KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 02/07/2024
Closing Date: 05/07/2024

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umzinyathi District Office

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods/ Service is required: UMzinyathi Health District Office

Date Submitted: **02/07/2024**

ITEM CATEGORY AND DETAILS

Quotation number: **ZNQ:** UMZ 129/2024/25

Item Category: Goods

Item Description: Supply and Deliver Integrated TB/HIV Data Management Standard Operating Procedure

Quantity (If Supplies): **50 Units**

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date: N/A

Time: N/A

Venue: N/A

QUOTES CAN BE COLLECTED FROM: Quote can be Downloaded from the Webmaster

QUOTES SHOULD BE DELIVERED TO: Umzinyathi Health District Office, 34 Wilson Street - Dundee

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Khulekani Zondo

Email: khulekani.zondo@kznhealth.gov.za **Contact number:** 034 2999 152

Finance Manager Name: Mr. B.W. Mchunu **Finance Manager Signature**

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: _____

FACSIMILE NUMBER: 034 212 3139 E-MAIL ADDRESS: umzinyathi.quotation@kznhealth.gov.za

PHYSICAL ADDRESS: 34 WILSON STREET, Dundee ,3000

QUOTE NUMBER: ZNQ /UMZ / 129/2024 /25 - VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 02 July 2024 CLOSING DATE: 05 July 2024 CLOSING TIME: 11:00

DESCRIPTION: SUPPLY AND DELIVER INTEGRATED TB/HIV DATA MANAGMENT Standard Operating Procedure

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
34 WILSON STREET
Dundee ,3000, NEXT TO SECURITY DESK.

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: Khulekani Zondo TELEPHONE NUMBER: 034 299 9152

E-MAIL ADDRESS: umzinyathi.quotation@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: Khulekani Zondo TELEPHONE NUMBER: 034 299 9152

E-MAIL ADDRESS: umzinyathi.quotation@kznhealth.gov.za

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (If VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. M A A A _ _ _ _ _ _ _ _ _

UNIQUE REGISTRATION REFERENCE: _ _ _ _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ _ _ _

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ /UMZ /129/2024 /25

DESCRIPTION: SUPPLY AND DELIVER INTEGRATED TB/HIV DATA MANAGMENT Standard Operating Procedure

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
RDP Goal: Full points allocated to promote South African owned enterprises	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE R	PRICE C
			SUPPLY AND DELIVER:				
	50	UNIT	TB/HIV DATA MANAGMENT SOP				
			DETAILS SPECIFICATION				
			- Intergranted TB/HIV Data Managment SOP				
			- Pages: 35 pages				
			- Size: A4 When Closed opened to A3				
			- Paper: Litho Board, White				
			- Material: all pages inside to be Gloss				
			- Print: Printed Both sides in colour				
			- Cover and back glossy(White) 90gsm				
			- NB: Soft copy available				
			Specific goal:				
			Promotion to South African owned				
			enterprise				
			NB: Please fill the form in full failure to				
			do so will results to disqualification of an				
			offer.				
			To be delivered at uMzinyathi Health				
			Disctrict Office				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)							

UMZINYATHI DISTRICT OFFICE
2024 -07- 02
SCM DEPARTMENT
PRIVATE BAG X2052
DUNDEE 3000

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

SBD 4

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

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

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

2 BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest [1] in the enterprise, employed by the state? **YES / NO**

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

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution[2]? **YES / NO**

2.2.1. If so, furnish particulars: _____

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

2.3.1. If so, furnish particulars: _____

3 DECLARATION

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

3.1. I have read and I understand the contents of this disclosure;

3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[3] will not be construed as collusive bidding.

3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

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

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

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

NAME OF BIDDER	SIGNATURE	POSITION	DATE

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

2 "Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

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

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

(i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and

(ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

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

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

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1 Definitions

The following terms shall be interpreted as indicated:

1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.

1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.

1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.

1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.

1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.

1.7. "Day" means calendar day.

1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.

1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.

1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.

1.11. "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA

1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.

1.14. "GCC" means the General Conditions of Contract.

1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.

1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.

1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.

1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.

1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.

1.20. "Project site," where applicable, means the place indicated in bidding documents.

1.21. "Purchaser" means the organization purchasing the goods.

1.22. "Republic" means the Republic of South Africa.

1.23. "SCC" means the Special Conditions of Contract.

1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.

1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2 Application

2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.

2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3 General

3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.

3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

4 Standards

4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5 Use of contract documents and information; inspection.

5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6 Patent rights

6.1. The supplier shall indemnify 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.

7 Performance security

7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or

(b) a cashier's or certified cheque

7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8 Inspections, tests and analyses

8.1. All pre-bidding testing will be for the account of the bidder.

8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9 Packing

9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10 Delivery and documents

10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2. Documents to be submitted by the supplier are specified in SCC.

11 Insurance

11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12 Transportation

12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13 Incidental services

13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the

13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14 Spare parts

14.1. As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
(b) in the event of termination of production of the spare parts:
    (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
    (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15 Warranty

15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.

15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.

15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.

15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16 Payment

16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.

16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.

16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.

16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

17 Prices

17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18 Contract amendments

18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19 Assignment

19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20 Subcontracts

20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21 Delays in the supplier's performance

21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

22 Penalties

22.1. Subject to GCC Clause 25, 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. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23 Termination for default

23.1. 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:

(a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;

(b) if the Supplier fails to perform any other obligation(s) under the contract; or

(c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2. 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. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. 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.

23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

(i) the name and address of the supplier and / or person restricted by the purchaser;

(ii) the date of commencement of the restriction

(iii) the period of restriction; and

(iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

24 Anti-dumping and countervailing duties and rights

24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount whichmay be due to him.

25 Force Majeure

25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

26 Termination for insolvency

26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

27 Settlement of Disputes

27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.

27.5. Notwithstanding any reference to mediation and/or court proceedings herein,

(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and

(b) the purchaser shall pay the supplier any monies due the supplier.

28 Limitation of liability

28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and

(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

29 Governing language

29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

30 Applicable law

30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

31 Notices

31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice

31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

32 Taxes and duties

32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

33 National Industrial Participation (NIP) Programme

33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

34 Prohibition of Restrictive practices

34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).

34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.

34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

SPECIAL CONDITIONS OF CONTRACT

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 Department is under no obligation to accept the lowest or any quote.

3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.

3.3 ***ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.***

3.4. The price quoted must include VAT (if VAT vendor).

3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.

3.6. The bidder must ensure the correctness & validity of the quotation:

(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;

(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.

3.7. 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.

3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.

3.9. Offers must comply strictly with the specification.

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

3.11. Late offers will not be considered.

3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.

3.13. Used/ second-hand products will not be accepted.

3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.

3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.

3.16. 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.

3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.

3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.

3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.

3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.

4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.

4.6. Use of correcting fluid is prohibited and may render the response invalid.

4.7. Quotations 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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.

5.6. 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.**

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

(i) 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 will not take place.

(ii) **Date:** ____/____/____ **Time:** ____:____ Place: _____

Institution Stamp:	Institution Site Inspection / briefing session Official: Full Name: _____ Signature: _____ Date: _____

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 tax invoice
(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

12.1. 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. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

SBD 6.1.

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

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

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1. **GENERAL CONDITIONS**

1.1. The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
(a) Price; and
(b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

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

2. **DEFINITIONS**

(a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
(b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
(c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. **FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES**

3.1. **POINTS AWARDED FOR PRICE**

3.1.1. **THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS**

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

80/20

$$Ps = 80\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

OR

90/10

$$Ps = 90\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmin = Price of lowest acceptable tender

3.2. **FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT**

3.2.1. **POINTS AWARDED FOR PRICE**

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

80/20

$$Ps = 80\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

OR

90/10

$$Ps = 90\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
RDP Goal: Full points allocated to promote South African owned enterprises	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm: _____

4.4. Company registration number: _____

4.5. TYPE OF COMPANY/ FIRM [tick applicable box]

- _ Partnership/Joint Venture / Consortium
- _ One-person business/sole propriety
- _ Close corporation
- Public Company
- _ Personal Liability Company
- _ (Pty) Limited
- _ Non-Profit Company
- _ State Owned Company

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering 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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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, if deemed necessary.

_____
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: _____

DATE: _____

ADDRESS: _____

_____

_____

health
Department:
Health
PROVINCE OF KWAZULU-NATAL
DIRECTORATE: UMZINYATHI HEALTH DISTRICT OFFICE
Physical Address:34 Wilson street, Dundee, 3000
Postal Address: Private Bag 2052
Tel: 034 2999 160 Fax: 034 212 3139 Email: senzo.mbatha@kznhealth.gov.za
www.kznhealth.gov.za
SCM

EVALUATION CRITERIA:

The Department will evaluate quotation received before the closing date and time using three (3) stages,

Stage 1: Administrative and Mandatory Compliance Requirements
Stage 2: Compliance with specifications
Stage 3: Price and Preference Points System

Stage 1: Administrative and Mandatory Compliance Requirements

Note: This relates to compulsory and mandatory returnable documents which must be fully completed, signed initialed and submitted as directed. The non-compliant returnable documents will be treated as non-responsive; the tender will be disqualified, and will not proceed to the next stage of evaluation.

NO.	REQUIREMENTS	RETURNABLE DOCUMENT STAGE 1	FOR OFFICIAL USE ONLY	
			YES	NO
1.1	Particulars Of Bidder Must Be Furnished	Yes		
1.2.	Full completion Of Official Price Page For Quotations Over R2 000.01. The prices must be compliant with National minimum wage	Yes		
1.3	Value added Tax and Total Bid Price to be completed correctly and in compliance with SARS requirements	Yes		
1.4	Bidders Disclosure SBD 4 Form must be completed in full and disclosed as stipulated.	Yes		
1.5	General Conditions of Contract	Yes		
1.6	Full Completion Of Standard Quotation Document For Quotations Above R2 000.01	Yes		
1.7	Full Completion Of Preference Points Claim Form In Terms Of The Preferential Procurement Regulations 2022, SBD 6.1.	Yes		
1.8	Full Completion of List of Essential Tools and Equipment Costing	Yes		
1.9	Consortium/ Joint Venture/ Partnership agreement, if applicable (Certified copies)	Yes		
1.10	Approved specific goals as per specification	Yes		

Stage 2: Specifications

NO.	REQUIREMENTS	RETURNABLE DOCUMENT STAGE 2	FOR OFFICIAL USE ONLY	
			YES	NO
2.1	Compliance with specification	Yes/No		
2.2.	No alterations	Yes/No/		
2.3	CIDB or any required certificate attached	Yes/No		
2.4	Is the sample required and submitted	Yes/No		

Stage 3: Price and Preference Points

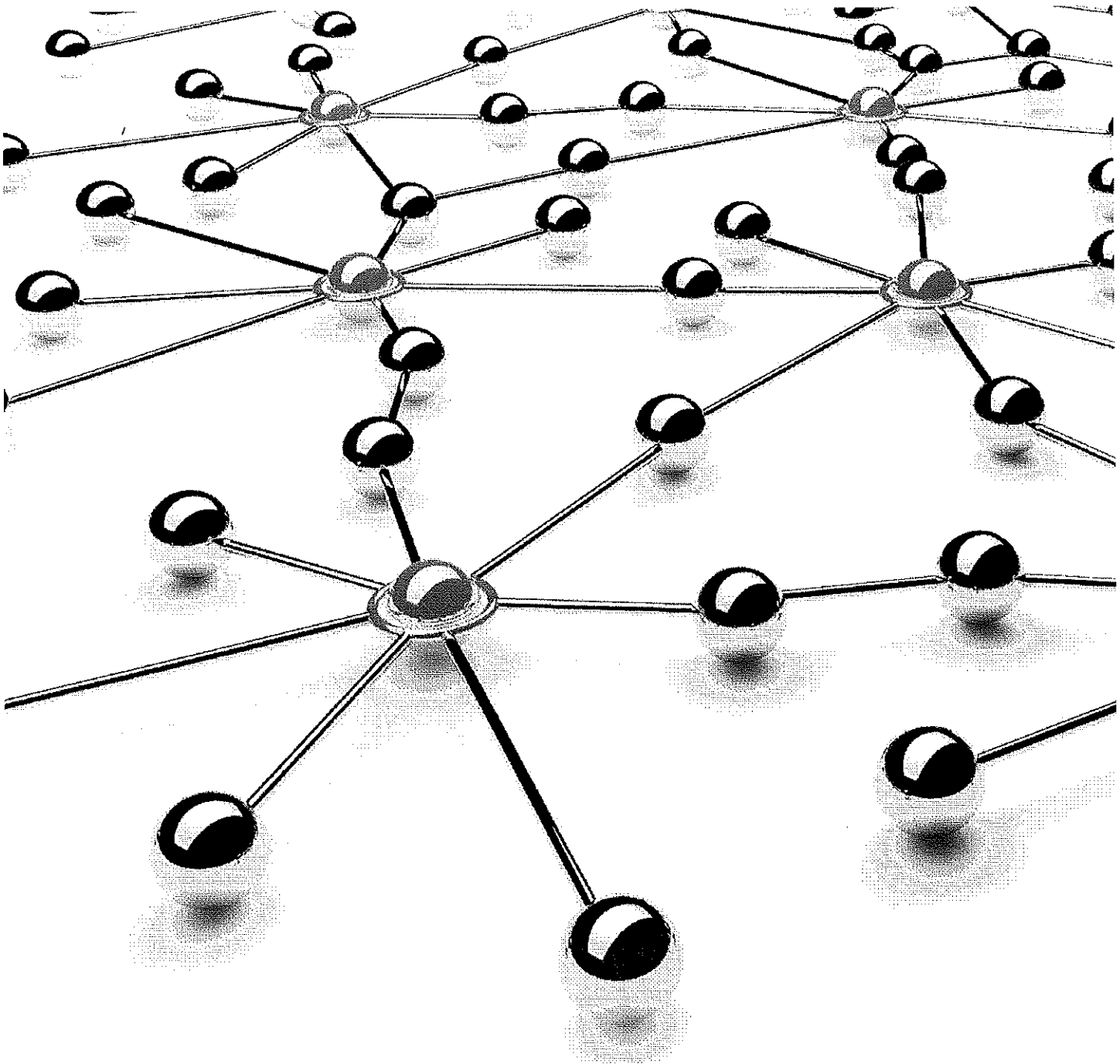
The value of this quotation is estimated not to exceed R 50 000 000 (inclusive of all applicable taxes), therefore the 80/20 preference point system shall be applicable. Points for this bid will be awarded for:

