
9.5	DESCRIBE PRINCIPAL BUSINESS ACTIVITIES
9.6	COMPANY CLASSIFICATION [TICK APPLICABLE BOX]
	<ul> <li>☐ Manufacturer</li> <li>☐ Supplier</li> <li>☐ Professional service provider</li> <li>☐ Other service providers, e.g. transporter, etc.</li> </ul>
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 of 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:
· ·	<ul> <li>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 material be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;</li> <li>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.</li> </ul>
	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;
	<ul> <li>(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;</li> </ul>
	(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 SIGNATURE(S) OF BIDDERS(S)
	1
	DATE:
	2. ADDRESS



	ROVINGE OF REPARED TO THE					
Quo	te Number:					
Item	Description:	Faichty telephonic tracing PAtc - Wtreach Purpose of Item	<u>redieter</u>			
Department/Section: Htc - Wtreach Purpose of Item:						
1.	. Pre-qualification criteria if any:					
	1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes:					
	1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date/ Time; Place					
	1.3. Is local producti	on and content part of the quote? Yes / No				
		ection 4(1)(a) of the PPPFA Regulations,2017 if applicable?	Yes / No			
	1.5. Liability Cover i	nsurance? Yes / No				
	if Yes, specify:	nsurance ( Yes / No				
2.		ation of the required item?				
List	specifications to be ad	vertised	Comment			
1.	Hard cover	page with metal binding				
2. #	And Side					
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4.						
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O,	3.2. Specify that sam	ples must be made available when requested in writing. Yes $lacksquare$	or No			
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3.	Conformance:	Was the product made or service performed to specification				
4.	Performance:	Will/does the product/service fulfil its performance obligati				
		from all liabilities under the contract?				
5.	Features:	What characteristics does the product or service have?				
6.	Reliability:	How long can a product go between failures and the need	for maintenance? (guarantee)			
7.	Durability:	What is the useful life for the product? How will the product	ct noid up under extended use?			
8.	Serviceability:	How easy is it to repair, maintain or support the product o	r service? (customer support)			
9.						
10.	Preference points	Preferential Procurement System (80/20) if applicable				

Name of End-user (in full)	Banine Nowbo	Name of SCM Rep (in full)	J&PN
Designation / Rank (in full)		Designation/ Rank (in full)	860
Signature (	A Cours	Signature	26431
Date	18-05:2021	Date	20/05/ 4
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Standard End-User Specification Form



## health

Department:
Health
REPUBLIC OF SOUTH AFRICA

FACILITY TELEPHONIC TRACING REGISTER

FACILITY NAME:



