Zungu Nompumelelo «



## **KZN** Health Intranet

Search this site

HOME

KZN HEALTH

CORPORATE INFORMATION COMPONENTS

DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVII HEALTH HEPUBLIC OF SOUTH AFRICA	NCE Quotation Advert	
Opening Date:	2021-06-01	
Closing Date:	2021-06-08	<u> </u>
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Benedictine hospital	<b>~</b>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PHC	
Date Submitted	2021-06-01	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: Ben 77/21-22	
Item Category:	Goods	♥.
Item Description:	Facility telephonic Training Register     Ward Based PHC outreach Team Daily Activicty Tracker     Ward Based PHC outreach Team Household Registration and screar     Ward Based Outreach Team Monthly summary     S.Community Heath worker Tracing Register	ninę
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION	/ SITE VISIT	
Select Type:	Not Applicable	•
Date :		[le]
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	Download from Website	
QUOTES SHOULD BE DELIVERED TO:	Benedictine Hospital Tender Box near PRO Office ( Tender Box only)	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Mrs J.P Mjaja	
Email:	N/A	

035 831 7062

Contact Number:

5/3	- 1	m	าวา

Supply Chain Management - AdvertQuote

Finance Manager Nan	ne:
---------------------	-----

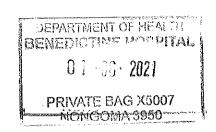
Mrs P.N Gumede

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00				
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: Benedictine Hospital				
DATE ADVERTISED:				
FACSIMILE NUMBER: N/A E-MAIL ADDRESS: N/A				
PHYSICAL ADDRESS: Benedictine Hospital Vryheid Main Road Nongoma 3950				
ZNQ NUMBER: Ben 77/21-22				
DESCRIPTION: PHC Registers				
CONTRACT PERIODOnce off VALIDITY PERIOD 60 Days SARS PIN				
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.				
UNIQUE REGISTRATION REFERENCE				
ONIGO REGIOTATION RELEASED				
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)				
Benedictine Hospital Tender box near PRO Office				
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.				
The quote box is open from 08:00 to 15:30.				
ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS — (NOT TO BE RE-TYPED)				
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.				
THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)				
NAME OF BIDDER				
POSTAL ADDRESS				
STREET ADDRESS				
TELEPHONE NUMBER CODENUMBER FACSIMILE NUMBER CODENUMBER				
CELLPHONE NUMBER				
E-MAIL ADDRESS				
VAT REGISTRATION NUMBER (If VAT vendor)				
AS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)				

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



OFFICIAL PRICE PAGE FOR QUOTATIONS  DESCRIPTION: PHC Registers	ZNQ NUMBER: Ben 77 / 21-22
SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions]	
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED	

Item No	Quantity	Description	Brand &	Country of	Price	Price	
		•	model	manufacture	R	С	
		Supply and Deliver					
1.	5000 Each	Facility telephonic Tracing Register					
2.	5000 Each	Ward based PHC outreach team daily activity tracker					
3.	5000 Each	Ward Based PHC outreach team household registration and screaning record					
4.	500 Each	Ward based outreach team monthly summary					
5.	5000 Each	Community health worker tracing register					
6.	5000 Each	Ward based primary health care outreach team individual client health record					
7.	5000 Each	Ward based primary health care outreach team monthly DHIS report					
		N.B Specification attached					
**							
	-						
VALUE AD	DED TAX @	15% (Only if VAT Vendor)					
		RICE (VALIDITY PERIOD 60 Days)					

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week	

Enquiries regarding the quote may be directed to:  Contact Person: Mrs. J.P. Miaia	Enquiries regarding technical information may be directed to:  Contact Person: Mrs. R.Z. Dube Tel:0358317153.
--	---