Price; and Specific Goals

CATEGORY	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and must not exceed	100

The Department has identified the following specific goal:

- 20 points allocated for Promotion of South African owned companies



Integrated TB/HIV Data Management

Standard Operating Procedure

Part I: Facility-level

Version 2, April 2019

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

Integrated TB/HIV data management SOP reviewer signature page

Data management and adherence to the information contained in this Integrated TB/HIV Data Management SOP is the responsibility of the facility team. Each relevant staff member must review and acknowledge by signing below. In addition, the SOP must be shared with any new administrative or clinical staff member during their induction. If no hard copy of the SOP is available, print this signature page as reference and place in the facility TB/HIV Information System (THIS) lever arch file. Please add an additional page if needed.

	Date SOP reviewed	First and Surname Please print	Job title	Signature	FM to date and initial if staff no longer employed
1					
2					
3					
4					
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8					
9					
10					
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15					
16					
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18					
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20					

DOCUMENT CONTROL

Document name:	Integrated TB/HIV Data Management Standard Operating Procedure Part I: Facility-level
Compiled by:	TB/HIV Information Systems (THIS) Integration Technical Working Group (TWG)
Contact details for queries:	Dr R Govender and Mrs N Somnath Riona.Govender@health.gov.za / Nevilla.Somnath@health.gov.za
Date of this version:	April 2019

VERSION CONTROL

Date updated	Version	Updated by	Comment on changes
1/6/2012	1.0	NDOH M&E Team	
25/10/2012	1.1	NDOH M&E Team	Inclusion of ICT coordinator and admin clerk roles and responsibilities Revision to data feedback timelines
04/2019	2	THIS TWG	Version 2 encompasses a significant revision to include: • Data management guidance for capturing of HIV testing, TB Identification, and DS-TB. • Data management roles and responsibilities for staff involved with data management. • Separation of the SOP into facility-level and (sub)district and above responsibilities for TB and HIV data management. • Renaming of SOP to Integrated TB/HIV Data Management Standard Operating Procedure.

Foreword

In line with the WHO Joint Review of HIV, TB and PMTCT Programmes in South Africa of 2013 and an independent assessment of systems in use for the management of TB and HIV data, the National Department of Health (NDOH) committed to integrating TB data into the existing HIV/ART information system, TIER.Net. The ART component of the TB/HIV information system has been operational in the Primary Health Care domain since 2011 with approximately 4,000 facilities collecting ART data electronically. This facilitates data flow of routine performance data through the health system. The implementation of the integrated TB/HIV information system (THIS) initiative began in earnest in 2017.

This integration of systems and processes provides multiple benefits, including: a single electronic record that integrates a patient's TB/HIV information; consolidated data to improve clinical management of co-infected patients; and the streamlining of data management procedures for the reporting of routine DS-TB and HIV/ART data. These integrated processes further enhance and improve data quality, clinical governance, and programme management.

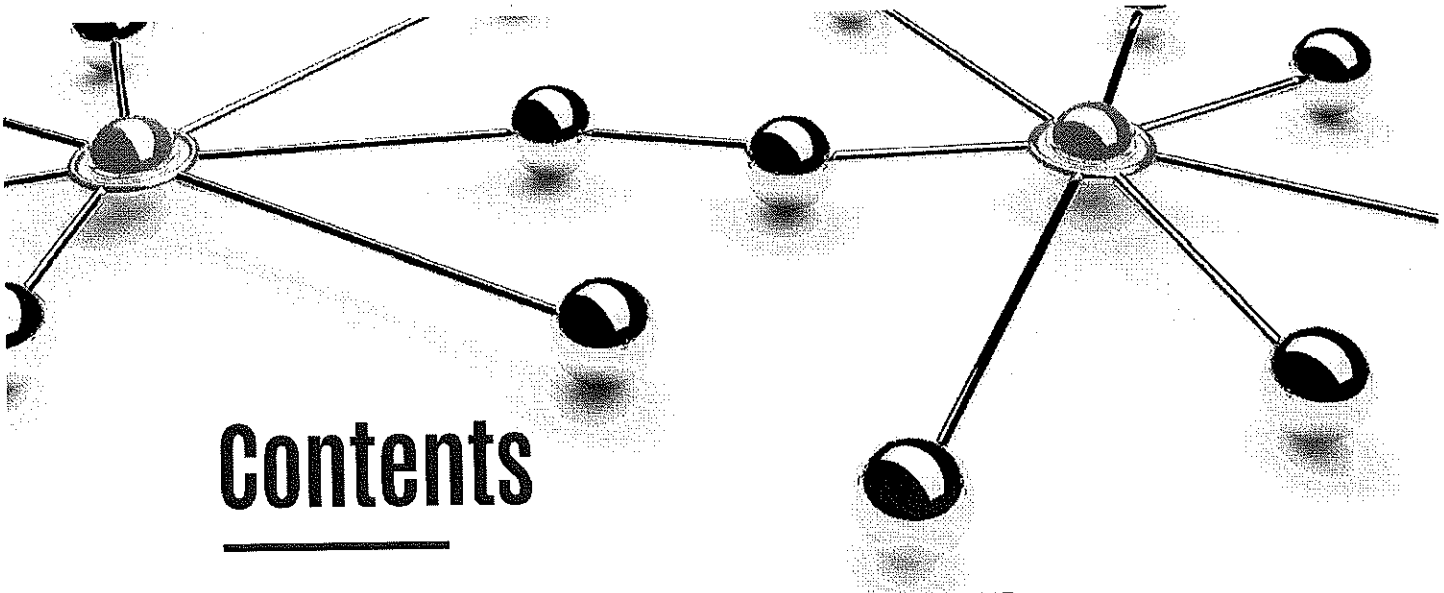
This iteration of the SOP is divided into two parts. The first part of the Integrated SOP provides facility-level guidance on TB/HIV data management from testing through treatment services. The target audience for Part 1 of the SOP includes health professionals and administrative staff who record, capture, analyse, and utilise data for patients receiving TB/HIV clinical care at a Primary Health Care facility. The second part of the SOP is directed at programmatic and information management staff at (sub) district, provincial and national levels whose responsibilities are to oversee and drive the institutionalisation of the TB/HIV information system processes in order to support improved service delivery and programme management. This SOP has been compiled through the collaborative work of colleagues in the NDOH. In addition, health managers, clinicians, administrative clerks, and support partners have also shared valuable experiences and feedback.

I hope that the guidance provided in this SOP will institutionalise good data management practices, that will guide the TB/HIV programmes in the provision of good quality healthcare for all. My thanks go to everyone driving the integration of TB/HIV services, your dedication and commitment are appreciated.

Dr. Gail Andrews
Deputy Director-General:
Health Systems Governance and HRH

Acronyms

AC	Administrative Clerk
AGSA	Auditor General of South Africa
ART	Antiretroviral Therapy
CCMDD	Central Chronic Medicines Dispensing and Distribution
CHW	Community Health Worker
DHIS	District Health Information System
DHMIS	District Health Management Information System
DIO	District Information Officer
DIT	District Integration Team
DOH	Department of Health
DR-TB	Drug Resistant Tuberculosis
DS-TB	Drug Sensitive Tuberculosis
EPTB	Extra-pulmonary TB
ETR.Net	Electronic TB Register
FIO	Facility Information Officer
FM	Facility Manager
FTP	File Transfer Protocol
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
HTS	HIV Testing Services
ICSM	Integrated Clinical Services Management
ID	Identity Document
IPT	Isoniazid Preventive Therapy
LTF	Lost to Follow-up
M&E	Monitoring and Evaluation
MCN	Mobile Clinic Nurse
MDI	Monthly Data Input Form
NDOH	National Department of Health
NHLS	National Health Laboratory Services
OM	Operational Manager
PRN	Patient Record Number
PHC	Primary Health Care
PIT	Provincial Integration Team
PMTCT	Prevention of Mother to Child Transmission
POC	Point of Care
PTB	Pulmonary TB
SDIO	Sub-District Information Officer
SD	Sub-District
SOP	Standard Operating Procedure
TB	Tuberculosis
TIER.Net	Three Interlinked Electronic Registers
THIS	TB/HIV Information System
TKI	THIS Key Implementer
TROA	Total Remaining on ART
uLTF	Unconfirmed LTF
UPS	Uninterrupted power supply
VLD	Viral Load Done
VLS	Viral Load Suppressed
WHO	World Health Organization
XML	eXtensible Markup Language



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SUMMARY OF TIER.NET LINE LISTS AND FACILITY REPORTS

Glossary of commonly used terms

Administrative Clerk (AC): The AC is responsible for administrative, reception and data capturing/management activities. The AC is an all-encompassing term used to refer to the person responsible for activities relating to administrative, reception, and data capturing activities.

Clinical stationery: The NDOH standardised TB and HIV clinical stationery, that is filed in the facility-based single and integrated patient folder.

Cohort: A group of patients with a similar characteristic. The TB and ART cohorts are defined by the quarter in which patients commenced treatment. Current cohort data as reported into webDHIS does not include TFI patients.

DHIS: District Health Information System: the national routine health information system used to collect, store and analyse information for the South African Department of Health; an aggregate data platform for tracking health service delivery in the public health sector, and a component of the comprehensive Health Management Information System (HMIS).

DHMIS policy: Policy that guides the management of public health information in South Africa, an overarching national policy with associated processes, SOPs, norms and standards. The DHMIS is inclusive of, but much broader than, the webDHIS software. It includes the people, policies, procedures, hardware, software, networks, and datasets required to ensure a well-functioning information system.

Dispatch: An encrypted file that is generated from TIER.Net to export patient-level data to higher levels of health for quarterly reporting requirements and analysis.

(Sub)District Integration Team (SDIT and DIT): Comprising an interdisciplinary team of (sub)district based health services and correctional services staff who serve as the operational hubs that oversee the in-facility implementation, maintenance, sustained management, and use of the HIV and TB monitoring data. This team is responsible to ensure facilities have the sufficient tools, staff, and equipment to function optimally and where aforementioned is lacking should assist to remediate the situation. This group includes TKIs.

EPTB: TB disease involving organs other than the lungs: e.g. pleura, lymph nodes, abdomen, genitourinary tract, skin, joints, bones, and meninges.

External storage device: Memory stick, CD, or external hard drive. These are to be used to back-up electronic files and/or dispatches of TIER.Net.

FTP (File Transfer Protocol): Software used to transfer large files, those which cannot be emailed. Used to transmit back-up electronic files and/or dispatches of TIER.Net between computers on a network.

LTF (HIV/ART): A patient outcome status denoting that a patient missed their scheduled appointment date for more than 90 days (HIV) OR have not had ART in hand for greater than 90 days (ART).

LTF (TB): A patient outcome status denoting a patient who missed their scheduled appointment date and TB treatment for two consecutive months or more.

Provincial Integration Team (PIT): This interdisciplinary team of Provincial Managers and SDIT and DIT members, are responsible for the overall project management of implementation and maintenance of the TB/HIV information system. Comprising of an interdisciplinary team of Provincial Managers as well as SDIT and DIT members, they are responsible for ensuring allocation of resources and support for the TB/HIV data management activities as well as support programme and patient management through strengthened data use.

Presumptive TB case: A person who presents with symptoms consistent with tuberculosis disease, and/or a contact of a TB case. Symptoms may include one or more of the following: coughing for two or more weeks, fever for more than 2 weeks, drenching night sweats, and unexpected loss of weight.

PTB: Pulmonary TB is a contagious disease and refers to any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree.

Reporting Quarter: A reporting period referring to a 3-month calendar quarter, i.e. Q1 is Jan-Mar, Q2 is Apr-Jun, Q3 is Jul-Sep, and Q4 is Oct-Dec.

TB/HIV Information Systems Portal: http://www.tbhivinfosys.org.za

The NDOH online portal which hosts all TB/HIV information system related support materials. This replaces www.vula.uct.ac.za. Email address to request support from the NIT: NIT_support@health.gov.za.

