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KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

## KZN Health Intranet

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AdvertQuote

KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date:	2021-08-19	
Closing Date:	2021-08-30	
Closing Time:	11:00	

## INSTITUTION DETAILS

Institution Name:	St Apollinaris hospital	
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	ST APOLLINARIS	
Date Submitted	2021-08-19	

## ITEM CATEGORY AND DETAILS

Quotation Number:	ZNQ: SAP126/2021/2022	
Item Category:	Services	
Item Description:	SUPPLY AND DELIVER STATIONERY	

Quantity (if supplies)

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not Applicable	
Date :		
Time:		
Venue:		

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:	MS F S ZUMA	
Email:		
Contact Number:	0398339001	
Finance Manager Name:	MRS M B KHESWA	
Finance Manager Signature:		

No late quotes will be considered



DESCRIPTION: **SUPPLY AND DELIVER STATIONERY**

SIGNATURE OF BIDDER ..... DATE.....  
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	5100 UNITS	SUPPLY AND DELIVER ADULT FEMALE PHR , AS PER ATTACHED				
	52 UNITS	SUPPLY AND DELIVER HEAD COUNT REGISTERS, AS PER ATTACHED				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?		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	

<p><b>Enquiries regarding the quote may be directed to:</b></p> <p>Contact Person: <u>MISS F S ZUMA</u> Tel: <u>0398339001</u></p> <p>E-Mail Address: .....</p>	<p><b>Enquiries regarding technical information may be directed to:</b></p> <p>Contact Person: ..... Tel: .....</p>
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DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- |  |   |
|--|---|
| 2.1. Full Name of bidder/representative.....   | 2.4. Company Registration Number: ..... |
| 2.2. Identity Number: .....  | 2.5. Tax Reference Number: .....        |
| 2.3. Position occupied in the Company (director, trustee, shareholder <sup>2</sup> ):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES  NO

2.8.1. If so, furnish the following particulars:  
 Name of person / director / trustee / shareholder/ member: .....  
 Name of state institution at which you or the person connected to the bidder is employed:.....  
 Position occupied in the state institution: ..... Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES  NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

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

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES  NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES  NO

2.12.1. If so, furnish particulars:.....

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME)..... CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

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

<sup>1</sup>"State" means –

- |   |   |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

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

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### 1. AMENDMENT OF CONTRACT

- 1.1. 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.

### 2. CHANGE OF ADDRESS

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

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & 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.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. 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.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 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.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody 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.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing 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. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  NO  take place
- (ii) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: .....  Signature: .....  Date: .....
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**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;<br>(ii) the name and address of the recipient;<br>(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;<br>(v) the official department order number issued to the supplier;<br>(vi) the value of the supply, the amount of tax charged;<br>(vii) the words tax invoice in a prominent place. |
|---|---|

**12. PATENT RIGHTS**

The supplier shall indemnify the **KZN Department of Health** (here 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

- 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.
- 13.2. 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

- 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:
  - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails 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.

### 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

SBD 6.1

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 requirements 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:

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

- 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**

- (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) **"prices"** 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. 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:

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

- P<sub>s</sub> = Points scored for price of bid under consideration
- P<sub>t</sub> = Price of bid under consideration
- P<sub>min</sub> = 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
8	2
Non-compliant contributor	0

5. BID DECLARATION

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.

7. SUB-CONTRACTING

(Tick applicable box)

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1.1 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.....

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

(Tick applicable box)

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

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]**

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

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.

<p>WITNESSES</p> <p>1. ....</p> <p>2. ....</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE: .....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>
---



health

Department: Health  
PROVINCE OF KWAZULU-NATAL

St. Apollinaris hospital  
Off Centocow main road, Centocow, CREIGHTON, 3263  
Private Bag 206, Creighton, 3263  
Tel.: 039 833 8085, Fax.: 039 833 8054  
Email.: mpe.malinga@kznhealth.gov.za  
www.kznhealth.gov.za

SUPPLY CHAIN MANAGEMENT

Date: 22 June 2021

ZNQ Number: 12/6/2021/2021 X 5100 units

TERMS OF REFERENCE

Supply and deliver adult female PHR as per sample  
ITEM SPECIFICATION: Supply and deliver head count registers x 52 units. KZN A4 HC Register  
landscape, catalogue number! ~~23-16503~~ as per  
sample attached. - X 52 units

Name & Surname	Designation	Signature
C.S.MBANJWA	SMO	
N.N.SOMHLAHO	O/M	
M.MNTUNGWANA	O/M	
N.NTOYAKHE	IPC	
M.V.MATHANDA	SCC	

