



KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2021-06-01

Closing Date: 2021-06-08

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Benedictine hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: PHC

Date Submitted: 2021-06-01

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
Ben 77/21-22

Item Category: Goods

Item Description: 1. Facility telephonic Training Register
2. Ward Based PHC outreach Team Daily Activity Tracker
3. Ward Based PHC outreach Team Household Registration and screening
4. Ward Based Outreach Team Monthly summary
5. Community Health worker Tracing Register

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Download from Website

QUOTES SHOULD BE DELIVERED TO: Benedictine Hospital Tender Box near PRO Office (Tender Box only)

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mrs J.P Mjaja

Email: N/A

Contact Number: 035 831 7062

5/31/2021

Supply Chain Management - AdvertQuote

Finance Manager Name:

Mrs P.N Gumede

Finance Manager Signature:



No late quotes will be considered

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to 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?):..... 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

¹"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. |

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

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 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;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the 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

The supplier shall indemnify the KZN Department of Health (hereafter 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

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
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the 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_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = 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		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. DECLARATION WITH REGARD TO COMPANY/FIRM

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

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [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.

WITNESSES	
1.
2.

..... SIGNATURE(S) OF BIDDERS(S)
DATE:
ADDRESS.....



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Facility telephonic tracing register

Department/Section: PHC - Outreach 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 production and content part of the quote? Yes / No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No

if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Hard cover page with metal binding</u>	
2. <u>Both sided</u>	
3. <u>Consist of 100pgs document.</u>	
4.	
5.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

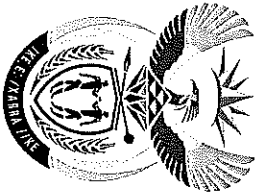
4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>Dawinile Ngobho</u>	Name of SCM Rep (in full)	<u>Jabu</u>
Designation / Rank (in full)	<u>PHC Support/801</u>	Designation/ Rank (in full)	<u>SCC</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>18-05-2021</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

FACILITY TELEPHONIC TRACING REGISTER

FACILITY NAME: _____

FACILITY TELEPHONIC TRACING REGISTER

List generated by	Name of Tracer	Date allocated
Date list generated	Facility Name	dd/mm/yyyy

Name and Surname	Age	File number/UID	Missed appointment date	Type of appointment *	Phone Number (s)	Physical Address	Complete during telephonic tracing		Complete when client visits clinic		Referred for physical tracing	Comment
							Date(s) client phoned	Outcome of phone call**	Appointment date	Date client visited clinic		
1.			dd/mm/yyyy									
2.			dd/mm/yyyy									
3.			dd/mm/yyyy									
4.			dd/mm/yyyy									
5.			dd/mm/yyyy									
6.			dd/mm/yyyy									
7.			dd/mm/yyyy									
8.			dd/mm/yyyy									
9.			dd/mm/yyyy									
10.			dd/mm/yyyy									
11.			dd/mm/yyyy									
12.			dd/mm/yyyy									

* Type of appointment can be: TB, ART, Diabetes, Hypertension, Mental Health, Other
 ** 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), U = Unsuccessful (Client reached but unwilling to return), L = Lost (Client cannot be reached, incorrect number or no answer)

Name: _____ Date: _____

Signature: _____

Facility Manager:

Name: _____ Date: _____

Signature: _____





END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: WBPHCOR daily activity trac

Department/Section: PHC-outreach Purpose of Item: To track daily activities

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>To have hard cover page with metal</u>	
2. <u>binding.</u>	
3. <u>To be written both sides</u>	
4. <u>To consist 100 pages</u>	
5. <u>Each page to have 15 entries with summary</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ / _____ / _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

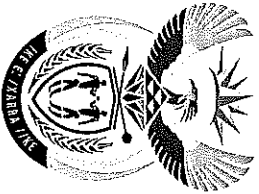
4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>Bawimile Ngoboo</u>	Name of SCM Rep (in full)	<u>Jabu</u>
Designation / Rank (in full)	<u>PHC supervisor</u>	Designation/ Rank (in full)	<u>SCC</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>20/05/2021</u>	Date	<u>20/05/21</u>



health
Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM
DAILY ACTIVITY TRACKER

CHW: _____ Team Name: _____

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

Instructions

1. This form should be used daily at each household visit.
2. Record each client provided with the service per household in each row. If a particular service is not provided to anyone in the household, fill in zero (0).
3. Summarise the totals for each page in the last row of the table.
4. At the end of the month, add up all the page totals applicable for that month and submit to OTL.
5. Start a new page at the beginning of each month.