TIER.Net: TIER.Net is a non-networked electronic programme containing TB/HIV patient information. It is a tool used to support patient management and provides data used to report routine programme performance data into the webDHIS.

THIS Integration: The processes to integrate the HIV/ART and DS-TB data management and reporting processes into a single in-facility data management system and a single data flow. In addition, the TB/HIV information system integration term refers to the technical working group team responsible for the transition project.

THIS lever arch file: A facility retained lever arch file containing a compendium of all printed lists and reports, copies of submitted data and data submission forms, contact lists and other important information. The lists within the file should be retained for a rotating 3 months. Meaning, when a list has been actioned and ready for filing the oldest list from 3 months prior can be discarded and replaced with the current list.

TKI (THIS Key Implementer): A nominated individual tasked with driving the implementation and maintenance of the THIS Integration. A key member of a (Sub)District Integration Team (DIT or SDIT) or Provincial Integration Team (PIT) who is trained to install and support the implementation, management, and maintenance of TIER.Net. They are the main drivers and champions of the THIS integration implementation and change management and data utilisation as outlined in this SOP.

TrakCare: Electronic web-based portal to access NHLS laboratory results.

webDHIS: The current online / web-based version of the DHIS.

XML file: A data file that is used for importing aggregate data into webDHIS.

Purpose and guiding principles

Purpose

To standardise the collection and management of routine HIV/ART and DS-TB performance data from facility to national levels

The purpose of this SOP is to standardise the collection and management of routine HIV/ART and DS-TB performance data from facility to national levels to ensure accurate data are produced and used. This SOP aims to provide guidance at facility-level on recording, capturing, and data utilisation; and for reporting of TB/HIV data into webDHIS. This SOP is for use in public health facilities offering HIV/ART and DS-TB services, including correctional centres1 and district hospitals.

This SOP provides data management guidance for differentiated models of care for ART, including commercial/external pick up points (PuPs) and adherence clubs, aligned to the Adherence Guidelines for HIV, TB and NCDs 2016. The SOP does not account for data management of community-based services, or private healthcare providers. However, the guiding principles contained within this SOP can be considered as it relates to these contexts.

This SOP is intended to be read in conjunction with current guidelines and protocols. Refer to the NDOH website (www.health.gov.za) for the latest releases of guidelines, protocols, and policies.

This SOP does not presently apply to the management of DR-TB data.

This SOP does not provide instruction on completion of clinical patient records or how to capture data into TIER.Net. Guidance and training materials can be found on the www.tbhivinfosys.org.za portal.

Guiding principles and key messages

- The TB/HIV information system (THIS) initiative supports improvements to clinical governance, service delivery and programme management.
- The in-facility digitisation of patient data for HIV and TB (identification and treatment) into the TB/HIV information system facilitates the reporting of routine TB/HIV performance data to the next level of health.
- Action taken by the facility on the TIER.Net line lists support patient management, retention efforts, and data cleaning activities.
- Robust, comprehensive and accurate clinical recording keeping practices are a critical component of the TB/HIV information system.
- All information (clinical stationery, results etc) are to be filed together in a single patient folder in accordance with the Ideal

[1]This SOP acknowledges that DCS job designations are different than the Health services, and DCS administrative boundaries and reporting levels are also different. DCS should allocate the roles and responsibilities according the most suitable equivalents within DCS.

Clinic prescript of 'one patient, one folder, one folder number'[2].

- Facilities are to maintain printed and signed copies of submitted reports for reference and auditing purposes. In the event that a facility is unable to print the reports, an electronic file containing the reports is to be maintained for reference and audit purposes.
- Integration of TB/HIV data into a single data flow process (via clinical recording, data capturing, and patient folder flow) facilitates data use at the facility and the reporting of data from facility to (sub)district, province, and national levels.
- The webDHIS is the central repository for all aggregate routine health data and the official source for performance data. Aggregate HIV/ART and DS-TB data from facility-level are transmitted via webDHIS to the (sub)district levels of health to the national level. All data and management reports are to be verified, approved, and signed-off at the health facility and each subsequent level of health, prior to the next level taking responsibility for these data.

The webDHIS is the central repository for all aggregate routine health data and the official source for performance data.

- Monthly and quarterly TB/HIV data from primary health care facilities (including correctional centres), entered into webDHIS comprise the country's HIV and TB routine performance data.
- This SOP is aligned to the DHMIS Policy and provides guidance for the management of TB/HIV data. The principle must remain that the DHMIS Policy data flow timelines must be adhered to at all levels of health in order to ensure accurate and complete data within webDHIS.
- The reports and analytics in webDHIS must be accessed, reviewed, and used by TB/HIV managers commencing at the (sub)district for the purposes of programmatic monitoring, improvements, and informed decision-making. The line lists and programmatic reports are to be used at the facility-level to support clinical, patient, operational and programme management.
- Confidentiality of patient level data is protected in line with applicable legislation and policies[3], including but not limited to the National Health Act, the Protection of Personal Information (PoPI) Act, and the NDOH National Guidelines for Filing, Archiving and Disposing of Patient Records in Primary Health Care Facilities.
- Access to data (electronic or paper) is granted only to those authorised employees of the Department of Health. Anyone outside of the DOH requiring access to patients records (electronic or paper), must receive written approval by the district office and facility manager[4].

[2] As outlined in the Ideal Clinic Manual v.18, April 2018 [section 4 (Management of Patient Record), page 8], accessible at: https://www.idealhealthfacility.org.za

[3] Available at https://www.idealhealthfacility.org.za/ and http://www.health.gov.za/

[4] National Guideline for Filing, Archiving and Disposal of Patient Records in Primary Health Care Facilities (July 2018). (Section 6.3; Pg 12). accessible at: https://www.idealhealthfacility.org.za

Updating and dissemination of THIS training/ support documentation

THIS training materials and supporting documentation can be accessed via the TB/ HIV information system support portal: www.tbhivinfosys.org.za

The TB/HIV programmes and the information space are constantly evolving. As such policies, directives and supporting THIS information will require periodic revision. Dissemination of updated information will be conducted via clustered training sessions (where possible) and via written communication. It is the responsibility of all those receiving training and/or notification of updated information to timeously disseminate the information to all relevant stakeholders and provide support where needed.

It is the responsibility of all those with a role in the TB/HIV information system to ensure that the most recent version of the SOP is used, in conjunction with the latest training materials, data tools, and clinical guidelines.

Tools and components used to monitor TB and HIV

The following tools are recognised and approved by the NDOH for the management of TB/HIV data and information. This section provides details on those tools and systems, and also provides information on the equipment required to support the usage of these systems and tools.

TB and HIV source documents

The standardised TB and HIV clinical stationery, HTS register, and TB identification registers are the sources for capturing HIV/ART and DS-TB data as described in Table 1.

All clinical stationery are to be filed together in a single patient folder. The process for merging TB/HIV stationery is described in the 'Implementation Guide: TIER.Net TB Module'.

Once HPRS has been installed at the facility, training materials and user guides are accessible: https://hprs.health.gov.za/

In facilities where the Health Patient Registration System (HPRS) is implemented, the Patient Record Number (PRN) should be used as the folder number. The PRN is to be recorded in the clinical stationery, laboratory request forms, patient folder cover, and all other documents in the patient folder. Furthermore, the PRN is to be used as the 'folder number' and captured as such into TIER.Net.

The table below lists the patient-specific stationery used at facility-level, and are used as the source to capture into TIER.Net.

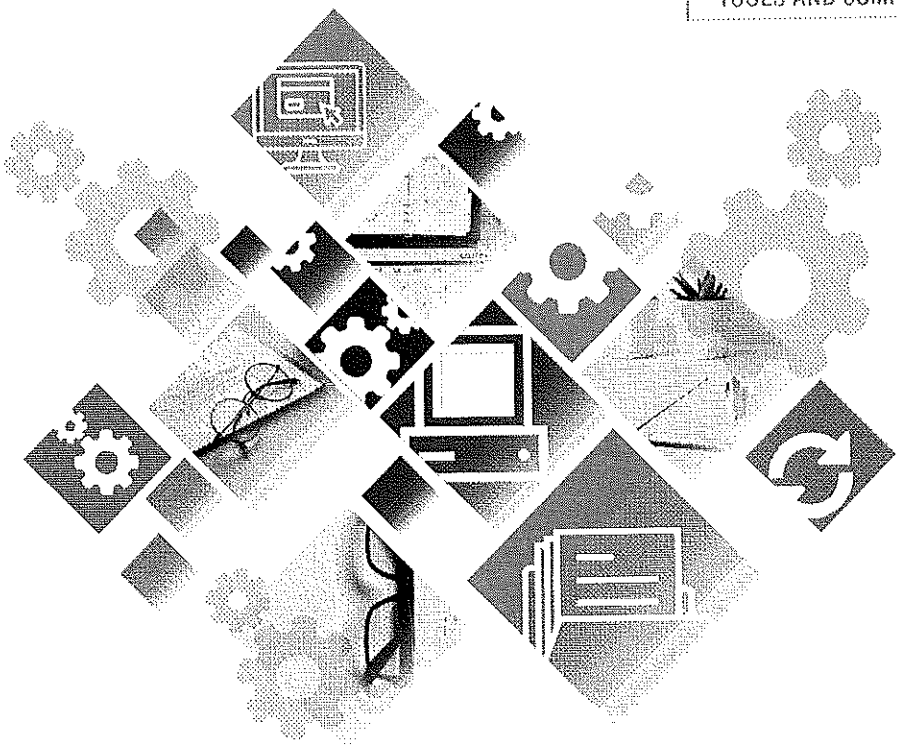


TABLE 1. NDOH-APPROVED STATIONERY AND SOURCE DOCUMENTS

Programme Component		Source Documents for capturing into TB/HIV information system
TB	TB case identification for presumptive TB patients	TB Identification Register
	TB treatment initiation and management	TB Blue Card
	Laboratory investigations	Clinical Stationery and Laboratory Results
HIV	HIV testing services (HTS)	HTS Register
	HIV/ART treatment initiation and management	HIV/ART Patient and Visit Summary (Adult, Paediatric)
	ART adherence club management	Adherence clubs registers and Clinical Stationery
	Laboratory investigations	Clinical Stationery and Laboratory Results

TIER.Net

TIER.Net, a component of the broader TB/HIV information system (THIS) strategy, is a non-networked electronic patient monitoring tool used to support patient management and the reporting of HIV/ART and DS-TB routine monthly and quarterly performance data. The tool supports facilities with the management of TB/HIV patients via operational line lists and routine reports. It is important to note that TIER.Net it is not the driver of patient management but rather is a tool to support patient management. Patient management is the responsibility of the clinician and management team within the facility who must leverage the available line list and reports. Adherence to these SOPs will support both patient management and data management.

TIER.Net, a component of the broader TB/HIV information system (THIS) strategy, is a non-networked electronic patient monitoring tool used to support patient management and the reporting of HIV/ART and DS-TB routine monthly and quarterly performance data.

Patient level data are extracted from the application via an encrypted dispatch file. This dispatch file is then imported into the next level of health's TIER.Net database. Routine performance data are extracted from the application via an XML file for import into webDHIS at (sub)district, and where available at facility-level.

Equipment and/or resources required

The table below lists the resources and equipment required to support the usage of the TB/HIV information system.

TABLE 2. RESOURCES TO SUPPORT THIS

Type	Requirement
Infrastructure	Functional reception / patient registration area
	Filing cabinets or shelving
	Workspace for AC(s)
Office supplies	Lever arch files with dividers
	Paper and ink cartridges/toner for printer
	Sufficient supply of clinical stationery
Hardware	Computer(s) that meet minimum specifications to operate TIER.Net (specifications available at www.tbhivinfosys.org.za)
	Anti-theft mechanism(s) for equipment
	Uninterrupted power supply (UPS)
	External storage device(s) for back-ups
	Telephone(s) (with external line/mobile number access)
	Printer(s)
Software	Word processing and spreadsheet software
	Browser software (to view TIER.Net reports)
	Adobe Acrobat Reader (to view TIER.Net reports)
	Adobe Flash Player (to play TIER.Net training videos)
	FTP or other file sharing software (for uploading of dispatches)
Connectivity	Telephone line
	Email access for administrative staff
	Access to provincial network

Aggregate data management systems

The District Health Information System (DHIS) collates, stores, and analyses information for the routine tracking of health service delivery in the public health sector. DHIS version 1.4 has been replaced by the web-based webDHIS, a component of the NDOH comprehensive Health Management Information System (HMIS).