## **DECLARATION OF INTEREST**

	blood relationship, may make a limited quote or proposal). In we employed by the state, or to p declare his/her position in relat the bidder is employed by the the legal person on whose evaluation and or adjudication	rsons employed by the state <sup>1</sup> , or an offer or offers in terms of this in view of possible allegations of favourers connected with or related ion to the evaluating/adjudicating the state; and/or behalf the bidding document is so on of the quote(s), or where it is ant acts and persons who are invo	invitatior vouritism I to then authorit signed, h known t	to quote (includes, should the resulting, it is required that ywhere-  as a relationship what such a relation are such a relation.	s a price quotation, at ing quote, or part then at the bidder or his/ho with persons/a person ship exists between t	dvertised competitive quote, reof, be awarded to persons a authorised representative in who are/is involved in the he person or persons for or
2.		ove, the following questionnaire r				
2.2.	Identity Number: Position occupied in the Comp	ativeany (director, trustee, shareholde	2.5. er²):2.6.	Tax Reference N	ration Number: umber: Number:	
2.8. 2.8.1	employee / persal numbers m Are you or any person connect. If so, furnish the following part Name of person / director / trus	ustees / shareholders / members ust be indicated in paragraph 3 b ted with the bidder presently emp iculars: tee / shareholder/ member: ch you or the person connected t	elow, oloyed b	y the state?		[TICK APPLICABLE]  YES NO
2.8.2	Position occupied in the state in ?. If you are presently employed in the public sector?	nstitution:d by the state, did you obtain the	approp	Any other parti riate authority to u	iculars:	
2.8.2 (Note: I	2.1. If yes, did you attach proo Failure to submit proof of such a	f of such authority to the quote do authority, where applicable, may r	cument result in	? t <u>he disqualification</u>	of the quote.)	
2.8.2 2.9.	2.2. If no, furnish reas Did you or your spouse, or an state in the previous twelve m	ons for non-submission of such p y of the company's directors / tru onths?	oroof: stees / s	hareholders / men	nbers or their spouse	s conduct business with the
2,10	<ul> <li>Do you, or any person connect may be involved with the evalu</li> </ul>	ted with the bidder, have any rela uation and or adjudication of this	ationship quote?	(family, friend, oth	er) with a person em	oloyed by the state and who
2.11.	<ul> <li>Are you, or any person connect employed by the state who ma</li> </ul>	cted with the bidder, aware of any ay be involved with the evaluation	relation and or	adjudication of this	quote?	other bidder and any person YES NO
2.12.	. Do you or any of the directors or not they are bidding for this	/trustees / shareholders / membe	ers of the	company have an	y interest in any other	related companies whether YES NO
3.	Full details of directors / trus The Department Of Health will to ensure that their details are	tees / members / shareholders validate details of directors / tre up-to-date and verified on CSD over as non-compliant according	ustees <i>l</i> . If the D	members / share	holders on CSD. It is validate the informa	tion on CSD, the quote will
4	DECLARATION					
I, TI FUR	HE UNDERSIGNED (NAM KNISHED IN PARAGRAPH	E) IS 2,	******	****************	CERTIFY THA	T THE INFORMATION
	CCEPT THAT THE STATE OVE TO BE FALSE.	MAY REJECT THE QUOTE	E OR A	CT AGAINST M	E SHOULD THIS	DECLARATION
	e of bidder	Signature		osition	Date	
*Slate a) b)	e" means — any national or provincial departme constitutional institution within the me Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	nt, national or provincial public entity of the Public Finance Management	or c) nt d) e)	provincial legislature; national Assembly or Parliament.	the national Council of pro	vinces; or

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

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

## 1. AMENDMENT OF CONTRACT

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

## 2. CHANGE OF ADDRESS

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

## 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

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

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

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

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

3.6. Offers must comply strictly with the specification.

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

3.8. Late quotes will not be considered.

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

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

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

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

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.

4.6. Use of correcting fluid is prohibited

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

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

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

## 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

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

## SAMPLES

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

## 7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.	
(i) (ii)	The institution has determined that a compulsory site meeting Date// Time: Place	take place
Institu	ution 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 is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

## 12. PATENT RIGHTS

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

## 13. PENALTIES

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

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

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

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

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

until actual delivery or performance.