## FACILITY TELEPHONIC TRACING REGISTER

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Name and Surname	Age	File number/UID	Missed Type of appointment *		Phone Number (s)	Physical Address	Date(s) client phoned	Outcome of phone call**	ppointment date	Date client visited clinic	Updated on system	Appointment date   Date client   Updated on   Referred for physical   tracing   tracing	Comment
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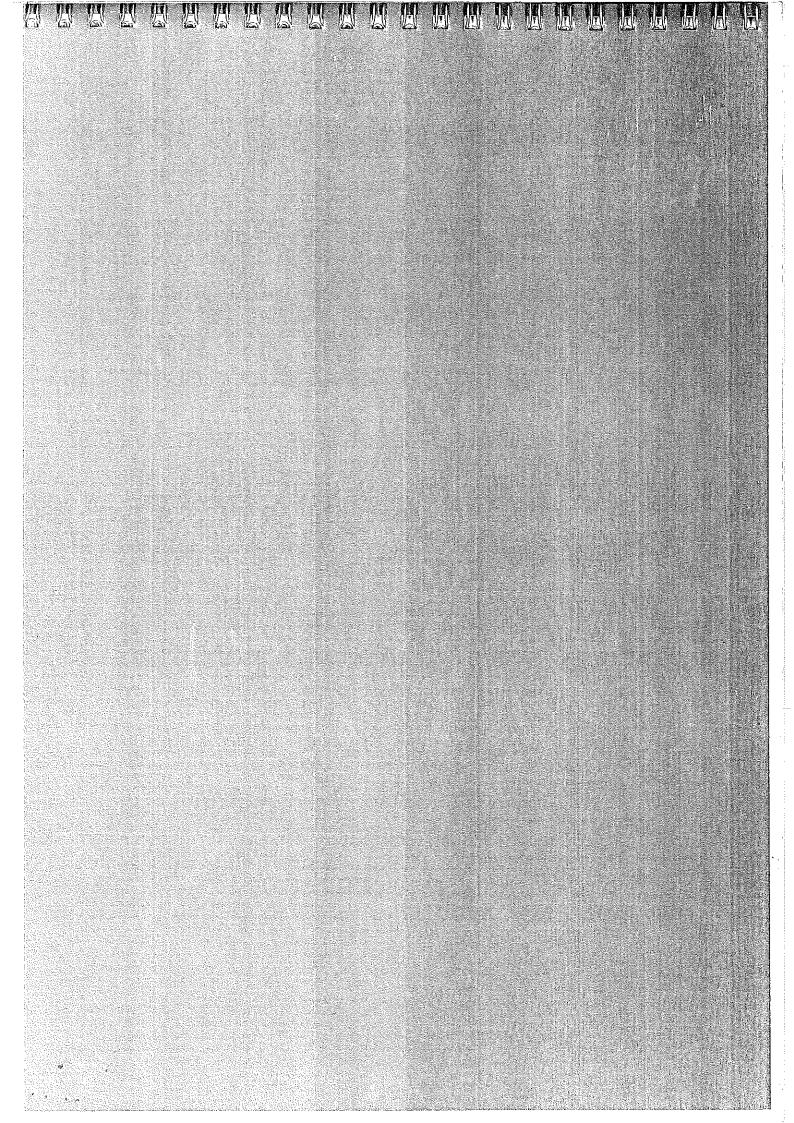
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	ATTACATION AND ADMINISTRATION AN
-	Date:
Signature:	Name:
	Date:

<sup>\*</sup> Type of appointment can be: TB, ART, Diabetes, Hypertension, Mental Health, Other

<sup>\*\*</sup>Outcome of phone call can be S = Successful (Client reached and appointment made), R = RIP (Client has died), T = Transfer (Client reached, receiving treatment at another facility), M = Message (Client unavailable, left a message),

 $<sup>\</sup>mathbf{u} = \mathsf{Unsuccessful}$  (Client reached but unwilling to return),  $\mathbf{L} = \mathsf{Lost}$  (Client cannot be reached, incorrect number or no answer)



## health Department: Health PROVINCE OF KWAZULU-NATA

Signature

Date 20/05/03 |
Standard End-User Specification Form

## **FND-USER SPECIFICATION FORM**

	PROVINCE OF KWAZULU-NATA	-
Que	ote Number:	
Iten	n Description:	NBPHCOT douby extinity toac  PHC-Outered Purpose of Item: To track douby activities
Dep	partment/Section:	PHC-Outcheach Purpose of Item: To track daily activities
1.	Pre-qualification cr	teria if any:
	1.1. Is the item requ Regulatory Body / cer	ired to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: tification required if Yes:
	1.2. Is a compulsor if Yes, specify: Date	y site inspection / briefing session required? Yes / No  Time Place
	1.3. Is local productif Yes, specify:	tion and content part of the quote? Yes / No
	1.4. Provisions of s	ection 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
	1.5. Liability Cover if Yes, specify:	insurance? Yes / No
2.	What is the specific	ation of the required item?
List	specifications to be ac	
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2.	be adulate	
3.	Droids of	itten both sides
	10 00001	150 maps
5.	tach mas	100 pages
	) 7	
3.	Does a sample nee	d to be submitted? Yes / No(select option 3.1 or 3.2) pmission if Yes: Date Time Place
	3.1. Deadille loi sui	THIS SIGN IT I ES, Date
or	3.2. Specify that san	nples must be made available when requested in writing. Yes or No
4.	Penalties to be note	d by the suppliers:
	4.1. If the supplier t	ails to deliver any or all of the goods or to perform the services within the period(s) specified in the
	contract, the pu	chaser shall, without prejudice to its other remedies under the contract, deduct from the contract price,
	as a penalty, a	sum calculated on the delivered price of the delayed goods or unperformed services using the current
	prime interest ra	ite calculated for each day of the delay until actual delivery or performance.
5.	What is the evaluati	on criteria / special terms and conditions to be advertised?
Lis	t evaluation criteria / sp	ecial terms and conditions to be advertised (if applicable)
1.	Pre-qualification crite	
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
٦.	, origination.	from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
8.		The ability and capacity of the vendor to execute the contract
9.	Ability & Capacity	Preferential Procurement System (80/20) if applicable
10.	Preference points	Ficial chital Froduction (00/20) II applicable
		Nome of COM Box (in fall)
	me of End-user (in full)	
De	signation / Rank (in ful	PHE SUPPRISO Designation/ Rank (in full)