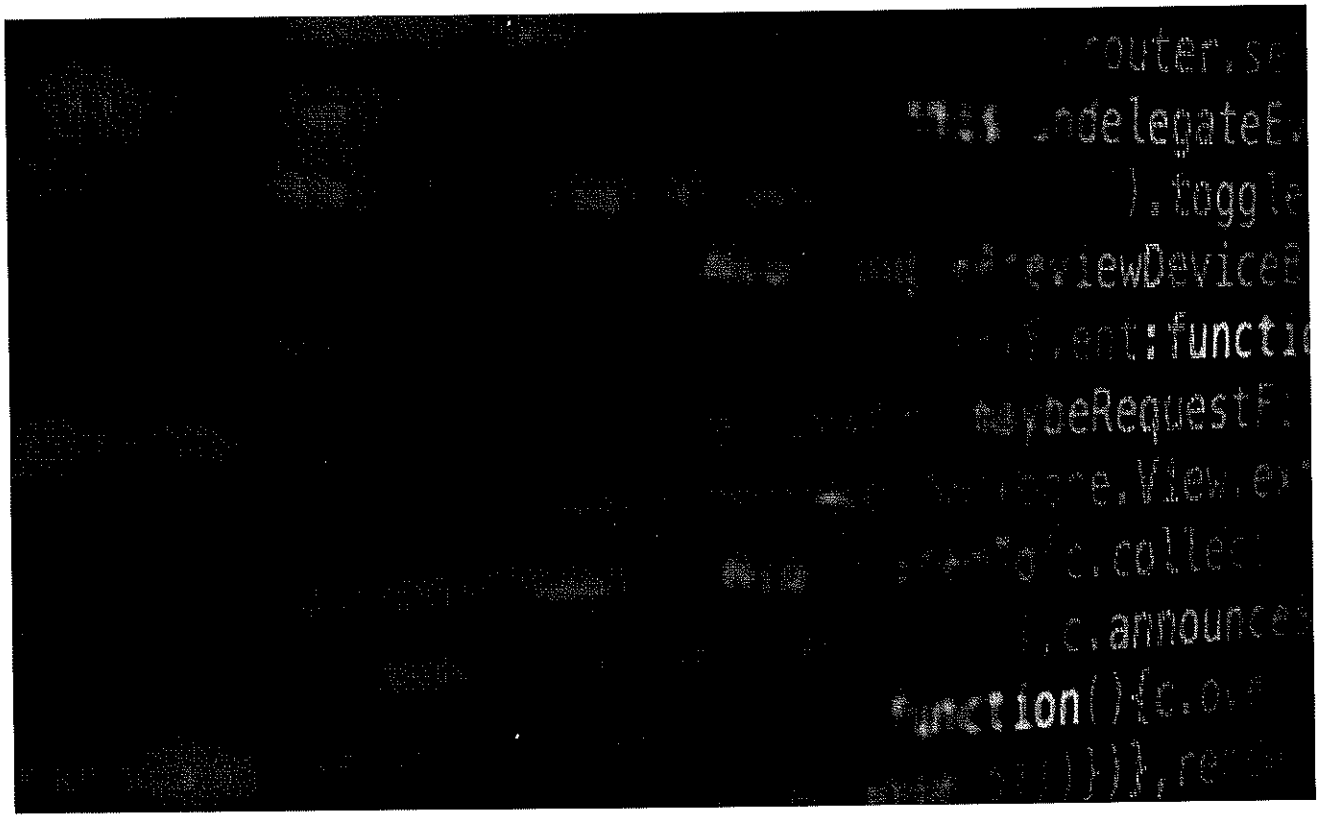
Documents supporting TB/HIV data management

The table below lists the relevant national policies, SOPs, clinical guidelines, training materials, implementation tools, software installation instructions and other support documents required by facilities and/or (sub)districts. Updates to any information must be disseminated to all relevant stakeholders.

TABLE 3. THIS SUPPORTING RESOURCES

Type	Name of Document
Clinical guidelines/governance	TB/HIV policies
	TB/HIV national guidelines
Data management support documentation and training documents	Integrated TB/HIV data management SOP (Part I and Part II)
	THIS implementation guide
	District hospital guidance
	Mobile clinic guidance
	Data management for patients enrolled in CCMDD guidance
	Data management of lab results guidance
	Clinical stationery training materials
	THIS integration training materials
TIER.Net support materials	TIER.Net user guide
	TIER.Net reports manual
	TIER.Net training videos
	TIER.Net instructions for adding or changing a facility in TIER.Net
	IT call logging SOP
	TIER.Net user accounts management guidance
Maintenance tools	Integrated TB/HIV audit tool
	Site visit task list
TB/HIV Information Systems Support Portal	www.tbhivinfosys.org.za

Updates to any information must be disseminated to all relevant stakeholders



Data flow and timelines

Reporting of information must be done in accordance with the DHMIS Policy and DHMIS Facility SOP timelines. All data are to be verified, approved and submitted by the facility to the (sub)district. The following schematics illustrate the data flow and management of patient-level and aggregate data for both TB and HIV services.

TB REPORTING

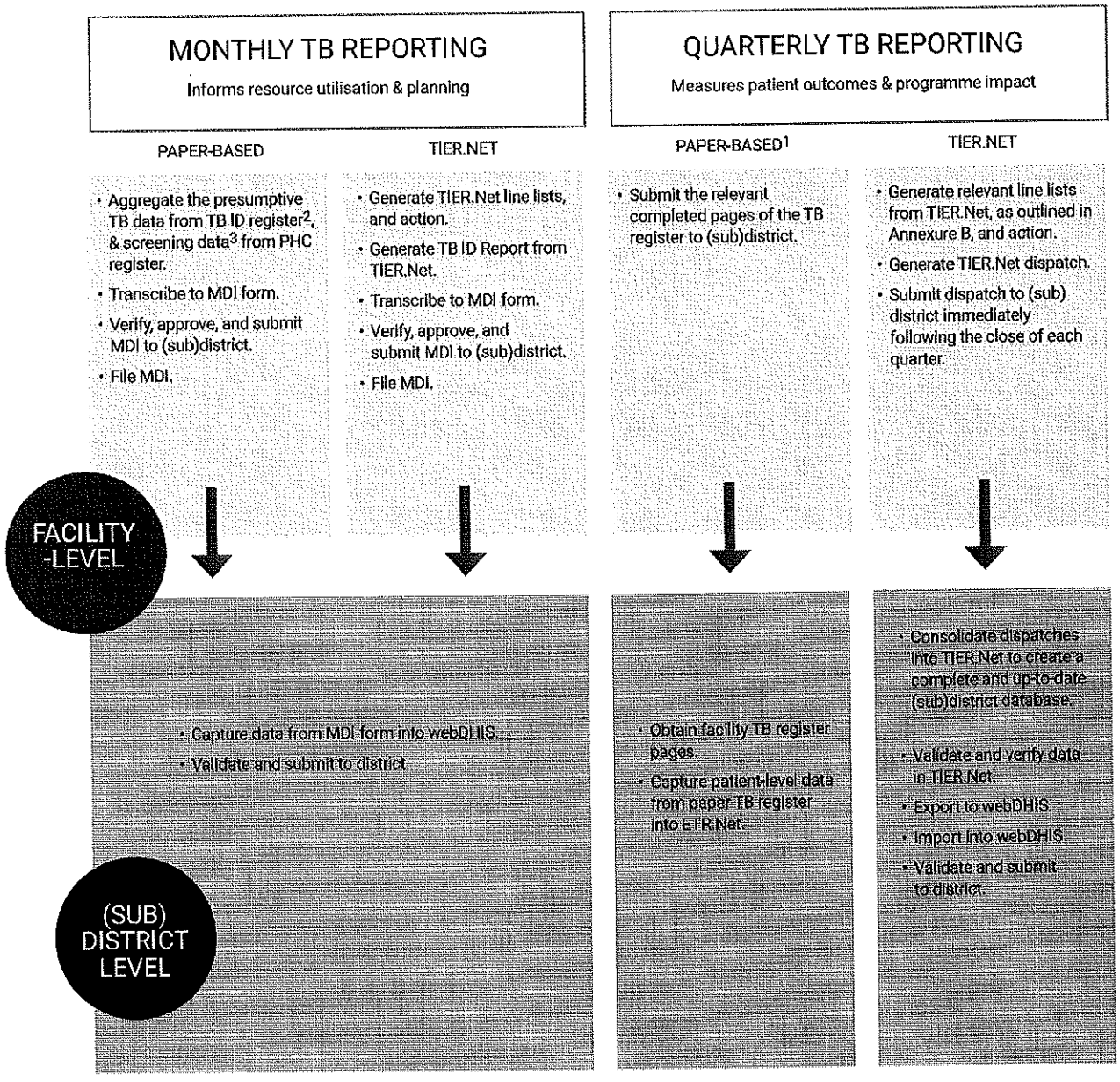


FIGURE 1: DATA FLOW AND MANAGEMENT OF PATIENT LEVEL AND AGGREGATE DATA FOR TB

NOTE1: This process will be discontinued end March 2019.

NOTE2: The paper TB Identification register remains in use irrespective of whether the facility is digitising TB data in TIER.Net. This register is the source for capturing presumptive TB data into TIER.Net.

NOTE3: TB screening data are not digitised in TIER.Net, and the source for reporting must be the PHC Tick register.