## 14. TERMINATION FOR DEFAULT

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

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

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

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

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier

by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

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

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

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

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

## 1. GENERAL CONDITIONS

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

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

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

## 2. DEFINITIONS

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

## 3. POINTS AWARDED FOR PRICE

## 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

Ps

Points scored for price of bid under consideration

Pl

Price of bid under consideration

Pmin

Price of lowest acceptable bid

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

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

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

5.	BID	DECLAF	RATION

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1
- 6.1 B-BBEE Status Level of Contributor: = ......(maximum of 20 points)

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

7.	SUB-CONTRACTING	(Tick applicable box)	
7.1	Will any portion of the contract be sub-contracted?	YES NO	
7.1.1	If yes, indicate:		
	i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor		
8.	Whether the sub-contractor is an EME or QSE	(Tick applicable box)	

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

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
Designated Gloup. All Living of QOE Which is at last of 70 owned by:	√ 	1
Black people	· · · · · · · · · · · · · · · · · · ·	
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9.	DECLAR	RATION WITH REGARD TO COMPANY/FIRM	
9.1	Name	of company/tirm:	
9.2	VAT re	egistration number:	
9.3	Compa	any registration number:	
9,4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE BC	DX]
	0 0 0	Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited	
9.5	DESCI	RIBE PRINCIPAL BUSINESS ACTIVITIES	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9.6	COMP.	ANY CLASSIFICATION (TICK APPLICABLE & Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	3OXJ
9.7		number of years the company/firm has been in	
9.8	the B-E	ne undersigned, who is / are duly authorised to BBE status level of contributor indicated in par eference(s) shown and I / we acknowledge that	o do so on behalf of the company/firm, certify that the points claimed, based or agraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm fo ::
	i) Ti	he information furnished is true and correct;	
	ii) Ti	he preference points claimed are in accordanc	e with the General Conditions as indicated in paragraph 1 of this form;
	ili) In be	n the event of a contract being awarded as a re e required to furnish documentary proof to the	esult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may satisfaction of the purchaser that the claims are correct;
	iv) If ha	the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in ac	en claimed or obtained on a fraudulent basis or any of the conditions of contrac idition to any other remedy it may have –
	(a)	disqualify the person from the bidding proce	ss;
	(b)	recover costs, losses or damages it has incu	urred or suffered as a result of that person's conduct;
	(c)	cancel the contract and claim any damages arrangements due to such cancellation;	which it has suffered as a result of having to make less favourable
	(d)	who acted on a fraudulent basis, be restricted	s shareholders and directors, or only the shareholders and directors ed by the National Treasury from obtaining business from any organ s, after the audi alteram partem (hear the other side) rule has been
	(e)	forward the matter for criminal prosecution.	
	WITN	ESSES	SIGNATURE(S) OF BIDDERS(S)
	1		DATE:
	2		ADDRESS