Signature

Page 1 of 1

Date



## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

Team Name:

		•																			
Signature:	Name:	CHW:	*Other, record any any other services provided to household member.	म् निरम्भवन्त्रीयस्य अस्त्रीत्रम्	Page Summary, Complete															Household profile number	
(ř.			ecord a		) Yueuu	-														Date of visit (dd/mmm)	
			ny any o	- (-)	omplete	71	5-4	71	1.4	r-^	***	7.	-1	<i>y-1</i>		\$1	1-6	94	77	Type of visit (Tick 1 for 1st visit to household, F for	Visit
			ther se	",	totals for		~:	-:	:			1.2	-<	1 2	7.	1.2	7 2	-4	-7	follow up visit)  Was this visit supervised?  (Tick Y/N)	 
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			to ho		column below															20 years and above	-
ı			ouseho																	Pregnancy test	
			ld men																	1st Antenatal visit	Antenatai
	Date:		ber.																	Antenatal support	atai
	l																			Post-natal support	
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																				Under 1 referred	ata
				ļ																Child (1-5) assessment	
																				Under S referred for nutrition and growth problems	
																				Under 5 with Diarrhoea referred for further treatment	٠.
	l																			Child referred for immunisation '	<del>-</del>
																				Child (12-59 months) provided with Vitamin A	Child Health
à																				Child (12-59 months) provided with deworming	<del>5</del>
Signature:	Name:	Reviewe																		Child under 15 referred to social services	
ure:	Ï	ved by																		Child under 5 referred for HIV test	
		d by OTL:																		Child 5-14 referred for HIV test	
																				Clients 15 years and above referred for HIV test	. HIV
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																				Clients 5 years and older screened for TB	тв
																				Clients referred for T8 investigation	
•			-																	TB defaulters traced	
																				Clients screened for high blood pressure	Hypertension
	Date:																		<u> </u>	Clients referred for blood pressure testing	nsion
																				Clients screened for diabetes	Diak
							ļ												ļ	Clients referred for blood glucose test	Diabetes
																				Clients provided with adherence support	Adherence
							T			$\vdash$										Clients 15 years and older	

## health Department Health REPUBLIC OF SOUTH Department Health REPUBLIC OF SOUTH AFRICA

Month:

2. Record each client provided with the service per household in each row. If a particular service is not provided to anyone in the

This form should be used daily at each household visit.

household, fill in zero (0).