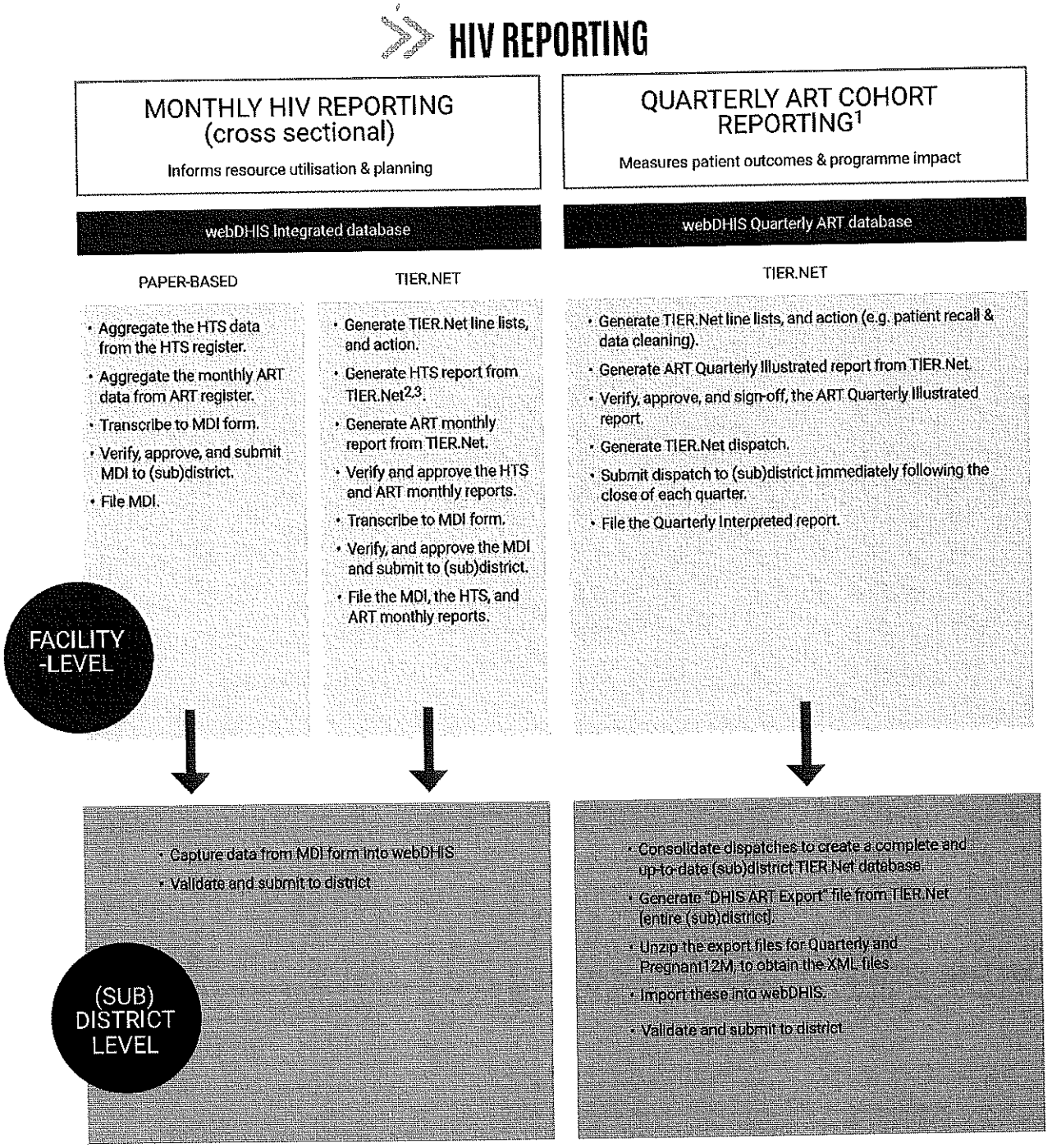


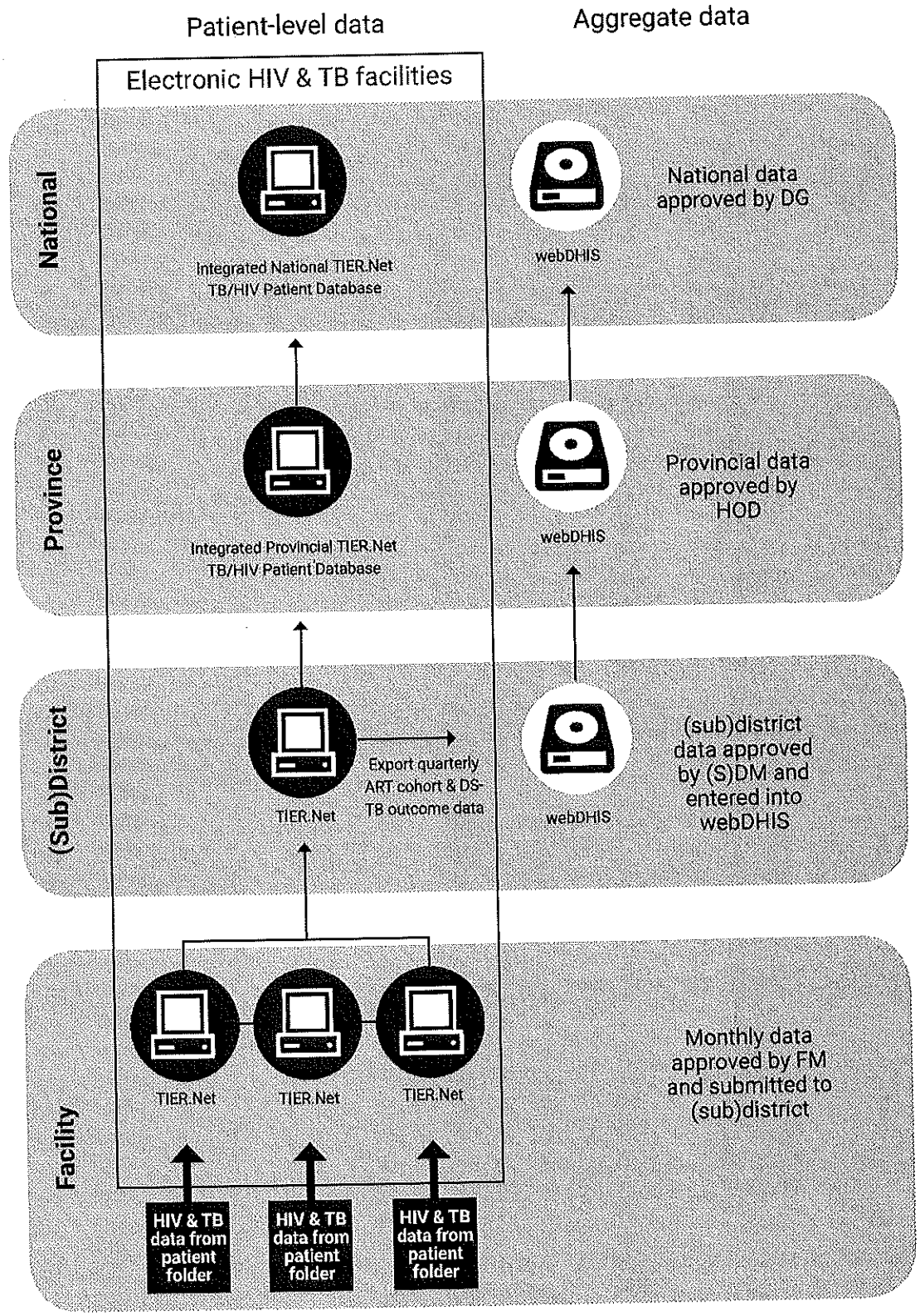
FIGURE 2: DATA FLOW AND MANAGEMENT OF PATIENT LEVEL AND AGGREGATE DATA FOR HIV

NOTE1: Quarterly ART Cohort reports are only produced by TIER.Net. Paper registers are only to produce Monthly ART cross sectional data.

NOTE2: The TIER.Net HTS report can only be used as the source for reporting at facilities where all in-facility HIV testing data are digitised, i.e. where all tests, including all positive as well as all negative HIV tests done in the facility, for all age groups, are captured into TIER.Net. In those facilities where there is incomplete digitisation (i.e. not all tests are captured), the paper HTS register remains the source for reporting.

NOTE3: Similar caution must be taken with regards to community-based HTS data that are reported by facilities. Facilities that have digitised all facility-based HTS, but use paper registers for community testing, may add the aggregate totals from community paper registers to the aggregate totals from the TIER.Net HTS report, to produce the facility total.

TB/HIV Data flow



Staff roles and responsibilities

Information contained in this 'information box' provides additional and critical information/guidance. To find the relevant message, refer to the corresponding 'i' (icon and the corresponding number) in the text.

This section provides a description for each cadre's roles and responsibilities as they pertain to TB/HIV data management.

If there are referenced designations, but no staff member in the facility with the stated designation, it is the responsibility of the facility manager to assign an existing staff member to complete the tasks associated with this designation. It is important that the person assigned to fulfil the task has received sufficient training and is allocated adequate and appropriate time to fulfil these additional responsibilities.

Where patient volumes dictate, multiple staff may be tasked to complete necessary activities. It is the responsibility of the facility manager to ensure that there are sufficient staff appointed to fulfil the roles and responsibilities required. If adequate staff are not available, it is the responsibility of the facility manager to inform the (sub)district managers for intervention.

If there is no available person to undertake the additional functions, it is the responsibility of the facility manager to engage with their (sub)district supervisors to address the gap(s).

Administrative Clerk

The term Administrative Clerk (AC) is an all-encompassing term used to refer to the staff member responsible for activities relating to administrative, reception and data capturing activities.

Daily responsibilities:

- Retrieves and files patient folders.
- Ensures registry/patient folder hygiene, maintenance and archiving of patient folders according to current guidelines.
- Using TIER.Net generate the **Patient Appointment List** and retrieve the patient folders for patients presenting on the list and expected to attend their scheduled appointment.
- In the event patient folders cannot be located, and processes for opening a new patient folder followed according to guidelines, print a **Patient Summary** from TIER.Net in order for the clinician to have access to the patient's clinical history as it relates to TB/HIV. This will help avoid potential disruptions in patient care related to a missing patient folder.
- Using the **Patient Appointment List**, alerts clinicians of patients that are due for investigations/tests by attaching a note to the patient folder.
- Opens patient folders for patients arriving at the facility for the first time.[1]
- Ensures service point 'drop boxes' are available in all rooms where patient folders may be left, including: pharmacy, consulting rooms, counselling rooms, reception.
- Collects patient folders from drop boxes timeously to ensure daily data capturing into the TB/HIV information system.

1 General daily activities of the AC are aligned to the activities outlined in the National Guidelines for Filing, Archiving and Disposal of Patient Records in PHC facilities (July 2018) accessible at: https://www.idealhealthfacility.org.za

2 Previous guidance instructed ACs to only capture abnormal laboratory results once the clinician had discussed the results with the patient (usually done during recall and/or next clinical appointment), and documented in the clinical stationery.

This resulted in these results being excluded from any Appointment Lists and the Missed and Late Appointment lists prior to the patient returning for their laboratory results discussion' appointment.

In addition, in some instances not all recalled patients return to the facility to receive their abnormal results resulting in their results not being captured into TIER.Net.

For these reasons, and to further assist the clinicians in identifying and alerting facility staff to patients with abnormal results (abnormal results appearing on Patient Appointment List, and other line lists), once abnormal results have been triaged (patient recalled etc) abnormal results are to be captured into TIER.Net.

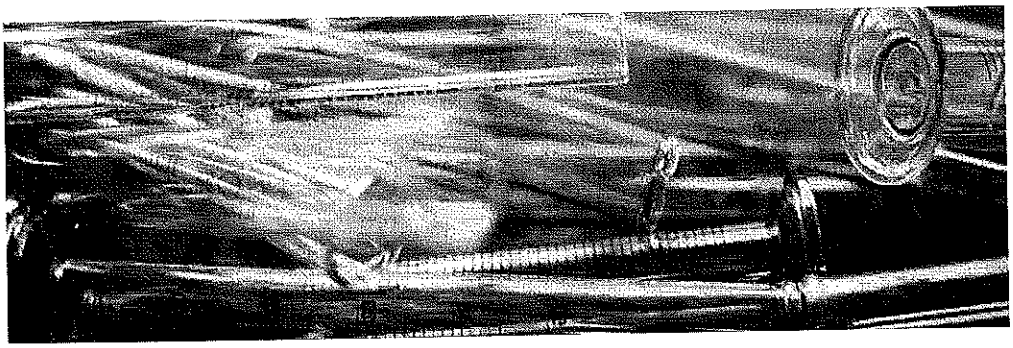
- Maintains an organised work area and registry, including timeous filing of patient folders and laboratory results, and maintain adequate supply of consumables (e.g. HIV and TB stationery, toner, paper, pens, etc.).
- Captures data into TB/HIV information system daily.
  - » Captures the visit information recorded in the clinical stationery in the patient folder into TIER.Net, ensuring there are no transcription errors when capturing.
    - » » If incomplete documentation or missing information has been identified in the clinical stationery, return the folder to the clinician for completion.
  - » Signs the field for AC signature (HIV stationery) or initial the notes section in the TB blue card, when visits have been captured.
- Ensures the patient folder contains clinical stationery for TB and/or HIV (as determined by the patients' TB/HIV status) prior to filing of the patient folders.
  - » Re-files the patient folder.
- Collects all HTS Registers, Adherence Club Registers, and TB Identification Registers.
- Captures all the new/ updated information from these registers accurately into TIER.Net.
  - » If there are gaps in the registers, returns to the clinician for correction prior to capturing. Once corrections are received, capture information into TIER.Net.
  - » Indicates in the register after last patient is captured, and signs and dates to indicate that all patients have been captured.
  - » Returns registers to the relevant stations.
- Ensures laboratory test requests and results are processed per the guidelines[5]. i2
- AC must prioritise the processing of abnormal results once triaged by the clinician.
- AC to receive and capture all clinician triaged TB/HIV laboratory results daily.
- Abnormal Test Results:
  - » Retrieves patient folders for all corresponding abnormal results.
  - » Places the results in the patient folders.
  - » Submits the folders to the clinician for intervention.
  - » Once intervention is documented by clinician, folders will be returned to the AC for capturing.
  - » Captures results in TIER.Net and initials on clinical stationery next to the result.
  - » Captures other interventions as documented (e.g. modified next appointment date; patient outcomes).
  - » Initials and dates all the returned test result once captured in TIER.Net.
  - » Files all lab results that have been captured in the patient folders.
  - » Reports any backlog in capturing lab results and/or patient folders to the FM daily.

[5] Refer to the 'Management of TB/HIV laboratory tests and capturing into TIER.Net guidance' on how to process and capture TB/HIV laboratory results in TIER.Net available: www.tbhivinfosys.org.za.

3 If patient folders are not found, please liaise with clinical staff to ensure folders are not in the clinical consultation rooms. All patient folders are to be filed in the registry and not in consultation rooms.

4 Patient outcome tracing remains the responsibility of FM and relevant community health workers (CHW), and is not the responsibility of the ACs.

- Normal Test Results: [i3]
  - » The AC must use the 'Tests Awaiting Results' functionality in TIER.Net to capture all normal lab results once triaged by a clinician.
  - » Results can only be captured against requested test previously captured in TIER.Net.
  - » Initials and dates all returned test result once captured in TIER.Net.
  - » All lab results that have been captured must then be filed in the patient folder.
  - » Reports any backlog in capturing lab results and/or patient files to the FM daily.
- Reports low stock of consumables to OM/FM.
- Reports any error messages or perceived problems with software or hardware to the FIO, IT and TKI as soon as they occur[6].
- Generates a TIER.Net data back-up and saves it on the facility allocated external storage device.
- Submits back-up to the FM for secure storage prior to leaving the facility.

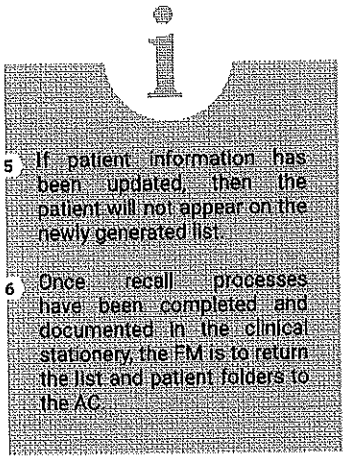


Weekly responsibilities:

The activities outlined below aim to support patient retention efforts and support data cleaning activities. For weekly reports, line lists/reports are generated on the same day of the week, each week. For example, if the facility generates Line List X on a Monday, then Line List X should be generated on all subsequent Mondays. [i4]

- Generates the **Missed Appointment List - Early for TB** every 2 to 3 days. This list identifies patients who missed their scheduled appointments by 1 to 2 weeks.
  - » Retrieves the folder for all patients shown on list.
  - » Verifies last visit date on the list against the last visit documented in the clinical stationery.
  - » Verifies whether all information documented in the clinical stationery reflects what is captured in TIER.Net.
  - » If discrepancies are found, captures any missing information into TIER.Net, and refiles patient folder.

[6] Refer to the IT Call Logging Guidance document on how to manage system issues/challenges accessible via: www.tbhivinfosys.org.za



5 If patient information has been updated, then the patient will not appear on the newly generated list.

6 Once recall processes have been completed and documented in the clinical stationery, the FM is to return the list and patient folders to the AC.

» Generates a new line list once all outstanding visits are captured.[i5]

» Submits the list and patient folder to the FM for recall process. [i6]

» Captures updated information on TIER.Net.

» Refiles patient folder and files the actioned list into the THIS lever arch file.

- Generates the **HIV Missed Appointment List - Early.** This list identifies patients who missed their scheduled appointments by 2 to 3 weeks. Follow the same procedure as outlined above in previous section.

- Generates **TB Missed Appointment List - Late.** This list identifies patients who missed their scheduled appointments by 2 to 3 weeks. Follow the same procedure as outlined above in first section.