SPECIFICATION TERMS AND CONDITIONS

- Only bidders that fully meet the specification shall be considered
- The institution is under no obligation to accept the lowest or any quote
- The quality of products must be SABS / SANS/ CKS approved and a certificate of compliance must be submitted when required
- The bidder must ensure the correctness and validity quote: the prices, rates & preference quoted cover all of the work and accept that any mistake regarding with the price calculations will be at the bidder's risk
- If the information supplied is found to be incorrect or false then the KZN department of Health, in addition to the remedies it may have, may recover from the contractor all cost, losses and damages incurred by the department as a result of the award of the contract, and / or cancel the contract and claim any damages
- Defaulting suppliers in terms of delivering, will be dealt with and will be reported at Treasury
- The evaluation criteria for the quotation above R30 000 will be 80/20 for the price and points certified BBBEE certificates and original tax clearance
- Incomplete declaration of interest and quotation form will not be considered
- Orders will be cancelled if the supplier fail to meet the set standards and lead time
- All quotations requiring registration with certain Bodies must be returned together with the following:
  - Valid tax clearance
  - Proof of registration with CSD
  - CK certificate / Cipro certificate
  - CIDB registration and grading with relevant job category
  - Reference letter (from where the supplier did the same job successfully)
  - Letter of good standing
  - Current proof of registration with relevant bodies
  - Sworn statement
- All conditions indicated in the quotation form will be applicable upon evaluation, and should be attached to evaluation criteria
- Quotation form must be completed and signed in full, any omissions or incomplete information and signatures will automatically disqualify the quotation
- Bill of quantity should be fully completed and all segments must be filled per item
- A guarantee / warrantee must be provided on appliances, services and repairs
- All these conditions, are binding and service providers must complied with
- Samples must be provided with documents unless indicated otherwise
- For services requiring site inspection, no late bidders will be allowed to join briefing
- It is advisable to get all necessary information before quotation closing date

Chairperson  
22/06/2021  
Date

End user  
2021/06/23  
Date

CEO  
19/06/2021  
Date

NB!

COVER PAGE

# KWAZULU-NATAL DEPARTMENT OF HEALTH



**health**

Department:  
Health

PROVINCE OF KWAZULU-NATAL

## DAILY RECEPTION HEADCOUNT REGISTER

VERSION 1.0 OF ~~2019~~ 2020

FACILITY NAME: .....

FACILITY UNIQUE IDENTIFIER: .....

DISTRICT NAME: .....

START DATE: .....

END DATE: .....

Data Element Name	Definition	Definition Extended	Use and Context	Inclusions	Exclusions
PHC headcount under 5 years	All individual clients not yet reached five years (60 months) seen for Primary Health Care	Count each client once for each day they appear at the facility, regardless of the number of services provided on that day. If the client is recorded as a headcount at the registration point, the observations of the client is done and the client then leaves the facility without receiving the service that he/she is supposed to receive, a headcount can be recorded	If a delivery occurs at a CHC or MOU that does not admit clients as inpatients, ONLY count the mother as a PHC headcount and count the baby as a headcount ONLY if immunisation services are provided to the baby. If the client is recorded as a headcount at the registration point, BUT no observations of the client is done and the client then leaves the facility without receiving the service that he/she is supposed to receive, a headcount should NOT be recorded. In cases where a PHC service is rendered on an individual basis to a client at another place than a PHC facility by a team consisting of professional practitioners and HCBC workers, all data for the relevant data elements should be recorded by the professional practitioners and not by the HCBC worker/s. If medication for a client is collected by a Home Community Based Care (HCBC) Worker or family member/friend, a headcount of the client whose medication is collected CANNOT be registered as a headcount at the registration point	<p>INCLUDE any child given individual service(s) during a visit to a non-health facility e.g. home, school or crèche;</p> <p>INCLUDE children seen by health professionals of an outreach team</p> <p>INCLUDE a DOTS visit to the facility (but not to the community, workplace or home);</p> <p>INCLUDE clients who bypass the registration unit and go directly to the pharmacy to collect their own chronic medication (including CDU medication) or clients using fast lines or those to be seen by outreach teams, or those to be seen by HIV counsellors;</p> <p>INCLUDE clients seen by a professional nurse appointed by a NPO and seconded to a clinic/service</p>	<p>EXCLUDE national campaign headcounts;</p> <p>EXCLUDE cases where a client visits a facility just to make an appointment (e.g. transport / OPD or specialist appointments);</p> <p>EXCLUDE cases where a client visits a facility only to submits sputum samples produced outside of the facility with assistance of health professional should be recorded as a headcount);</p> <p>EXCLUDE cases where a client visits a facility to get feedback regarding examination results without seeing a professional person;</p> <p>EXCLUDE medication collected by a Home Community Based Care (HCBC) worker or family member/friend as a headcount registered at the registration point;</p> <p>EXCLUDE cases where a professional nurse appointed by a HCBC NPO renders a service to individuals or to support groups, including the distribution of medication collected at PHC facilities on behalf of clients, the headcount should not be counted by the PHC facility from where the medication is collected, BUT as part of HCBC data.</p>
PHC headcount 5 years and older	All individual clients five years (60 months) and older seen for Primary Health Care	Count each client once for each day they appear at the facility, regardless of the number of services provided on that day. If the client is recorded as a headcount at the registration point, the observations of the client is done and the client then leaves the facility without receiving the service that he/she is supposed to receive, a headcount can be recorded	If a delivery occurs at a CHC or MOU that does not admit clients as inpatients, ONLY count the mother as a PHC headcount and count the baby as a headcount ONLY if immunisation services are provided to the baby. If the client is recorded as a headcount at the registration point, BUT no observations of the client is done and the client then leaves the facility without receiving the service that he/she is supposed to receive, a headcount should NOT be recorded. In cases where a PHC service is rendered on an individual basis to a client at another place than a PHC facility by a team consisting of professional practitioners and HCBC workers, all data for the relevant data elements should be recorded by the professional practitioners and not by the HCBC worker/s. If medication for a client is collected by a Home Community Based Care (HCBC) Worker or family member/friend, a headcount of the client whose medication is collected CANNOT be registered as a headcount at the registration point	<p>INCLUDE clients given health-care services during a visit to a non-health facility, e.g. home, school or crèche, old age home, factory, prison, etc;</p> <p>INCLUDE clients seen by health professionals of an outreach team;</p> <p>INCLUDE a DOTS visit to the facility (but not to the community, workplace or home);</p> <p>INCLUDE clients who bypass the registration unit and go directly to the pharmacy to collect their own chronic medication (including CDU medication) or clients using fast lines or those to be seen by outreach teams, or those to be seen by HIV counsellors;</p> <p>INCLUDE clients seen by a professional nurse appointed by a NPO and seconded to a clinic/service</p>	<p>EXCLUDE national campaign headcounts;</p> <p>EXCLUDE cases where a client visits a facility just to make an appointment (e.g. transport / OPD or specialist appointments);</p> <p>EXCLUDE cases where a client visits a facility only to submits sputum samples produced outside of the facility with assistance of health professional should be recorded as a headcount);</p> <p>EXCLUDE cases where a client visits a facility to get feedback regarding examination results without seeing a professional person;</p> <p>EXCLUDE telephonic consultations with clients;</p> <p>EXCLUDE medication collected by a Home Community Based Care (HCBC) worker or family member/friend as a headcount registered at the registration point;</p> <p>EXCLUDE cases where a professional nurse appointed by a HCBC NPO renders a service to individuals or to support groups, including the distribution of medication collected at PHC facilities on behalf of clients, the headcount should not be counted by the PHC facility from where the medication is collected, BUT as part of HCBC data</p>
PHC headcount total	Clients of all ages attending the facility for Primary Health Care. Each client is counted once a day regardless of the number of services provided on that day	DHIS calculate - sum of PHC headcount under 5 years and PHC 5 years and older	Each client is counted once a day regardless of the number of services provided on that day. Auto-calculated by DHIS	None	None