Month:

Household profile number	Date of visit (dd/mmm)	Type of visit (Tick 1 for 1st visit to household, F for follow up visit)	Was this visit supervised? (Tick Y/N)	Headcount				Antenatal		Post-natal				Child Health				HIV		TB		Hypertension		Diabetes		Adherence	Other										
				Under 5	5-9 years	10-19 years	20 years and above	Pregnancy test	1st Antenatal visit	Antenatal support	Post-natal support	Under 1 assessed for danger signs	Under 1 referred	Child (1-5) assessment	Under 5 referred for nutrition and growth problems	Under 5 with Diarrhoea referred for further treatment	Child referred for immunisation	Child (12-59 months) provided with Vitamin A	Child (12-59 months) provided with deworming	Child under 15 referred to social services	Child under 5 referred for HIV test	Child 5-14 referred for HIV test	Clients 15 years and above referred for HIV test	HIV defaulter traced	Clients under 5 screened for TB	Clients 5 years and older screened for TB	Clients referred for TB investigation	TB defaulters traced	Clients screened for high blood pressure	Clients referred for blood pressure testing	Clients screened for diabetes	Clients referred for blood glucose test	Clients provided with adherence support	Clients 15 years and older referred to social services	Clients referred for mental health assessment	Other	
1	F	Y	N																																		
2	F	Y	N																																		
3	F	Y	N																																		
4	F	Y	N																																		
5	F	Y	N																																		
6	F	Y	N																																		
7	F	Y	N																																		
8	F	Y	N																																		
9	F	Y	N																																		
10	F	Y	N																																		
11	F	Y	N																																		
12	F	Y	N																																		
13	F	Y	N																																		
14	F	Y	N																																		
15	F	Y	N																																		
16	F	Y	N																																		
17	F	Y	N																																		
18	F	Y	N																																		
19	F	Y	N																																		
20	F	Y	N																																		
21	F	Y	N																																		
22	F	Y	N																																		
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25	F	Y	N																																		
26	F	Y	N																																		
27	F	Y	N																																		
28	F	Y	N																																		
29	F	Y	N																																		
30	F	Y	N																																		
31	F	Y	N																																		
32	F	Y	N																																		
33	F	Y	N																																		
34	F	Y	N																																		
35	F	Y	N																																		
36	F	Y	N																																		
37	F	Y	N																																		
38	F	Y	N																																		
39	F	Y	N																																		
40	F	Y	N																																		
41	F	Y	N																																		
42	F	Y	N																																		
43	F	Y	N																																		
44	F	Y	N																																		
45	F	Y	N																																		
46	F	Y	N																																		
47	F	Y	N																																		
48	F	Y	N																																		
49	F	Y	N																																		
50	F	Y	N																																		
51	F	Y	N																																		
52	F	Y	N																																		
53	F	Y	N																																		
54	F	Y	N																																		
55	F	Y	N																																		
56	F	Y	N																																		
57	F	Y	N																																		
58	F	Y	N																																		
59	F	Y	N																																		
60	F	Y	N																																		
61	F	Y	N																																		
62	F	Y	N																																		



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: WSPHCC Household registration and screening record.

Department/Section: PHC - Outreach

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Have cover with A4 size stamped.</u>	
2. <u>Consist Household registration form inside.</u>	
3. <u>Consist individual intervention record both sides</u>	
4. <u>Consist screening record with 20 entries</u>	
5. <u>and should be both sides</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ / _____ / _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>B P Ngcobo</u>	Name of SCM Rep (in full)	<u>JABU</u>
Designation / Rank (in full)	<u>PHC supervisor</u>	Designation/ Rank (in full)	<u>SCC</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>18.05.2021</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM HOUSEHOLD REGISTRATION AND SCREENING RECORD

Household Registration Form



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Household Identifier		District name	
Name of household head		Ward number	
Contact details of household head	(1)	(2)	Facility name
Household address details			
Household respondent	Please tick (✓) <input type="checkbox"/> Available <input type="checkbox"/> Not available <input type="checkbox"/> Refused		