- Generates **Waiting for TB Treatment List.** This list identifies patients diagnosed with TB, but are not yet started on treatment.

  » Retrieves the folder for all patients shown on list.

  » Verifies last visit date on the list against the last visit documented in the clinical stationery.

  » Verifies if all information documented in the clinical stationery reflects what is captured in TIER.Net.

  » If discrepancies are found, captures any missing information into TIER.Net, and refiles patient folder.

  » Generates a new line list once all outstanding visits are captured. [i6]

  » Submits the list and patient folder to the FM for recall process. [i7]

  » Captures updated information on TIER.Net.

  » Refiles patient folder.

- Generates **Waiting for ART List .** This list identifies patients who tested HIV positive, but not yet initiated on treatment.

  » Retrieves the folder for all patients shown on list.

  » Verifies last visit date on the list against the last visit documented in the clinical stationery.

  » Verifies if all information documented in the clinical stationery reflects what is captured in TIER.Net.

  » If discrepancies are found, captures any missing information into TIER.Net, and files patient folders.

  » Generates a new line list once all outstanding visits are captured. [i6]

  » Submits the list and patient folder to the FM for recall process. [i7]

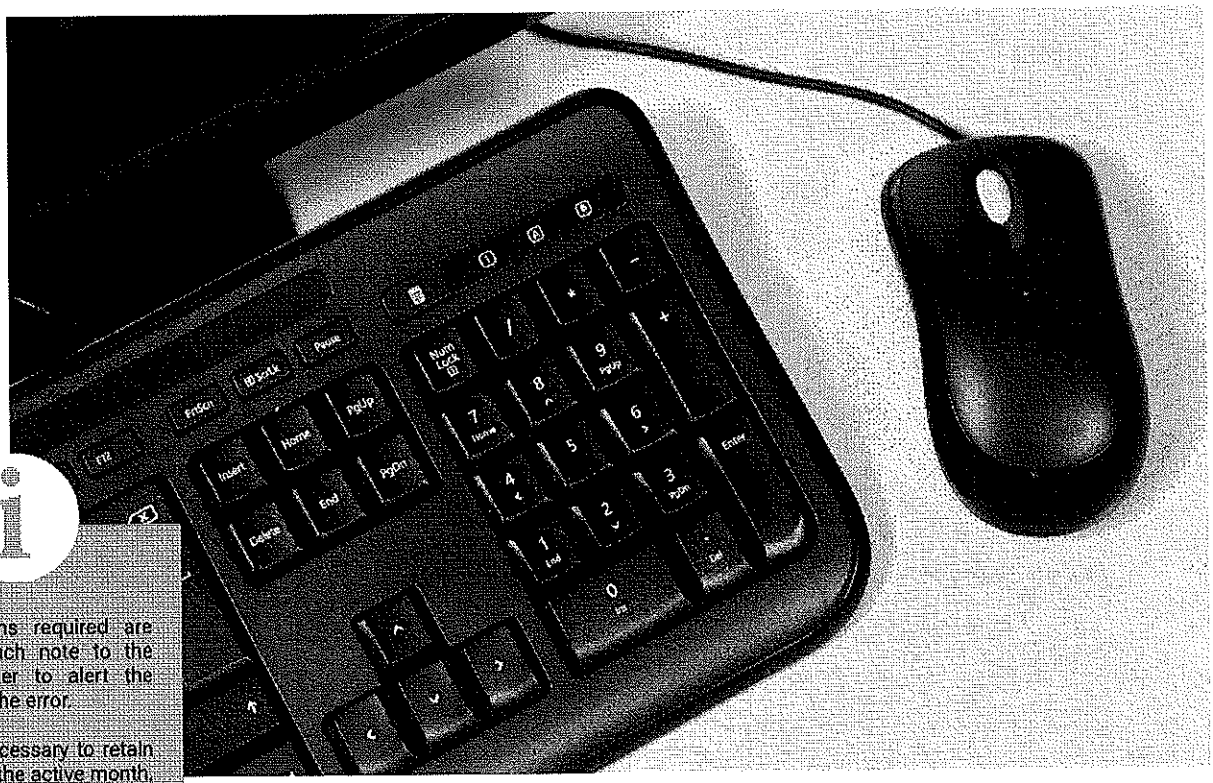
  » Captures updated information in TIER.Net.

  » Refiles patient folder.

- Generates **TB Identification Results Outstanding List.** This list identifies all potential TB patients whose TB results are not captured onto TIER.Net.

  » Retrieves the folder for all patients shown on list.

  » Verifies last visit date on the list against the last visit documented in the clinical stationery.



7 If corrections required are clinical, attach note to the patient folder to alert the clinician of the error.

8 It is only necessary to retain the DVL for the active month. Once the monthly reports have been verified and submitted, the DVL can be removed from the THIS lever arch file.

Management of the line lists:

Only the previous three months' of line lists, are to be stored in the THIS lever arch file. Each month that a new list containing documented actions is added to the lever arch file the oldest list from the prior 3 months can be removed. This is to ensure quick reference to recall efforts done for the past 3 months but to avoid masses of paper accumulating in the THIS lever arch file.

- Verifies if all information documented in the clinical stationery reflects what is captured in TIER.Net.
- If discrepancies are found, captures any missing information into TIER.Net, and refiles patient folder.
- Generates line list once all outstanding visits are captured. [i7]
- Submits the line list and patient folder to the FM for recall. [i8]
- Captures updated information on TIER.Net.
- Refiles patient folder.

- Generates the **Data Validation List (DVL)**. This list identifies incorrect and/or inconsistent values captured into TIER.Net.
- Retrieves patient folder(s) that correspond to linked validation error.
- Reviews and corrects any incorrectly transcribed data. [i7]
- Submits folder(s) to clinician and/or FM for intervention.
- Updates corrections in TIER.Net once patient folder are returned by FM.
- Refiles patient folder.
- Files actioned line lists in the THIS lever arch file.[i8]

9 Ensure the line lists are generated and the corrective actions completed prior to providing monthly and quarterly data to the FM and the (sub)district.

10 Where patient volumes dictate, multiple staff may be tasked to complete necessary activities. It is the responsibility of the facility manager to ensure that there are adequate staff appointed to fulfil the roles and responsibilities required. If adequate staff are not available, it is the responsibility of the facility manager to inform the (sub)district managers for intervention.

11 The reports and line lists aim to support patient retention efforts and support data cleaning activities. For monthly operational lists, ensure reports are generated on the same day each month. For example, if the facility generates Report X on a the 1st working day of the month, then Report X will need to be generated on all subsequent 1st working days of the month.

12 If patient folders are not found, please liaise with clinical staff to ensure folders are not in the clinical consultation rooms. All patient folders are to be filed in the registry and not in consultation rooms.

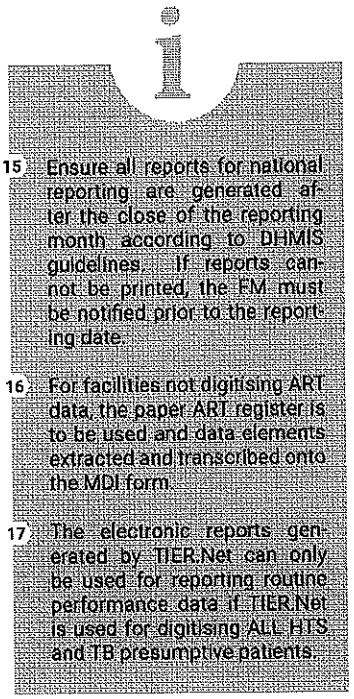
13 All remedial action must be completed generating a new list.

14 Patient outcome tracing remains the responsibility of the FM and relevant CHWs, and is not the responsibility of the ACs.

Monthly responsibilities [i9, i10, i11, i12, i13, i14]

Reports and line lists

- Generates **HIV Missed Appointment List - Late**. This list identifies patients who missed their scheduled appointments by 2-3 months.
  - » Retrieves the folder for all patients shown on list.
  - » Verifies last visit date on the list against the last visit documented in the clinical stationery.
  - » Verifies if all information documented in the clinical stationery reflects what is captured in TIER.Net.
  - » If discrepancies are found, captures any missing information into TIER.Net.
  - » Regenerates line list once all outstanding visits are captured. [i6]
  - » Submits the list and patient folders to the FM for recall process. [i7]
  - » Once recall processes have been completed, and documented in the clinical stationery, the FM is to return the list and patient folders to the AC.
  - » Captures updated information in TIER.Net.
  - » Refiles patient folders.
- Generates **Unconfirmed Lost to Follow-up Lists (uLTF) for HIV and TB.** The HIV list identifies patients who have had 90 days of no drugs in hand. Whilst the TB list identifies patients who missed their scheduled appointments and been without treatment for 2 months or more.
  - » Retrieves the folders for all patients shown on list.
  - » Verifies last visit date on the list against the last visit documented in the clinical stationery.
  - » Verifies if all information documented in the clinical stationery reflects what is captured in TIER.Net.
  - » If discrepancies are found, captures any missing information into TIER.Net.
  - » Refiles patient folder.
  - » Regenerates line list once all outstanding visits are captured. [i6]
  - » Submits the list and patient folders to the FM for final verification process. [i7]
  - » Once recall processes have been completed, and documented in the clinical stationery, the FM returns the list and patient folders to the AC.
- Files actioned line lists in the THIS lever arch file.
  - » Captures documented outcome in TIER.Net.
- Generates the following **Patient Management** line lists/reports:
  - » DS-TB Conversion Sputa Required List
  - » TB Outstanding Outcomes List
  - » Viral Load Due List
  - » Two Consecutive Unsuppressed Viral Load List
  - » Viral Load Cascade List
  - » DS-TB Non-Conversion List
  - » DS-TB Discharge Sputa Required List
  - » DS-TB Cases by HIV and ART status
  - » DS-TB Smear Conversion Report



15 Ensure all reports for national reporting are generated after the close of the reporting month according to DHMIS guidelines. If reports cannot be printed, the FM must be notified prior to the reporting date.

16 For facilities not digitising ART data, the paper ART register is to be used and data elements extracted and transcribed onto the MDI form.

17 The electronic reports generated by TIER.Net can only be used for reporting routine performance data if TIER.Net is used for digitising ALL HTS and TB presumptive patients.

- Submits the lists to the FM or the delegated clinician who must ensure proper intervention, patient tracing, and follow-up are done for all information included on the lists.
  - » If any modifications/updates have been documented in the clinical stationery, (i.e. clinician contacted patient and arranged appointment date, outcome identified), AC must capture these changes in TIER.Net.
  - » Refiles patient folders.

Monthly performance data reports i15, i16, i17

- Generates the **HIV Testing Services Report**
  - » Generates and prints thereport from TIER.Net.
  - » Submits the hard copy report to the FIO/FM for verification and approval.
  - » Transcribes the verified data onto the **Monthly Data Input** (MDI) form and sends to the next level.
  - » Files the reports in the facility THIS lever arch file.
- Generates the **Monthly ART report** from TIER.Net:
  - » Generates and prints the report from TIER.Net.
  - » Submits the hard copy report to the FM for verification and approval.
  - » Transcribes the verified data onto the MDI and sends to the next level.
  - » Files the report in the facility THIS lever arch file.
- Generates the following supplemental monthly programmatic line lists/reports.
  - » Transfer Out List
  - » CCMDD Line List
  - » Monthly Club Report
- Submits the lists to the FM for review and approval and filing into the THIS lever arch file.
- Generates the **Facility Management Report** and submits to the FM for review and intervention where needed.

Clinical or operational meetings

- AC should attend and contribute to any regular monthly clinical or operational meeting and provide feedback to the meeting on monthly data (e.g. enrolment, retention) as well as information outstanding as indicated on the line lists.

Stock Take

- Performs stock take for stationery and other important consumable supplies.
- Documents any stationery or monitoring supplies which have less than three months' stock.
- Submits stock requirement list to FM and/or designated person for ordering.
- Follows-up with the FIO/HIO and FM if supplies have not been received timeously.

18 District Hospitals, Department of Correctional Services, and mines are to submit their signed off respective data (reports and dispatches) to the (S)DIO.

19 Facilities that have fully digitised TB/HIV data are required to report ART quarterly data. Facilities that have not digitised ART data will not be able to report quarterly data.

Quarterly responsibilities

i18, i19

- The following quarterly reports are required for routine reporting and must be submitted to the FM, for review and approval, at the end of each reporting quarter.
  - » DS-TB Treatment Initiation Report
  - » DS-TB Outcome Report
  - » ART Illustrated Report

AC responsibilities:

- Generates and prints quarterly report and relevant line lists.
- Submits quarterly reports and relevant line lists to the FIO/ FM for review and necessary interventions.
- Once the paper reports have been approved by the FM, creates a TIER.Net dispatch for submission to the next level of health.
- Submits dispatch to the (sub) district.

» Facility Information Officer (FIO)

The FIO (where available) oversees daily data management across all service points in the facility and; supports the AC to collate and verify facility-level data, provides and/or presents reports to FM and clinician(s) for review and discussion; and submits verified routine performance data to (sub)district.