Instructions

# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

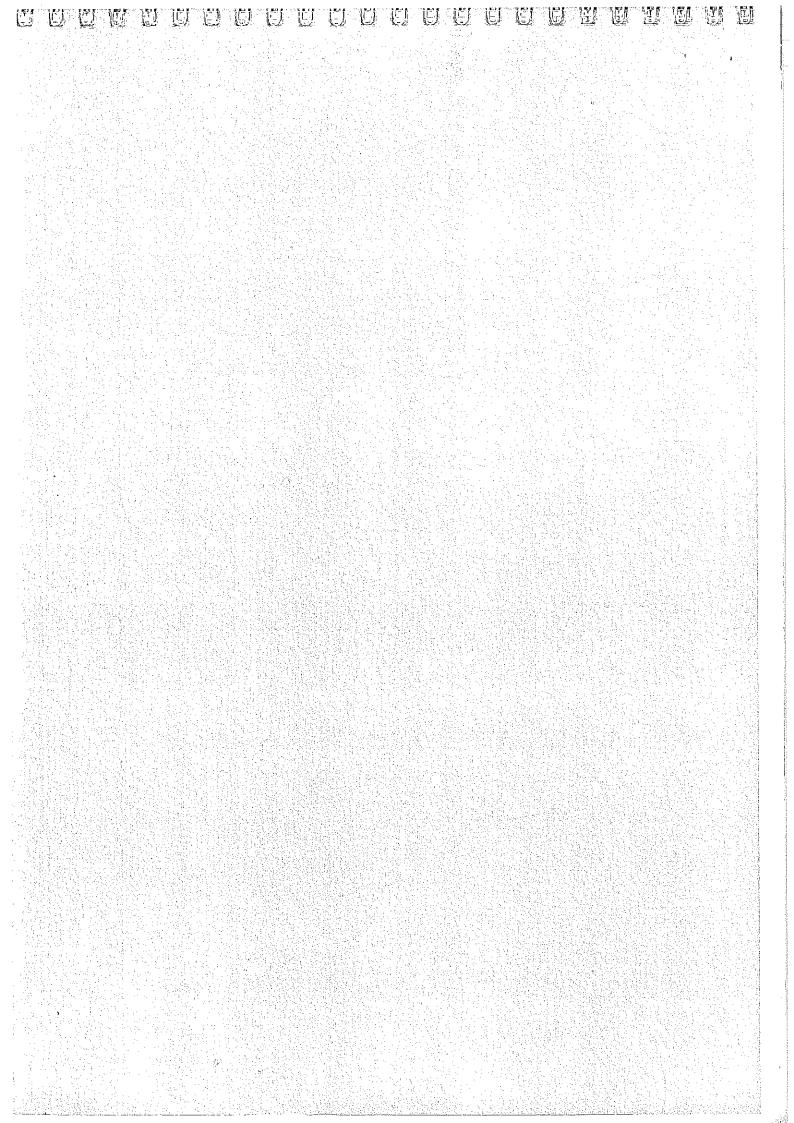
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Summarise the totals for each page in the last row of the table.
 At the end of the month, add up all the page totals applicable for that month and submit to OTL.
 Start a new page at the beginning of each month.

Other

Clients referred for mental health assessment

Other





Date

Standard End-User Specification Form

## **END-USER SPECIFICATION FORM**

PROVINCE OF KWAZULU-NATAL			
Quote Number:	A contract of the second of th		
Item Description:	UBPACOT Househe	dd Martiation	and araning recor
Department/Section:	PHC Outreach	Purpose of Item:	
1. Pre-qualification crit		•	
•		fication (a.g. SARS SANS	SANAS, ISO, CIDB, etc.)? Yes / No:
Regulatory Body / certi	ification required if Yes:	incation (e.g. DADO, DANO,	The state of the s
1.2. <b>is a compulsory</b> if Yes, specify: Date	site inspection / briefing session re	equired? Yes / No Place	
1.3. Is local producti	ion and content part of the quote?	Yes / No	
1.4. Provisions of se	ection 4(1)(a) of the PPPFA Regulati	ions,2017 if applicable? Ye	es / No
1.5. Liability Cover i	nsurance? Yes / No	. Na eriyeed gran	
if Yes, specify:		(1) 전 10 10 10 10 10 10 10 10 10 10 10 10 10	
	ation of the required item?		
List specifications to be adv	vertised		omment
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2. Consist Itous	ehold registration-for	m' velole.	
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4. Penalties to be noted 4.1. If the supplier factorized, the pure as a penalty, a second	ails to deliver any or all of the good chaser shall, without prejudice to its of	s or to perform the service ther remedies under the con e of the delayed goods or u	es within the period(s) specified in the stract, deduct from the contract price, inperformed services using the current
	on criteria / special terms and condi		
	ecial terms and conditions to be adver ia Does the offer meet the pre-qualit		
<ol> <li>Pre-qualification criterion</li> <li>Administrative</li> </ol>	Does the offer comply to stipulate		its?
Conformance:	Was the product made or service		
4. Performance:		l its performance obligation,	in a manner that releases the supplier
5. Features:	What characteristics does the pro	duct or service have?	
6. Reliability:	How long can a product go between	en failures and the need for	maintenance? (guarantee)
7. Durability:	What is the useful life for the prod	luct? How will the product he	old up under extended use?
8. Serviceability:	How easy is it to repair, maintain		
Ability & Capacity	The ability and capacity of the ver		
10. Preference points	Preferential Procurement System	(80/20) if applicable	
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Designation / Rank (in full)	PLESODONUO	Designation/ Rank (in ful	) Stc
Signature	The state of the s	Signature	DE 33