## **END-USER SPECIFICATION FORM**

Quote Number:			
	The telegraphic	taring regis	ler-
Item Description:	Facility telephonic		112-1
Department/Section:	PAC-Outreach	Purpose of Item:	
1. Pre-qualification cri	eria if any:		
	ired to have a regulatory body certifi- ification required if Yes:		
1.2. Is a compulsor if Yes, specify: Date	site inspection / briefing session re	quired? Yes / No ace	
	ion and content part of the quote? Yo		
	ection 4(1)(a) of the PPPFA Regulatio		•
1.5. Liability Cover	nsurance? Yes / No		
if Yes, specify:		44 (August 1994)	
2. What is the specific	ation of the required item?		
List specifications to be ac	vertised	Comme	nt
1 Hard cove	-page with metal bir	xqivod	
3. COURCE SE 10	Opgs clocument.		
5.			
<ul> <li>3.2. Specify that san</li> <li>4. Penalties to be note</li> <li>4.1. If the supplier f contract, the pureus as a penalty, a</li> </ul>	ples must be made available when required by the suppliers: alls to deliver any or all of the goods chaser shall, without prejudice to its other sum calculated on the delivered price the calculated for each day of the delay to	or to perform the services with the remedies under the contract, of the delayed goods or unperform	nin the period(s) specified in the deduct from the contract price, ormed services using the current
5 What is the evaluation	n criteria / special terms and conditi	ons to be advertised?	
	on criteria / special terms and conditi		
List evaluation criteria / sp	ecial terms and conditions to be adverti	sed (if applicable)	
List evaluation criteria / sp 1. Pre-qualification crite	ecial terms and conditions to be adverti	sed (if applicable) cation criteria?	
List evaluation criteria / sp  1. Pre-qualification crite	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p	sed (if applicable) cation criteria? administrative requirements? performed to specifications?	
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract	sed (if applicable) cation criteria? administrative requirements? performed to specifications? ts performance obligation, in a matrix	anner that releases the supplier
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product	sed (if applicable) cation criteria? administrative requirements? performed to specifications? ts performance obligation, in a matrix? luct or service have?	
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product ye long can a product go between	sed (if applicable) cation criteria? administrative requirements? performed to specifications? its performance obligation, in a matrical incomparation of the service have? In failures and the need for mainter	enance? (guarantee)
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product how long can a product go between What is the useful life for the products	sed (if applicable) cation criteria? administrative requirements? performed to specifications? ts performance obligation, in a mat? fuct or service have? In failures and the need for maintact? How will the product hold up	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product how long can a product go betwee What is the useful life for the product how easy is it to repair, maintain o	sed (if applicable) cation criteria? administrative requirements? performed to specifications? tts performance obligation, in a mater cut or service have? In failures and the need for maint cut? How will the product hold up r support the product or service?	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability: 9. Ability & Capacity	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product how long can a product go between What is the useful life for the product how easy is it to repair, maintain of The ability and capacity of the vene	sed (if applicable) cation criteria? administrative requirements? performed to specifications? tts performance obligation, in a met? luct or service have? In failures and the need for maint and the product hold up resupport the product or service? It is a product or service? It is apport the product or service? It is apport the product or service? It is a product or service?	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability:	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product how long can a product go betwee What is the useful life for the product how easy is it to repair, maintain o	sed (if applicable) cation criteria? administrative requirements? performed to specifications? tts performance obligation, in a met? luct or service have? In failures and the need for maint and the product hold up resupport the product or service? It is a product or service? It is apport the product or service? It is apport the product or service? It is a product or service?	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability: 9. Ability & Capacity	ecial terms and conditions to be adverti- ia Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service p Will/does the product/service fulfil i from all liabilities under the contract What characteristics does the product how long can a product go between What is the useful life for the product how easy is it to repair, maintain of The ability and capacity of the vene	sed (if applicable) cation criteria? administrative requirements? performed to specifications? ts performance obligation, in a mat? funct or service have? In failures and the need for maint act? How will the product hold up r support the product or service? dor to execute the contract 80/20) if applicable	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability: 9. Ability & Capacity	ecial terms and conditions to be advertible  Does the offer meet the pre-qualific  Does the offer comply to stipulated  Was the product made or service p  Will/does the product/service fulfil if from all liabilities under the contract  What characteristics does the product to be tweether the contract of the long can a product go betweether to be the product of the ventor of the ven	sed (if applicable) cation criteria? administrative requirements? performed to specifications? tts performance obligation, in a met? luct or service have? In failures and the need for maint and the product hold up resupport the product or service? It is a product or service? It is apport the product or service? It is apport the product or service? It is a product or service?	enance? (guarantee) under extended use?
List evaluation criteria / sp 1. Pre-qualification crite 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability: 8. Serviceability: 9. Ability & Capacity 10. Preference points	ecial terms and conditions to be advertible  Does the offer meet the pre-qualific Does the offer comply to stipulated Was the product made or service possible will/does the product/service fulfil in from all liabilities under the contract What characteristics does the product How long can a product go between What is the useful life for the product How easy is it to repair, maintain of The ability and capacity of the vene Preferential Procurement System (	sed (if applicable) cation criteria? administrative requirements? performed to specifications? ts performance obligation, in a mat? funct or service have? In failures and the need for maint act? How will the product hold up r support the product or service? dor to execute the contract 80/20) if applicable	enance? (guarantee) under extended use?