# RECEPTION HEAD COUNT REGISTER

FACILITY NAME: \_\_\_\_\_

MONTH: \_\_\_\_\_

DATE (DD/MM/YYYY)	NO.	FILE NO.	SEX (M/F)	AGE (YEARS, MONTHS, FOR < 1 YEAR)	PHC HEADCOUNT UNDER 5 YEARS	PHC HEADCOUNT 5-9 YEARS	PHC HEADCOUNT 10-19 YEARS	PHC HEADCOUNT 20 YEARS AND OLDER	NAME AND SURNAME	ID NUMBER/PASSPORT NUMBER/OTHER OFFICIAL IDENTIFICATION NUMBER	PHYSICAL ADDRESS	CONTACT NUMBER
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											
	16											
<b>TOTAL</b>												

NOTE: the reviewer (facility manager or clinic supervisor) must check the register for correctness and completion and sign at least once a month.

Completed by (staff member's initial and surname): \_\_\_\_\_

Signature (staff member): \_\_\_\_\_

Completed by (Reviewer's name): \_\_\_\_\_

Reviewer's signature \_\_\_\_\_

**ADULT FEMALE PATIENT HEALTH RECORD  
PRIMARY HEALTH CARE**

**Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility unique number:** \_\_\_\_\_

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility. It contains information that is confidential and protected from disclosure.

**DO NOT REMOVE** from the premises of this health facility.

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.



Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**health**

HPRS LABEL .....

**ID/Passport Number:**

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**Patient File Number:**

				-					-				
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(SPECIFICATION HEAD COUNT REGISTER)

- The cover page must be white hard smooth pvc with Health Logo size landscape, must consist of 300 pages with the same information printed back to back, the version should be the latest one for 2020 or at least 2019, as written on the cover page Version 1.0 of 2020, please see sample attached.

- The cover page must be written in big bold visible font, please see sample attached.

- The inside of the cover page also has got information written on it, please see sample attached.

- The first page or page 1 of 300 must be written reception head count register with black bold visible font, please see sample attached.

Quantity : ( X 52 Units)

( SPECIFICATION FOR ADULT FEMALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE)

- The cover page must be A4 size, hard smooth pvc , white and peach background with Health Logo.

- Should be written in bold black visible font, must consist of 80 pages with back to back printed information.

First page or page 1 of 80 is the table of content which consists of different

contents.

NB: Each category of content shows clearly how many pages the information should to appear on, ( for example page 45-52 has the same content, page 13-27 has the same content etc)

Quantity: ( X 5100 Units)

NB: THE SUPPLIER IS ALLOWED TO COME AND VIEW SAMPLES AT ST APOLLINARIS SCM STORES.