Date

Page 1 of 1

## **Household Registration Form**



Household Identifier							District nan	ne			****		
Name of household head							Ward numb	er					
Contact details of household head	(1)			(2)		···	Facility nam	ne					
Household address details								•					
Household respondent	Please t	ick (√)	Av	ailable		Not ava	ailable		Refused		Total Constitution of the Const		stakta kkrimen visi kas
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Date	Household member number	Age	Sex (M/F)	Antenat	al Postmata	Child	T	ening pi		T			Care and interventions required (include any relevant notes, findings of
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WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM HOUSEHOLD REGISTRATION AND SCREENING RECORD



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Visit No.	Date of visit	Antenatal	Postnatal	Child	VIH.	H H	Hyper- tension	Diabetes	Adherence	Other	Care and int (Include ony rele	Care and interventions provided (Include any relevant notes and findings)	23	(Y/N)	Client Signature	for follow up
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## **END-USER SPECIFICATION FORM**

Quote		
	e Number:	
Item I	Description:	BPHOOT MONTHLY REgister
	rtment/Section:	HC-Cutreach Purpose of Item: For monthly alata submas
-	Pre-qualification criter	
1 F	I.1. Is the item require Regulatory Body / certific	d to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
1	i.2. Is a compulsory s if Yes, specify: Date	ite inspection / briefing session required? Yes / No  // / Time Place
1 i1	f.3. Is local production f Yes, specify:	n and content part of the quote? Yes / No
1	1.4. Provisions of sect	tion 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
ii	f Yes, specify:	
1	1.5. Liability Cover ins	surance? Yes / No
i'	f Yes, specify:	surance? Yes / No
		on of the required item?
	pecifications to be adve	
		hould be hard with metal
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3. (	sonsist of I	00 pages single (one sided
4. <del> =</del> 5.	an pide i	should accomposite to entires.
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3.	Does a sample need to	o be submitted? Yes / No(select option 3.1 or 3.2)
Ţ.	3.1. Deadline for submi	ssion if Yes: DateTimePlace
or		
;	3.2. Specify that sample	es must be made available when requested in writing. Yes or No
4. I	Penalties to be noted b	by the suppliers:
4	4.1. If the supplier fails	s to deliver any or all of the goods or to perform the services within the period(s) specified in the aser shall, without prejudice to its other remedies under the contract, deduct from the contract price,
	contract, the putch	m calculated on the delivered price of the delayed goods or unperformed services using the current
	nrime interest rate	calculated for each day of the delay until actual delivery or performance.
	printo intorcot rato	,
5. \	What is the evaluation	criteria / special terms and conditions to be advertised?
		ial terms and conditions to be advertised (if applicable)
4 1	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
1.   .	Administrative	Does the offer comply to stipulated administrative requirements?
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2.	Conformance:	Was the product made or service performed to specifications?
2 3. ·	Conformance: Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
2 3 4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
2. 7 3. 4 4. 5.	Performance: Features:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?  What characteristics does the product or service have?
2. 4 3. 4 4. 5. 6.	Performance: Features: Reliability:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?  What characteristics does the product or service have?  How long can a product go between failures and the need for maintenance? (guarantee)
2. 3. 4. 4. 5. 6. 7.	Performance: Features: Reliability: Durability:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?  What characteristics does the product or service have?  How long can a product go between failures and the need for maintenance? (guarantee)  What is the useful life for the product? How will the product hold up under extended use?
2. 7. 5. 6. 7. 8.	Performance: Features: Reliability: Durability: Serviceability:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?  What characteristics does the product or service have?  How long can a product go between failures and the need for maintenance? (guarantee)  What is the useful life for the product? How will the product hold up under extended use?  How easy is it to repair, maintain or support the product or service? (customer support)
2. 7. 5. 6. 7. 8. 9	Performance: Features: Reliability: Durability:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?  What characteristics does the product or service have?  How long can a product go between failures and the need for maintenance? (guarantee)  What is the useful life for the product? How will the product hold up under extended use?