Date

Standard End-User Specification Form

Date



## health

Department:
Health
REPUBLIC OF SOUTH AFRICA

FACILITY TELEPHONIC TRACING REGISTER

FACILITY NAME: \_



## **FACILITY TELEPHONIC TRACING REGISTER**

				**************************************		
List generated by		Name of Tracer				
Date list generated	The second secon	Facility Name		D	Date allocated	halls frames for a
			Complete distinct tolerhoose tracing	Complete when client		

										***************************************		
	·					Complete	Complete during telephonic tracing	nic tracing	Complete when client visits clinic	dient		
Name and Surname	Age	File number/UID	Missed Type of appointment *	Phone Number (s)	Physical Address	Date(s) client phoned	Outcome of phone call**	Appointment date	Date client Upda isited clinic sy	ated on Restern	Outcome of Appointment date Date client Updated on Referred for physical phone call** Appointment date visited clinic system	Comment
g-u-de 1904 - St.			AAAAuuypp			* H *		dd/mmvyyy			-	
2.			ddhaalyyyy			C) III	***************************************	ddmmyyyy				
Ç			ddhnnyyyy			5 0 5		KKKK/www/pp				
4.			ddmndyyyy			u n n		dd/mm/yyyy				
σ,			ddhmdyyyy			E D D		dd/mm/yyy				
7.	***************************************		dd/mm/yyyy			(1)		dd/mm/yyyy				
8.			dd/mnvyyyy			D E E		dd/mm/yyyy				
9.			ddymaryyyy			D 20 8		dd/mm/yyyy				
10.			adimmiyyyy			5 B E	***************************************	dd/mm/yyyy				
11.			КАККлишрр			DI PI		dd/inn/yyyy				
			da/mm/yyyy			H 100		AAA/waaypb		J	***************************************	
* Han of more formers and has TO	÷ 1	The House of Distriction Elements only Month English Other	and disable Oakon									

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

Signature:

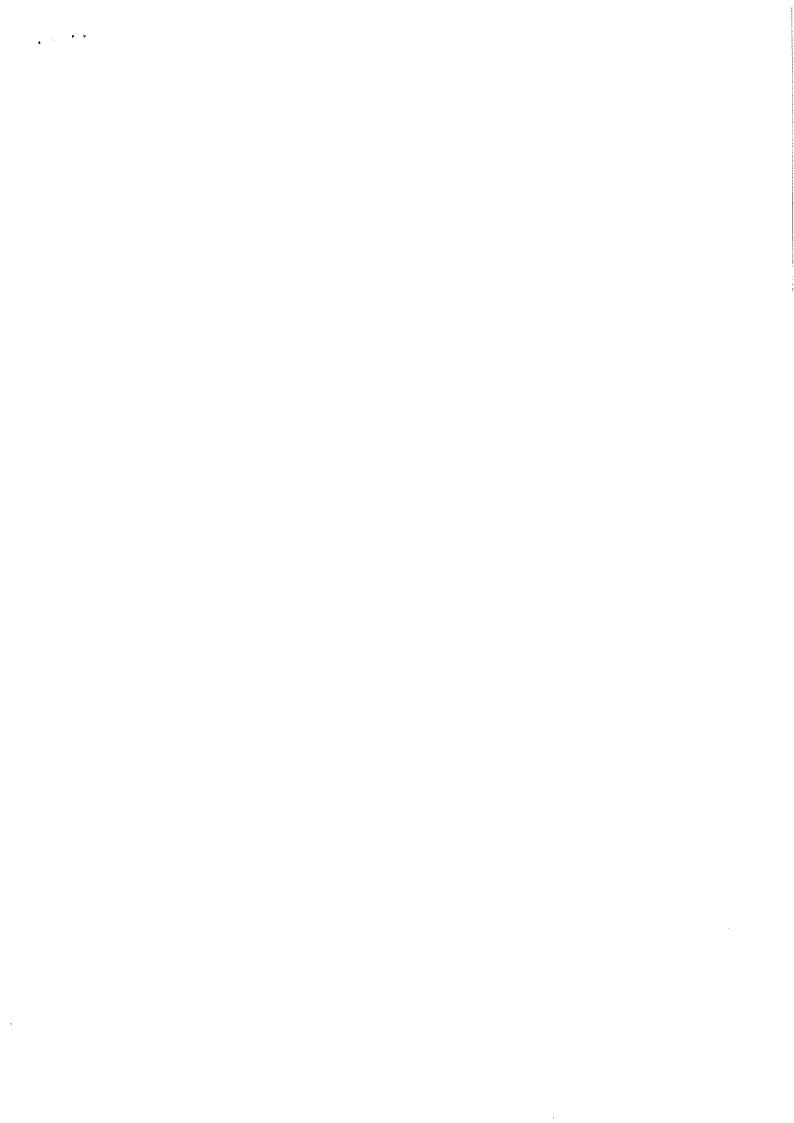
2
흪
Ŧ
è
ā
긃
ģ
-

Date:
Name:
Date:

Signature:

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

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



## health Department: Health PROVINCE OF MY

Signature

Date Sales
Standard End-User Specification Form

## **END-USER SPECIFICATION FORM**

•	ovince of kwazulu-nafal. e Number:				
Quoi			A. 1 1		
	Description: VSE	3PHCOT clouly 1C-Outebooch	estation 1	iac	rack doily activ
Depa	rtment/Section: Y t	the southboom	Purpose of	tem: (C) · E	
	Pre-qualification criteria				5 100 0100 -4- 12 Ves / No.
	<ol> <li>1.1. Is the item required</li> <li>Regulatory Body / certifica</li> </ol>	to have a regulatory body cention required if Yes:	tification (e.g. SABS,	SANS, SANA	S, ISO, CIDB, etc.)? Yes / No:
	1.2. Is a compulsory site if Yes, specify: Date	e inspection / briefing sessior	required? Yes / No Place		
	1.3. is local production if Yes, specify:	and content part of the quote	? Yes / No		
	1.4. Provisions of section of Section 1.4. Provisions of Section 1.4.	on 4(1)(a) of the PPPFA Regul	ations,2017 if applical	ole? Yes / No	
	1.5. Liability Cover insuif Yes, specify:	ırance? Yes / No			
2.	What is the specification	on of the required item?			
	specifications to be advert	ised		Commer	nt
1.	to have he	and conor bade	town wares	[대]	
	al indiana				
3.	TO be white	en both side	3		
4.	to consist 1	1980A (IB)			
5.	each page to		summes when	W	
	}				
3.	Does a sample need to 3.1. Deadline for submis	be submitted? Yes / No(selection if Yes: Date	option 3.1 or 3.2)	Place	
or		s must be made available when			
	Penalties to be noted by	v the suppliers:			
4.	4.4 If the numbior faile	to deliver any or all of the oc	ods or to perform the	services with	in the period(s) specified in the
		cor chall without prejudice to it	: other remedies under	the contract, q	Segner Italii me comarer buce!
	as a nenalty a sun	n calculated on the delivered p	ice of the delayed go	ids or unperio	rmed services using the current
	prime interest rate of	calculated for each day of the de	lay until actual delivery	or performand	ce.
5.	What is the evaluation of	criteria / special terms and co	ditions to be advertis	ed?	
List		al terms and conditions to be ad	vertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qu	alification criteria?		
2.	Administrative	Does the offer comply to stipul	ated administrative req	urements?	
3.	Conformance:	Was the product made or serv	ce performed to specif	cations?	annor that releases the supplier
4.	Performance:	from all liabilities under the co	itract?		anner that releases the supplier
5.	Features:	What characteristics does the	product or service have	7	
6.	Reliability:	How long can a product go be	ween failures and the i	eed for maint	enance? (guarantee)
7.	Durability:	What is the useful life for the p	roduct? How will the pr	oduct hold up	under extended use?
8.	Serviceability:	How easy is it to repair, maint	in or support the produ	ct or service?	(customer support)
9.	Ability & Capacity	The ability and capacity of the	vendor to execute the	contract	
10.	Preference points	Preferential Procurement Syst	em (80/20) if applicable		
	•				·
Na	ne of End-user (in full)	Barmile Nacd	Name of SCM R		Jaby .
1	signation / Rank (in full)	Duc Surpriviso	No Designation/ Rai	ık (in full)	Sc

Signature

Page 1 of 1

Date



, T

## health

Ţ

Department:
Health
REPUBLIC OF SOUTH AFRICA

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

CHW:

\_Team Name:



# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

w 4 m

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

This form should be used daily at each household visit.