Household member details							
Household member number	Name and Surname	DOB	Grant (Y/N)	Regular Work (Y/N)	Age	Sex	
						M	F
1.		dd/mm/yyyy					
2.		dd/mm/yyyy					
3.		dd/mm/yyyy					
4.		dd/mm/yyyy					
5.		dd/mm/yyyy					
6.		dd/mm/yyyy					
7.		dd/mm/yyyy					
8.		dd/mm/yyyy					
9.		dd/mm/yyyy					
10.		dd/mm/yyyy					
11.		dd/mm/yyyy					
12.		dd/mm/yyyy					
13.		dd/mm/yyyy					
14.		dd/mm/yyyy					
15.		dd/mm/yyyy					
16.		dd/mm/yyyy					
17.		dd/mm/yyyy					
18.		dd/mm/yyyy					
19.		dd/mm/yyyy					

Information about the house										
Is there piped water in the house or in the yard?	Y	N	Is there a flush toilet in the house?	Y	N	Is there a working fridge in the house?	Y	N	Total number of rooms in the house	

Form last updated date	Does household require follow up visit (Y/N)		Household follow up visit date	Comment
dd/mm/yyyy	Y	N	dd/mm/yyyy	
dd/mm/yyyy	Y	N	dd/mm/yyyy	
dd/mm/yyyy	Y	N	dd/mm/yyyy	
dd/mm/yyyy	Y	N	dd/mm/yyyy	



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: NBPHOC Monthly Register

Department/Section: PHC - Outreach

Purpose of Item: For monthly data submission

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Cover pages should be hard with metal binding.</u>	
2. <u>Consist of 100 pages single / one sided</u>	
3. <u>Each page should accommodate 10 entries.</u>	
4.	
5.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

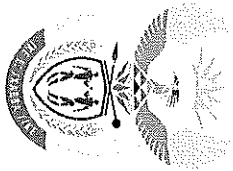
4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>Bawinkel Ncabo</u>	Name of SCM Rep (in full)	<u>JABU</u>
Designation / Rank (in full)	<u>PHC Supervisor</u>	Designation / Rank (in full)	<u>OPD</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>18.05.2021</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM
MONTHLY REGISTER

Facility Name: _____

Team Name: _____

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

- Instructions**
- This form should be used by an OTL to summarise the monthly totals for each CHW in the WBP/HCOT.
 - 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.

Outreach Team Leader Name	Reporting Month	Clinic Name	WBP/HCOT DHS Name																																
CHW Name and Surname	Visit			Headcount			Antenatal			Post-natal			Child Health						HIV		TB		Hypertension		Diabetes		Adherence		Other						
	Number of 1st visits	Number of follow up visits	Number of supervised visits	Under 5	5-9 years	10-19 years	20 years and above	Pregnancy test	1st Antenatal visit	Antenatal support	Post-natal support	Under 1 assessed for danger signs	Under 1 referred	Child (1-5) assessment	Under 5 referred for nutrition and growth problems	Under 5 with Diarrhoea referred for further treatment	Child referred for immunisation	Child (12-59 months) provided with Vitamin A	Child (12-59 months) provided with deworming	Child under 15 referred to social services	Child under 5 referred for HIV test	Child 5-14 referred for HIV test	Clients 15 years and above referred for HIV test	HIV defaulter traced	Clients under 5 screened for TB	Clients 5 years and older screened for TB	Clients referred for TB investigation	TB defaulters traced	Clients screened for high blood pressure	Clients referred for blood pressure testing	Clients screened for diabetes	Clients referred for blood glucose test	Clients provided with adherence support	Clients 15 years and older referred to social services	Clients referred for mental health assessment
Complete totals for each column below																																			
Team Total																																			

Health Condition	Number of clients listed on WBP/HCOT Training Register	Number of clients with outcomes recorded (S, A, T, M, U, J)	Number of clients with outcomes = S (Successful)	Number of clients with a return date
HIV				
TB				
Other				
Total				

Compiled by OTL:
 Name: _____ Date: _____
 Signature: _____
Reviewed by Facility Manager:
 Name: _____ Date: _____
 Signature: _____

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 WBP/COT.
 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.