If a facility does not have an FIO, the FM must assign the following responsibilities to appropriate personnel to ensure tasks are completed. Responsibilities include:

- Engages with AC to resolve or respond to any data correction requests or queries received from the (sub)district.
  - » Reports any data capturing back-logs and/or issues to the FM.
  - » Liaises with the AC to monitor stock levels of consumables (e.g. HIV and TB stationery, toner, paper, pens etc.) and submits to FM to order required stock.
  - » Receives routine monthly and quarterly TB/HIV information system reports from FM to confirm that there are no gaps in the information that has been compiled and submitted.
- Ensures the uLTF numbers are zeroed by following the proper procedures and clearing the missed appointment lists.
- After the close of the reporting month, oversees the verification and validation of data to ensure data quality and integrity prior to submission to the FM.
- Submits reports to FM for verification and approval.
- Submits nationally required routine performance data to the next level as per this SOP and the DHMIS Policy. This includes:
  - » Approved monthly data to the (sub)district or captured directly into the webDHIS (if available), with confirmation sent to the (sub)district).

20 The TIER.Net dispatch must be submitted to the (sub)district. In order for dispatch data to be the same as the data in the approved and signed-off reports, the dispatch must be generated at the same time as these approved reports. If dispatches cannot be sent to the next level of health they should be placed on an external storage device and delivered to (sub)district.

21 Refer to the TIER.Net User Account Management Guidelines for the creating, managing, and terminating user accounts in TIER.Net for information on how to manage user access.

22 If the specimen collection is requested by one clinician, but referred to another for completion, then the clinician conducting the specimen collection will be responsible for activities outlined below.

» Official TIER.Net dispatch to the (S)DIO at the end of each quarter with proof of submission.[i20]

- Presents performance data and data quality challenges at the monthly clinic meetings.
- Generates the following reports and reviews and discusses with the FM:
  - » Generates the **Workload Report** to identify data capturing work output by ACs.
  - » Generates the **User Access report** to monitor user access to patient data saved on TIER.Net. [i21]
  - » Generates the **Implementer/ Administrator Log** to ensure registered users are managing TIER.Net in accordance with the **User Account Profiles** in Annexure A according to AGSA standards.
- Confirms that the **anti-virus software** on all computers is up to date. If not, liaises with the (sub) district for the latest update.

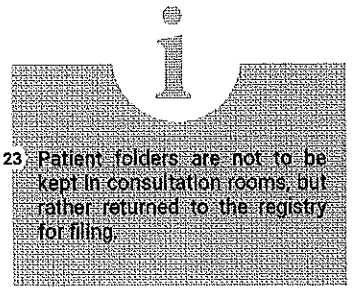
» Clinicians

Clinicians are responsible for recording the patient clinical visit assessment into the standardised clinical stationery; providing clinical oversight for processes relating to all TB/HIV lab requests/results; participating in clinical and operational meetings to review data and clinical governance; using available data to improve patient management; and sharing appropriate HIV/TB programmatic/clinical updates with administrative staff.

Clinician responsibilities:

- Documents accurately, completely and appropriately (using the TB and HIV clinical stationery) all patient assessments and clinical findings.
- Ensures the request, recording and processing of laboratory requests, and results are completed using the following processes[7]:
  - » Indicates in the clinical stationery the requested tests during the clinical consultation with the patient.
    - »» HIV/ART clinical stationery: Indicate the type of specimen requested in the visit column of the ART clinical visit summary corresponding to the clinical visit date.
    - »» TB clinical stationery: Indicate in the lab test table, or in the TB ID register the type of test requested. [i22]
  - » Completes the laboratory request form.
  - » Places the barcoded lab specimen number sticker from the corresponding laboratory request form on each specimen tube/jar and in the clinical stationery or TB ID register next to the requested test.

[7] Refer to the 'Management of TB/HIV laboratory tests and capturing into TIER.Net' Guidance document available at: http://tbhivinfosys.org.za.



[23] Patient folders are not to be kept in consultation rooms, but rather returned to the registry for filing.

- » If test is completed using Point of Care (POC) machine: Records results from POC instruments in the clinical stationery, indicate the type of test, the result, date, and document 'POC' next to the test to indicate test done using POC machine.
- » Triages all test results as soon as they are received (via NHLS hard copy or SMS printer).
- » Documents all TB case finding results in the TB ID register, irrespective of result.
- » Returns all triaged results to the admin clerk and request patient folders from the admin clerk for all abnormal results.
- » Once folders are received, reviews and documents intervention(s) in clinical stationery.
- » Opens TB blue card for all TB positive patients.

- Ensures all patient folders, irrespective of the patient's exit point, are returned to the AC for capturing into TIER.Net before they are filed. [i23]
- Participates in monthly clinical meetings:
  - » Liaises with FM, for dates and times for clinical/operational meetings.
  - » Engages with AC to prepare for monthly meetings by requesting relevant line lists and reports.
  - » Reviews patient management line lists and clinical governance reports (summarised in Annexure B).
  - » Requests and reviews relevant patient folders from the AC prior to the clinical/operational meeting.
  - » Discusses with relevant staff potential intervention(s) for all patients appearing on line lists/ reports during the scheduled meeting (or as needed).
  - » Oversees the completion of planned intervention(s), documents actions in the patient folder, and returns lists/patient folders to AC for updating/filing.

» Facility Manager (FM):

Larger facilities may have OMs that function within a specific programme in the health facility who manage a specific service and report to the FM. The FM may assign the OM to oversee the monitoring and clinical services that relate to their specific programme.

The FM is responsible for overseeing all data management processes in the facility. In addition, they are responsible for ensuring that all data are complete, accurate, verified and validated, and understood prior to submission to (sub)district.

The FM is to ensure staff completing these activities are provided with necessary support and oversight.

At the discretion of the FM some duties outlined in this document may be reassigned, however the overall responsibility remains that of the FM.

FM responsibilities:
Data management and reporting:

- Ensures that each service point in the facility submits service totals on time, as indicated in this SOP and the DHMIS Policy.
- Allocates a FIO or AC to collect and collate all verification service totals monthly.
- Creates a culture of data demand and usage at the facility through the ongoing requests for, and interpretation of, line lists and reports available from TIER.Net.
- Engages with the AC to ensure the **Facility Management Report** (FMR) is generated and received each month:
  - » At the beginning of each new month FM reviews the operational and clinical governance reports/lists that are marked with a red X using previous monthly **FMR** to compare progress.
  - » Addresses any reports or lists showing a warning flag, providing interventions/actions, and discusses with clinicians and administrative staff at routine clinical meetings.
  - » Ensures data verification and completeness checks for data accuracy.
- Ensures the facility generated reports are a true reflection of the services delivered for that month or quarter. This includes services that are delivered in the health facility or an associated non-medical facility.
  - » Ensures monthly reports are received for approval and signature prior to submitting to the (sub)district.
  - » Ensures **Illustrated Quarterly reports** are received for approval and signature and dispatches prior to submitting (sub)district.
- Ensures exception reports and reports from the **WHO Data Quality Tool** from the webDHIS are reviewed and corrected, with feedback provided to the SD office.
- Facilitates the correction and/or explanation of data inaccuracies between ACs and (sub)district office and ensures the submission of corrections is done 2 working days after receiving comments.
- Ensures the following approved reports are filed in the THIS lever arch file in the FM office as per the requirements of the AGSA:
  - » Illustrated Quarterly ART Report.
  - » DS-TB Treatment Initiation Report.
  - » DS-TB Non-Conversion Report
  - » DS-TB Outcome Report
  - » Proof the TIER.Net dispatches were received by the (sub)district.
- Ensures all line lists and reports are signed and dated according to the requirements of the AGSA.

Management of data management staff:

- Ensures all staff receive adequate and appropriate training on the TB/HIV information system, supporting guidance and documentation, and data management processes in use at the facility. It is the responsibility of

the FM to liaise with appropriate (sub)district trainers to ensure comprehensive training and access to the system is provided.

- Communicates with AC staff daily to determine any potential delays in completion of duties, including capturing of patient folders, capturing and filing of laboratory results, and/or any line lists/reports requiring attention and intervention.
- Ensures there is adequate staff coverage during ACs leave periods. It is the responsibility of the FM to ensure that there is an allocated staff person who is appropriately trained to use TIER.Net, is familiar with the TB/HIV information system processes, and is able to perform the required duties.
- Ensures all laboratory results are triaged by a clinician, interventions documented in the clinical stationery, captured into TIER.Net, and the result is filed in the patient folders on a daily basis.
- Daily monitoring of any potential backlog of data captured into TIER.Net.
  - » More than a one-day backlog of patient folders remaining un-captured requires intervention.
  - » FM to provide interventions to address administrative data backlog when reported or identified.
  - » Problems should be resolved within 1 week of being reported/identified, including re-assigning staff to manage administrative duties until the backlog is resolved.
- Ensures that all hardware and software issues are communicated by the administrative staff to the IT help desk. This includes the need to update the anti-virus software on all non-networked computers.
- Ensures that the **Early And Late Missed Appointment Lists** are generated and appropriate action is timeously taken, including the coordination of patient tracing activities by the CHW tracing/recall teams.

Data Security[8]

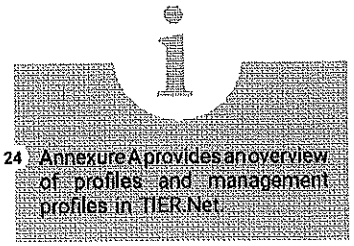
- Ensures that the principles of patient confidentiality are maintained by all levels of staff within the facility.
- Ensures all approved patient lists are stored in the THIS lever arch file and that copies of reprinted lists are managed in accordance with legislation to protect patient confidentiality.
- Ensures daily back-ups of TIER.Net are completed and a copy saved on an external storage device and locked in the FMs office.
- Ensures that external non-NDOH parties do not access named patient information without prior approval and consent[9].

User Access Management

- Ensures that the TIER.Net User Access lists are generated each month, per AGSA requirements. The TIER.Net User Access lists include:
  - » The User Access Report
  - » The Implementer/Administrator Log Report.

[8] Refer to Guiding Principles and to the National guidelines (section, no. 12 & 13, pg.10) for filing, archiving and disposal of patient records in primary health care facilities. Available at: https://www.idealhealthfacility.org.za

[9] As indicated in the National Guidelines for Filing, Archiving and Disposal of Patient Records in PHC facilities (July 2018). Available at: https://www.idealhealthfacility.org.za



24 Annexure A provides an overview of profiles and management profiles in TIER.Net.

- Liaises with the AC and/or FIO to address any access irregularities, and maintain file for review by the AGSA. [i24]

Stock control

- Ensures adequate stock of regular consumables, including the HIV and TB stationery, HTS and TB ID registers, paper, toner, pens etc. At least three months' stock should always be available.

Monthly clinical/operational meetings

- Coordinates the routine scheduling of the clinical/operational meetings.
- Oversees that the submission of data. Reviews the monthly and quarterly reports/line lists prior to approval and submission of data. These reports/list are supplied to the FM from the AC per the schedule in Annexure B.
- Reviews and interrogates the FMR and corresponding line lists/ reports and completes appropriate interventions.

Adherence Club Manager[10]

Adherence Club Manager responsibilities:

- Submits reviewed registers timeously to the AC for capturing into TIER.Net immediately following an adherence club session and prior to the reporting submission deadlines.
- Maintains the monthly management of club registers, including the review, approval, and submission of club reports.

Mobile Clinic Nurse[11]

Mobile Clinic Nurse responsibilities:

- Ensures that the patient folders for patients in mobile clinics are captured into the monitoring system.
- Liaises with the AC regarding correct filing of patient folders in the registry.
- Oversees the generation of patient management lists and reports.
- Oversees recall of patients who have missed an appointment, documents interventions and returns folder to the AC for follow-up and capturing into the monitoring system.

[10] This is an excerpt from the NDOH's 2016 Adherence Guidelines for HIV, TB, and NCDs. Available on: www.tbhivinfosys.org.za

[11] This is an excerpt from the THIS Mobile Clinic Guidance document available on: www.tbhivinfosys.org.za.

25 There are only exceptional and rare instances where a patient should be deleted from TIER.Net. It is highly advisable that any decision to delete a patient record is done so under guidance from the Implementer.

Annexure A: User Account Profiles

Below is a summary of user account profiles available in TIER.Net. This is summarized from the *'TIER.Net User Account Management: Guidelines for the creating, managing, and terminating user accounts in TIER.Net, available on www.tbhivinfosys.org.za.* The detailed document provides guidance on creating, amending, and terminating accounts as well as monitoring account activity and password management.

Types of User Accounts:

TIER.Net has 3 types of user accounts (implementer, administrator, and user), all of which offer differing functionality based on the profile of the user.

1 Implementer:

- This role is equivalent to a super user.
- The implementer can perform all the activities of the user and administrator.
- The implementer role has been created only for those who implement TIER.Net at facility, (sub)district, or provincial level.
- The implementer can change user details, including passwords, and can create exports with patient identifiers included.
- The implementer can delete patients, however even if a patient is deleted they will still be stored in memory. [i25]

2 Administrator:

- This is a mid-level access role.
- The administrator role is principally assigned to the FM/OM, or anyone in a management role other than the Implementer.
- The administrator can view data, but not capture any data.
- The administrator cannot export patient identifiers in MS Excel.
- The administrator can delete patients, however even if a patient is deleted they will still be stored in memory.