Designation/ Rank (in full)

Signature

Date

Standard End-User Specification Form

Designation / Rank (in full)

Signature

Date



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Facility Name:

Team Name:



## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

If there are more CHWs than the rows, use a second summary sheet

Instructions

1. This form should be used by an OTL to summarise the monthly totals for each CHW in the WBPHCOT.

2. At the end of the month, the total numbers should be summarised in the last row of the table.

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Control Page 19   Control Page			Total	Other	ТВ	MIN	Health Condition		Team Total	Complete to							CHW Name and Surname		Outreach Team Leader Name
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## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

Instructions

1. This form should be used by an OTL to summarise the monthly totals for each CHW in the WBPHCOT.

2. At the end of the month, the total numbers should be summarised in the last row of the table.

3. If there are more CHWs than the rows, use a second summary sheet

	Total	Other	18	AIA	Health Condition	Team Total	Complete totals for each column below												CHW Name and Surname		Cutreach Team Leader Name
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							olumn b												Number of follow up visits	Visit	
		-	-		W Nu		below								T			+	Number of supervised visits	┤"	
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					Number of clients with outcomes = S (Successful)														Child (1-5) assessment		
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	ı				Number of return date														Child referred for immunisation		Clinic Name
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L							-			-		+				<del> </del>	<del> </del>		social services  Child under 5 referred for		
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Antonia	by Facility Manager:				7.	$\vdash$	-				<u> </u>	-				<u> </u>	_	ļ	HIV defaulter traced		
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## END-USER SPECIFICATION FORM

Quot	e Number:		
lfem	Description:	CHW tracing registe	7
		PAC-Outreach	Purpose of Item: For physical tracing of patients
1,	Pre-qualification crit	eria if any:	
í	1.1. Is the item requi Regulatory Body / certi	red to have a regulatory body certific fication required if Yes:	ation (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
•	1.2. <b>Is a compulsory</b> if Yes, specify: Date	site inspection / briefing session req	uired? Yes / No
i	1.3. Is local producti If Yes, specify:	on and content part of the quote? Ye	s / No
I	1.4. Provisions of se	ction 4(1)(a) of the PPPFA Regulation	ns,2017 if applicable? Yes / No
	1.5. Liability Cover in the second of the se	nsurance? Yes / No	
2.	What is the specifica	ation of the required item?	
	specifications to be adv	vertised	Comment
1.	Hard cover	CXIARS	to bring sample.
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	ig enterings	in each page	
4.	DUB/BU	in sided depende	nt
5.	19 1812110	o pager backlet.	
3. or	3.1. Deadline for sub		on 3.1 or 3.2) TimePlaceor No
	Penalties to be noted	t by the suppliers:	
4.	4.4. If the supplier for	alls to deliver any or all of the goods	or to perform the services within the period(s) specified in the
	contract the nur	chaser shall without prejudice to its oth	er remedies under the contract, deduct from the contract price,
	as a nenalty a	sum calculated on the delivered price te calculated for each day of the delay t	of the delayed goods or unperformed services using the current
5.	What is the evaluation	on criteria / special terms and conditi	ons to be advertised?
l ief	evaluation criteria / so	ecial terms and conditions to be adverti-	sed (if applicable)
1.	Pre-qualification criter	ia Does the offer meet the pre-qualific	cation criteria?
2.	Administrative	Does the offer comply to stipulated	administrative requirements?
3.	Conformance:	Mas the product made or service p	erformed to specifications?
4.	Performance:	Will/does the product/service fulfil i	ts performance obligation, in a manner that releases the supplier
7'	, onomianos.	from all liabilities under the contract	?
5.	Features:	What characteristics does the prod	uct or service have?
6.	Reliability:	How long can a product go betwee	n failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the produ	ct? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain o	r support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the ven-	dor to execute the contract
10.		Preferential Procurement System (	80/20) if applicable
	·		
Na	me of End-user (in full)	BP Nacobo	Name of SCM Rep (in full)
1	signation / Rank (in full		Designation/ Rank (in full)

Signature

Date

Standard End-User Specification Form

Designation / Rank (in full)

Signature

Date

Page 1 of 1

Team Name:



## health

Department:
Health
REPUBLIC OF SOUTH AFRICA

COMMUNITY HEALTH WORKER TRACING REGISTER

health  Continue  REPUBLIC OF SOUTH AFRICA	COMMUNITY HEALTH WORKER TRACING REGISTER
Team Name	СНW лаme
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Comment	Proposed Date of	Final Outcome	Outcome of home visit	Date(s) client visited at home	Phone Number (s) Physical Address	Missed	e File number/UID	name Age	Name and Surname

<sup>\*\*</sup>Outcome of home visit can be S = Successful (Client reached and appointment made), R = RIP (Client has died), T = Transfer (Client reached, receiving treatment at another facility), M = Message (Client unavailable, left a message), U = Unsuccessful (Client reached but unavailing to return), L = Lost (Client cannot be reached, incorrect number or no answer)

Signature:

Date:

91:	

Signature:

Name:



## **D-USER SPECIFICATION FORM**

, r	MOVINGE OF REPAREDED STATE	
Que	ote Number:	
lton	n Description:	sufreceds team individual client record
	Ĺ	TK outreach Purpose of Item: To record individual intervavio
Deb	eartment/Section:	Purpose of Item: 101660 of Montage Visional
1.	Pre-qualification crite	ria if any:
	1.1. Is the item requir	ed to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
	Regulatory Body / certif	ication required if Yes:
	1.2. <b>Is a compulsory</b> if Yes, specify: Date	site inspection / briefing session required? Yes / No  // / / Time Place
	1.3. Is local production if Yes, specify:	on and content part of the quote? Yes / No
		ction 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
	1.5. Liability Cover in	surance? Yes / No
	if Yes, specify:	surance? Yes / No
2.	What is the specifica specifications to be adv	tion of the required item?  Comment
1.	(SULL DOGE	
2.	A 4 DOOKYES	
3.	CON811 F 100	
4.	Fach Page	with 14 entires.
5.	1991 1-90	WIN
<ul><li>3.</li><li>or</li><li>4.</li></ul>	<ul><li>3.1. Deadline for subn</li><li>3.2. Specify that samp</li><li>Penalties to be noted</li><li>4.1. If the supplier fa contract, the purc as a penalty, a s</li></ul>	to be submitted? Yes / No(select option 3.1 or 3.2) hission if Yes: Date
	prime interest rate	e calculated for each day of the delay until actual delivery of performance.
5.		n criteria / special terms and conditions to be advertised?
Lis		cial terms and conditions to be advertised (if applicable)
1.	Pre-qualification criteri	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?  Was the product made or service performed to specifications?
3.	Conformance:	Was the product made or service performed to specifications?  Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier
4.	Performance:	from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.		Preferential Procurement System (80/20) if applicable
	· ·	
No	me of End-user (in full)	Rawinile P Nacoba Name of SCM Rep (in full) JABY
	signation / Rank (in full)	NOV' - Designation / Donk (in full) 18. LP
176	SECONDICO EL EXAMPLEM DEL LUID.	DH CONSOL Designation/ Rank (in run)

Signature

Date

Standard End-User Specification Form

Designation / Rank (in full)

Signature

Date

Page 1 of 1



## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM INDIVIDUAL CLIENT HEALTH RECORD



## INDIVIDUAL CLIENT RECORD HOUSEHOLD RECORD

This re	This record should only be completed for clients that require clinical interventions once screening has been completed.	ly be complet	ted for clients	that require	clinical interve	ntions once so	creening has be	een completea										
Individ	Individual details																	
Name of individual	of							Date of birth		ddfinad yyyr			Sex		- -	Age		
Conta	Contact details (1)							(2)										
Careg	Caregiver details													101 to 123 to 12				
Caregiver	iver							Relationship								Sex		3
Conta	Contact details (1)							(2)								Age		
House	Household details																	
Household Identifier	hold				Ward number	er			Facility				Name					
Addre	Address details																	
Recor	Record of Care										35				200 A 200 A			
Visit No.	Date of visit	Antenatal	Postnatal	Child Health	VIH VIH	Services provided	Hyper- tension	Diabetes	Adherence	Other	(in	Care and int	Care and interventions provided (Include any relevant notes and findings)	ded indings)	Referral (Y/N)	Client Signature		Date scheduled for follow up
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	dd/mayyyy														<u> </u>		i i i i i i i i i i i i i i i i i i i	
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## Department: Health PROVINCE OF KWAZULU-NATAL