Outreach Team Leader Name	Reporting Month	Clinic Name	WBP/COT DHIS Name																													
CHW Name and Surname	Visit	Headcount			Antenatal			Post-natal			Child Health						HIV		TB			Hypertension		Diabetes		Adherence		Other				
		Under 5	5-9 years	10-19 years	20 years and above	Pregnancy test	1st Antenatal visit	Antenatal support	Post-natal support	Under 1 assessed for danger signs	Under 1 referred	Child (1-5) assessment	Under 5 referred for nutrition and growth problems	Under 5 with Diarrhoea referred for further treatment	Child referred for immunisation	Child (12-59 months) provided with Vitamin A	Child (12-59 months) provided with deworming	Child under 15 referred to social services	Child under 5 referred for HIV test	Child 5-14 referred for HIV test	Clients 15 years and above referred for HIV test	HIV defaulter traced	Clients under 5 screened for TB	Clients 5 years and older screened for TB	Clients referred for TB investigation	TB defaulters traced	Clients screened for high blood pressure	Clients referred for blood pressure testing	Clients screened for diabetes	Clients referred for blood glucose test	Clients provided with adherence support	Clients 15 years and older referred to social services
Complete totals for each column below																																
Team Total																																

Health Condition	Number of clients listed on WBP/COT Training Register	Number of clients with outcomes recorded (S,R,I,W,U,A)	Number of clients with outcomes = 3 (Successful)	Number of clients with a return date
HIV				
TB				
Other				
Total				

Compiled by OTL:
 Name: _____ Date: _____
 Signature: _____
 Reviewed by Facility Manager:
 Name: _____ Date: _____
 Signature: _____



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: CHW tracing register

Department/Section: PHC-Outreach

Purpose of Item: For physical tracing of patients by CHWs.

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Hard cover pages</u>	<u>to bring sample</u>
2. <u>metal binding</u>	
3. <u>12 enterings to each page</u>	
4. <u>Double/both sided document</u>	
5. <u>Consist 100 pages booklet.</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

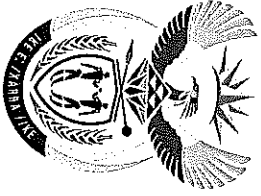
4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>BP Ngcobo</u>	Name of SCM Rep (in full)	<u>JABY</u>
Designation / Rank (in full)	<u>PHC SUPERVISOR</u>	Designation/ Rank (in full)	<u>SCC</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>18-05-2021</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

COMMUNITY HEALTH WORKER TRACING REGISTER

CHW:

Team Name:

COMMUNITY HEALTH WORKER TRACING REGISTER

Team Name	CHW name	
Date list generated	Date allocated	

Name and Surname	Age	File number/UID	Missed appointment date	Phone Number (s)	Physical Address	Date(s) client visited at home	Outcome of home visit	Final Outcome	Proposed Date of Clinic Visit	Comment
1.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
2.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
3.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
4.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
5.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
6.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
7.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
8.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
9.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
10.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
11.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	
12.			dd/mm/yyyy			<input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy <input type="checkbox"/> dd/mm/yyyy			dd/mm/yyyy	

** 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 unwilling to return), L = Lost (Client cannot be reached, incorrect number or no answer)

OTL:

Signature: _____ Date: _____ Name: _____ Date: _____

Signature: _____



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Outreach team individual client record

Department/Section: PHK outreach

Purpose of Item: To record individual interventions

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Cover page to be hard</u>	
2. <u>A 4 booklet without binding</u>	
3. <u>Consist 100 pages written both sides</u>	
4. <u>Each page with 14 entries.</u>	
5.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

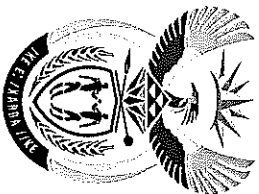
4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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 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.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>Bawinile P. Nkomo</u>	Name of SCM Rep (in full)	<u>JABU</u>
Designation / Rank (in full)	<u>PHK supervisor</u>	Designation/ Rank (in full)	<u>SCC</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>20/05/21</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM
INDIVIDUAL CLIENT HEALTH RECORD



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: WBP/HCOT Monthly DHIS report register.

Department/Section: Ptc - outreach

Purpose of Item: For DHIS report for each CHW.

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 production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>To have hard cover page with</u>	
2. <u>metal binding.</u>	
3. <u>to consist 100 pages written both</u>	
4. <u>sides.</u>	
5. <u>Not easy to tear.</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

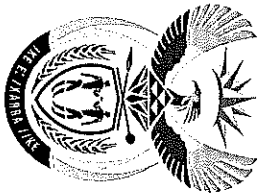
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5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
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9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>Bawswile P Ngobos</u>	Name of SCM Rep (in full)	<u>JABY</u>
Designation / Rank (in full)	<u>Ptc supervisor</u>	Designation / Rank (in full)	<u>Sec</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>20/05/21</u>	Date	<u>20/05/21</u>



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM
MONTHLY DHIS REPORT

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