3 User:

- This user account level is to enable routine data capturing and reporting, whilst limiting the number of system settings that can be changed.
- The user cannot delete or export patient identifiers in MS Excel.

Annexure B: Summary of Line Lists and Facility Reports

The data captured into the TB/HIV information system populates line lists and reports that support TB/HIV clinical governance and management of the TB/HIV programme. Annexure B contains a printable list that includes the name and the description of the line list or report, when to generate the list or report, actions required, and person(s) responsible. It is important to adhere to the time frames listed.

Reports need to be generated weekly, monthly and/or quarterly in line with the DHMIS time frames for reporting.

Line lists should be generated prior to the required reporting time lines. In some instances, certain line lists can be generated according to the operational schedule of the facility. And, once the schedule is chosen, the line lists should continue to be generated at that set frequency. In other instances, the facility can to choose when in a week or month to generate the report, in accordance to their operational schedule. Once this schedule is decided the reports and lists should continue to be generated at this set frequency.

Example: the 'Waiting for TB Treatment List' needs to be generated weekly. Based on Facility A's operational schedule, it may make sense to generate the report on a Monday, whilst Facility B may choose a Tuesday or Wednesday etc.

What is important to note is that once the date has been chosen the report must be generated on that same chosen date going forward.

Please refer to the TIER.Net Reports Manual for details regarding the interpretation and use of the line lists.

ANNEXURE B

Name of Report	Date	Description of Report	Actions and/or Interventions Required	
Daily Activities				
Patient Appointment List	Daily	A daily appointment list for all TB/HIV patients, includes scheduled appointments and indicates if any laboratory tests are due	AC:	Generate list, pull, and prepare patient folder.
Weekly Patient Management Lists and Data Verification Activities				
HIV and TB Missed Appointment List - Early	HIV: Weekly TB: Every 2 to 3 days	HIV: Includes ART patients who have missed their scheduled appointment by 2 and 3 weeks. TB: Includes patients who have missed their scheduled TB appointment by 1 and 2 weeks.	AC: Clinician/FM: AC:	Generate and print list, retrieve folder to verify non-attendance, capture any missed visits in TIER.Net. Submit remaining list and patient folder to clinician/FM for intervention. Liaise with designated staff to recall patient (telephonically or home visit). Receive list from clinician/FM, update TIER.Net based on feedback.
TB Missed Appointment List - Late	Weekly	Includes patients who have missed their scheduled appointment by 2 and 3 weeks.	AC: FM: AC:	Generate and print list, pull patient folder to verify non-attendance. Capture any missed information. Submit remaining list and patient folder to FM for intervention. Liaise with designated staff to recall patient (telephonically or home visit). FM to provide AC with actioned list for updating into TIER.Net. Receive from FM, update TIER.Net based on feedback.
Waiting for TB Treatment List	Weekly	Includes patients with a bacteriologically positive TB result not started on TB treatment yet.	AC: Clinician: AC:	Generate and print list, pull patient folder, submit to clinician for intervention. Review and provide interventions, including patient recall. Document recall information in patient folder (including next appt date). Receive from clinician and update TIER.Net. Refile folder.
TB Identification Results Outstanding List	Weekly	Alerts clinicians of all patients with outstanding laboratory results. The list includes tests which have been taken but no result has been captured into TIER.Net.	AC: Clinician:	Generate and print list. Verify outstanding laboratory results. Review and provide interventions, including patient recall. Document recall information in patient folder (including next appt date).
Waiting for ART List	Weekly	HIV positive patients not yet initiated on ART. Includes those patients who have and who have not been worked up for initiation.	AC: Clinician: AC:	Generate and print list, pull patient files, submit to clinician. Review, provide intervention where needed. Document intervention in patient folder, return to AC for capturing into TIER.Net (if needed). Capture interventions into TIER.Net (where provided).
Data Validation List	Weekly	Produces a list of errors indicating incorrect/inconsistent values captured into TIER.Net (i.e.: incorrect or incomplete drugs or incorrect date captured, etc.).	AC: FM: AC:	Generate and print list, pull patient folder to verify errors, record the corrections taken on report, submit to FM. Verify corrections and return list with corrections and patient folders to AC. Capture corrections/updates into TIER.Net; re-file patient folders and store report in the THIS lever arch file.

Monthly Patient Management Lists and Data Verification Activities				
HIV Missed Appointment List (Late)	Monthly	Includes ART patients who have missed their scheduled appointment by 2 to 3 months.	AC: FM: AC:	Generate and print list, pull patient folder to verify non-attendance, capture missed information in TIER.Net. Submit remaining list and patient folder to FM for intervention. Liaise with designated staff to recall patient (telephonically or home visit). FM to provide AC with actioned list for updating into TIER.Net. Receive patient folder and list with interventions from FM, update TIER.Net accordingly. Refile folder and file report in THIS lever arch file.
Unconfirmed LTF (uLTF) List	HIV and TB: Monthly, prior to reporting	HIV: Includes ART patients that have missed their scheduled appointment and had no drugs in hand for >90 days. TB: Includes patients who have missed their scheduled appointment by 2 months or more.	AC: FM: AC:	Generate and print list, pull patient folder to verify non-attendance. Capture missed information or capture LTF outcome in TIER.Net. Submit remaining list to FM for intervention. Review, provide intervention and then return to AC with corrected list reflecting intervention. Receive files and updated list from FM, update TIER.Net based on feedback. Generate report to ensure it is cleared of patients before generating monthly and quarterly TB and HIV data. Refile folder and file report in THIS lever arch file.
DS-TB Conversion Sputa Required List	Monthly	Includes all bacteriologically positive patients on regimens 1 or 3 with no conversion sputum result between 42 to 70 days after treatment start.	AC: Clinician/FM:	Generate and print. Submit to clinician and FM. Review report and determine reason for there being no conversion result. Clinician to take and document intervention.
TB Outstanding Outcomes List	Monthly	Includes all patients who have been on TB treatment for longer than the expected duration and do not have an outcome.	AC: Clinician: AC:	Generate and print list, and pull patient folder to verify missing outcome. If outcome missing, submit list and folder to clinician. Review and provide intervention. Once updated return list and folder to AC. Update missing outcomes on TIER.Net, refile folder and file report in THIS lever arch file.
DS-TB Non-Conversion List	Monthly	Includes all DS-TB patients who were initiated onto TB treatment, with a bacteriologically positive smear or culture result at 2 or 3 months after starting TB treatment.	AC: Clinician/FM:	Generate and print list. Submit list to clinician and FM for intervention. Review and verify report, provide intervention.
DS-TB Discharge Sputa Required List	Monthly	Includes all DS-TB patients requiring discharge sputa results, irrespective of diagnosis or conversion sputa.	AC: Clinician/FM:	Generate and print. Ensure all lab results are captured and filed in patient blue cards. Submit list to clinician and FM. Review report and provide interventions.
DS-TB Cases by HIV & ART Status List	Monthly	Includes all TB registrations by HIV and ART status to support clinical management, as per TB/ HIV guidelines.	AC: Clinician/FM:	Generate and print. Submit to clinician and FM. Review report and provide interventions.
Transfer Out List	Monthly	Includes all TB/HIV patients who have been transferred to another facility, with TFO outcome captured and name of receiving facility captured in TIER.Net.	AC: FM:	Generate and print report, submit report to FM with monthly report. To email/fax report to indicated receiving facilities. This will assist the TFI process at the receiving facilities, and assist with accurate capturing of TFI patients by the receiving facilities.
Viral Load ['Over'] Due List	Monthly	Includes all ART patients overdue for their viral loads; patients appear on the list based on ART start date, duration on treatment, and last VLD recorded date.	AC: Clinician:	Generate and print report, pull patient folders, submit report folders to clinician for intervention. Review and validate report, complete interventions.

Two Consecutive Unsuppressed Viral Load List	Monthly	Includes all patients on ART with two or more consecutive viral load results above 400 copies/ml	AC: Clinician: AC:	Generate and print report, pull patient folder, submit report and folders to clinician. Review and validate report, complete interventions (patient recall etc.), document interventions in clinical stationery. Return folder to AC. Capture updates in TIER.Net, and once completed, refile patient folder.
Viral Load Cascade List	Monthly	Includes all patients whose last VLD was unsuppressed (>400 copies/ml) and includes the 2 previous VL results and dates.	AC: Clinician: AC:	Generate and print report, submit to clinician. Review report and patient folder, and provide interventions. Document interventions on clinical stationery. Return folder to AC for capturing. Capture updates in TIER.Net, and once completed, refile patient folder.
CCMDD Line List	Monthly	Includes all patients currently enrolled in CCMDD. It excludes patients with outcomes.	AC: FM: FIO/AC:	Generate and print report, submit to FM. Review report, validate and approve for submission. Once approved, submit to FIO. Submit report to (sub)district as required.
ART Regimen Line Validations List	Monthly, prior to reporting	Includes all patients with an incorrect regimen captured based on current regimen combinations.	AC: Clinician: AC:	Generate and print report. Pull folder to confirm regimen documented in clinical stationery. If different than what is on list, make appropriate changes in TIER.Net. Once corrections completed, generate and print 2nd report. Submit report and files to clinician. Review documentation and make changes to regimen. Return list and files to AC. Capture updates in TIER.Net, and once complete, refile patient folder.
Monthly Club Report	Monthly	Includes all patients newly enrolled and remaining in clubs at the end of the reporting period.	AC: FM: FIO/AC:	Generate and print report, submit to FM. Review report, validate and approve for submission. Once approved, submit to FIO/AC. Submit report to (sub)district as required.
Facility Management Report	Monthly, prior to reporting	Highlights clinical governance, patient and facility management successes or areas for improvement based on performance using key reports.	AC: FM:	Generate and print report. If the indicator has a **red X**, generate corresponding report relating to the potential issues. Submit report to FM for review and intervention. Review report and provide interventions as required.
Workload Report	Monthly	Indicates total number of visits captured and/or modified in TIER.Net, per user.	AC/FIO: FM:	Generate and print report, submit to FM. Review report and provide interventions where needed.
User Access Report	Monthly	Includes a list of activities on the user account, including the last login date, activation status, and time/date for each login/log off.	FIO: FM:	Generate and print report, submit to FM. Review report and provide interventions where needed.
Implementer/ Administrator Log Report	Monthly	Includes all logged activities by implementer/administrator	AC/FIO: FM:	Generate and print report, review with FM. Review report and identify any implementers or administrators who have captured data. Engage with implementer/administrator to address identified issues where relevant.

Monthly Programmatic Reports Required for National Reporting These reports are to be generated after the end of the previous month and only after all the data have been captured. Date are to be reported in line with the DHMIS timelines for the submission of facility data to the (sub)district or the capturing of data into the webDHIS.				
HIV Testing Services Report	Monthly	Includes all patients who have received an HTS in a month, including all relevant information including status, age, sex etc.	AC: FM: FIO:	Generate and print report, submit to FM. Review report, validate and approve for submission. Once approved, submit to FIO. Submit data/report to (sub)District.
Monthly Report	Monthly	Includes all patients newly started on ART (New) and TROA; new to HIV care; patients started on IPT; pregnant woman initiated on ART	AC: FM: AC:	Generate and print report, transcribe data onto monthly data collation form (MDI). Submit report and MDI report to FM for verification and approval. Review, verify and approve for submission. Return approved report and MDI form to AC. Submit MDI form to (sub)district, file MDI form and report in TIER lever arch file.
TB Identification Report	Monthly	Includes all presumptive TB cases with bacteriological tests for TB conducted in a month. Also includes TB contacts with bacteriological tests for TB conducted.	AC: FM: AC:	Generate and print report, transcribe data onto MDI form. Submit report and MDI report to FM for verification and approval. Review, verify and approve for submission. Return approved report and MDI form to AC. Submit MDI form to (sub)district, file MDI form and report in TIER lever arch file.
Quarterly Reports Required for National Reporting These reports are to be generated following the close of the quarter and only after all the data have been captured and the data cleaning has been done. Data are to be reported in line with the DHMIS timelines for the submission of facility data to the (sub)district or the capturing of data into the webDHIS.				
DS-TB Treatment Initiation Report	Quarterly	Includes aggregate totals of all patients initiated on DS-TB treatment during the reporting quarter.	AC: FM: AC:	Generate and print report, submit to FM. Review, verify, and validate report; approve report and file in THIS lever arch file; discuss report with staff during review meetings. Once approved by FM, submit TIER.Net dispatch to (sub)district office.
DS-TB Outcome Report	Quarterly	Includes aggregate totals for all DS-TB patients with outcomes during the reporting quarter.	AC: FM: AC:	Generate and print report, submit to FM. Review, verify, and validate report; approve report and file; discuss report with staff during review meetings. Once approved by FM, submit TIER.Net dispatch to (sub)district office.
DS-TB Smear Conversion Report	Quarterly	Includes all smear positive TB cases patients with outcomes at 2 and 3 months.	AC: FM:	Generate and print report, submit to clinician. Review, verify, and validate report; approve report and file; discuss report with staff during monthly clinical/ operational meeting.
ART Illustrated Report	Quarterly	Provides quarterly and yearly ART cohort outcome summaries in graphical format.	AC: FM: AC:	Generate and print report, submit to FM. Review, verify, and validate report; approve report and file; discuss report with staff during review meetings. This is included in the dispatch sent to (sub) district office.