## **END-USER SPECIFICATION FORM**

P 1110 11110 - 111		
Quote Number:		2
Item Description:	STATE FIATION TOSTER	bout redapper.
	Purpose of Iter	m: For DHIS report for ea
Department/Section: $\int_{-\infty}^{\infty}$	TC "CONPOSE OF ILE	CHEE).
1. Pre-qualification crite	eria if any:	
1.1. Is the item requir	red to have a regulatory body certification (e.g. SABS, SA	ANS, SANAS, ISO, CIDB, etc.)? Yes / No:
Regulatory Body / certi	fication required if Yes:	<b>经产品的基本的</b>
- , ,	the state of the s	
1.2. Is a compulsory	site inspection / briefing session required? Yes / No // / Time // Place	
if Yes, specify: Date	and and the second seco	
1.3. Is local producti	on and content part of the quote? Yes / No	
if Yes, specify:		
		2 Ves / No
1.4. Provisions of se	ction 4(1)(a) of the PPPFA Regulations,2017 if applicable	: ( ) (63 / 110
if Yes, specify:		
1.5. Liability Cover in	nsurance? Yes / No	
if Yes, specify:	nsurance res / NO	
	ation of the required item?	Comment
List specifications to be add	and cover page with	
2. Wetal by		
3. TO CONSIG	Hoo basks mutter paper	
4. 81des.	11030	
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<ul> <li>3.2. Specify that sam</li> <li>4. Penalties to be noted</li> <li>4.1. If the supplier facontract, the pures a penalty a</li> </ul>	alls to deliver any or all of the goods or to perform the se chaser shall, without prejudice to its other remedies under the sum calculated on the delivered price of the delayed goods	or No ervices within the period(s) specified in the e contract, deduct from the contract price, s or unperformed services using the current
prime interest ra	te calculated for each day of the delay until actual delivery or	performance.
5. What is the evaluation	on criteria / special terms and conditions to be advertised	1?
List evaluation criteria / sp	ecial terms and conditions to be advertised (if applicable)	
1. Pre-qualification criter	ria Does the offer meet the pre-qualification criteria?	
2. Administrative	Does the offer comply to stipulated administrative require	ements /
3. Conformance:	Was the product made or service performed to specifica	tion in a manner that releases the sunnier
4. Performance:	Will/does the product/service fulfil its performance obligation all liabilities under the contract?	ation, in a mainter that releases the supplier
5. Features:	What characteristics does the product or service have?	
6. Reliability:	How long can a product go between failures and the nee	ed for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the prod	uct hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product	or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the co	ntract
10. Preference points	Preferential Procurement System (80/20) if applicable	
To I receive points		
•		·
	_	
Name of End-user (in full)	Bouswitto P Nagoto Name of SCM Rep	(in full)
Designation / Rank (in full		(in full) (SC

Signature

Date

Standard End-User Specification Form

Designation / Rank (in full)

Signature

Date

Page 1 of 1



WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT



# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT

Instructions

1. This form should be used an OTL to compile DHIS monthly report on WBPHCOT activities.

2. At the end of the month, the total numbers should be summarised in the last row of the table.

If there are more CHWs then the rows, use a second summary sheet.
 The facility manager must sign and submit the form together with other PHC reports for capturing on DHIS.

Outreach Team Leader Name		Repor	Reporting Month		Clinic Name			WBP	WBPHCOT DHIS Name			
		<b>V</b> i	Visit		Headcount	count		Child Health	Health	MIN	TB	Adherence
CHW Name		COS Household 1st visits	COS Household follow up visits	COS Under 5 years attended to	COS 5-9 years attended to	COS 10-19 years attended to	COS 20 years and above attended to	COS Vitamin A dose 12-59 months	COS deworming dose 12-59 months	COS HIV defaulter traced	COS TB defaulters traced	COS with adherence support
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Complete totals for each column below	n below							1999	1000			***************************************
Team Total												
									***************************************	146	7	

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Name:

Date:

Name:

Date:

Facility Manager:

Signature:

Signature: \_

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