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

Month: household, fill in zero 9

\*Other, record any any other services provided to household member. Page Summary. Household profile number Date of visit (dd/mmm) Complete Type of visit (Tick 1 for 1st Visit visit to household, F for follow up visit) cotals Was this visit supervised? (TickY/N) 2 23 -for each :: ZŽ Under 5 Headcount column below 5-9 years 10-19 years 20 years and above Pregnancy test Antenatal 1st Antenatal visit Antenatal support Post-natal support Under 1 assessed for Post-natal danger signs Under 1 referred Child (1-5) assessment Under 5 referred for nutrition and growth problems Under 5 with Diarrhoea referred for further treatment Child referred for immunisation Child (12-59 months) provided with Vitamin A Child (12-59 months) provided with deworming Child under 15 referred to social services Child under 5 referred for HIV test Child 5-14 referred for HIV test Clients 15 years and above referred for HIV test ₹ HIV defaulter traced Clients under 5 screened for TB Clients 5 years and older screened for TB 긤 Clients referred for TB investigation TB defaulters traced Clients screened for high Clients referred for blood pressure testing Clients screened for diabetes Diabetes Clients referred for blood glucose test Adherence Clients provided with adherence support Clients 15 years and older referred to social services Clients referred for mental health assessment Other

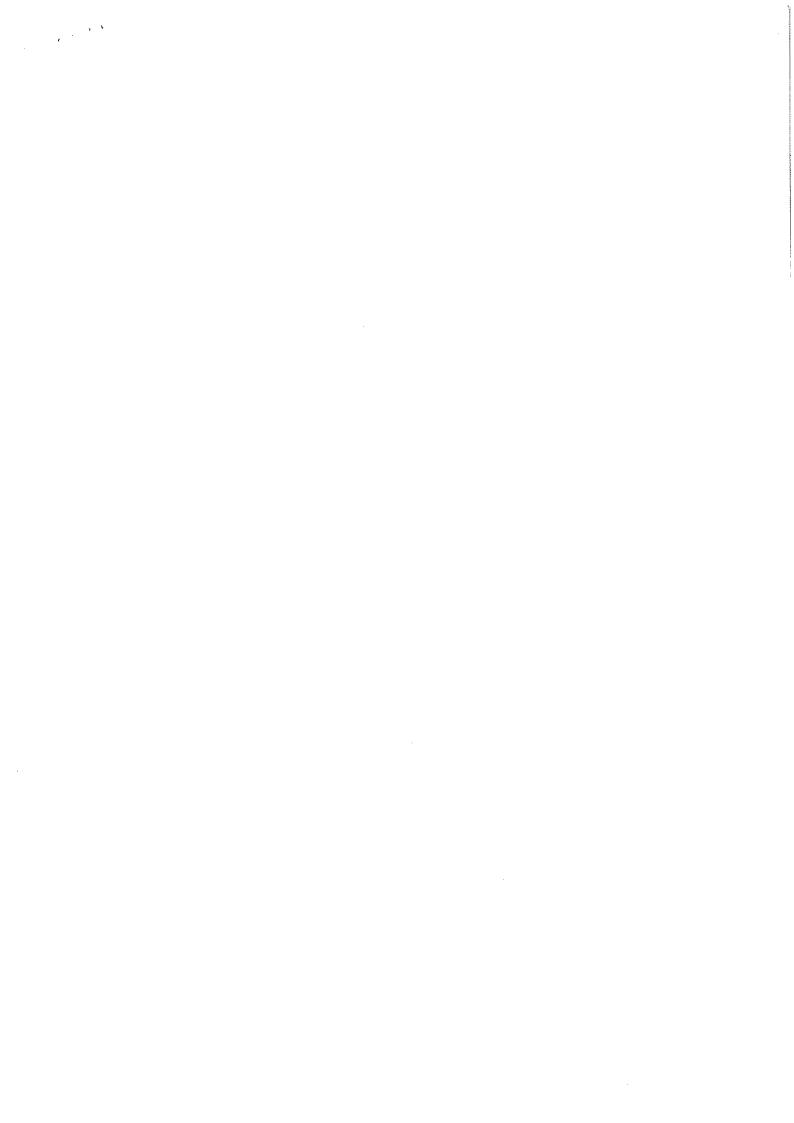
Name:

Reviewed by OTL:

Ø

Signature:

CHW:





Signature

Standard End-User Specification Form

Date

## END-USER SPECIFICATION FORM

Quote Number:			
-		1 man 1 - L'ans	I consider worked
Item Description:	UBBACOT Household	A rollagator du	d stowns terms.
Department/Section:	PHC Outreach	Purpose of Item:	
1. Pre-qualification crit			
1.1. Is the item requi	red to have a regulatory body certifica	ation (e.g. SABS, SANS, SANAS	i, ISO, CIDB, etc.)? Yes / No:
Regulatory Body / certi	fication required if Yes:		(한)점 <del>(1988년)</del>
1.2. Is a compulsory if Yes, specify: Date	site inspection / briefing session requ	uired? Yes / No De	
1.3. Is local producti if Yes, specify:	ion and content part of the quote? Yes	s / No	
1.4. Provisions of se if Yes, specify:	ection 4(1)(a) of the PPPFA Regulation	s,2017 if applicable? Yes / No	
1.5. Liability Cover in	nsurance? Yes / No		
if Yes, specify:	nsurance? Yes / No		
	-4: of the required item?		
List specifications to be adv	ation of the required item?	Comment	
1 11-1-10 COUDI	V with AU SIZE STEW	vacci.	
しつ しつへんぐしじょー ほかほじ	WINTER WILL BOUND FOR THE PROPERTY OF THE PROP	1' W & COURTY 16	
3. Consist inchi	ndual infervention rec	COTOL DOTH STORY	<u></u>
4. Consist Som	some record with ?	zo entres	
5. and should			
3.1. Deadline for sub-	to be submitted? Yes / No(select option mission if Yes: Date	TimePlace	
4. Penalties to be noted	d by the suppliers:		
4.4 If the cumplier fo	alle to deliver any or all of the goods (	or to perform the services withir	the period(s) specified in the
	shoon shall without prejudice to its other	er remedies under the contract. $oldsymbol{o}$	educt itotii nie connact biice,
as a penalty, a	sum calculated on the delivered price of	of the delayed goods or unperfor	med services using the current
prime interest ra	te calculated for each day of the delay u	ntil actual delivery or performance	<b>;</b> .
,	on criteria / special terms and condition	ons to be advertised?	
5. What is the evaluation	ecial terms and conditions to be advertis	ed (if applicable)	
	ria Does the offer meet the pre-qualification	ation criteria?	
Pre-qualification criter     Administrative	Does the offer comply to stipulated	administrative requirements?	
3. Conformance:	Was the product made or service pe	erformed to specifications?	
4. Performance:	Will/does the product/service fulfil its	s performance obligation, in a ma	nner that releases the supplier
	from all liabilities under the contract	?	
5. Features:	What characteristics does the product How long can a product go between	uct of service have r	nance? (quarantee)
6. Reliability:	What is the useful life for the product	of? How will the product hold up to	inder extended use?
7. Durability:	How easy is it to repair, maintain or	support the product or service?	customer support)
8. Serviceability:	The ability and capacity of the vend	for to execute the contract	
9. Ability & Capacity	Preferential Procurement System (8	80/20) if applicable	
10. Preference points	1 Teleformat i Toodforment Oyotam (s	-/	
•			•
Name of End-user (in full)	BP Nacobo	Name of SCM Rep (in full)	JABY
Designation / Rank (in full		Designation/ Rank (in full)	SCC

Signature

Page 1 of 1

Date



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

## **Household Registration Form**



Household Identifier						C	istrict nam	ie					
Name of household head						\	Vard numb	er			<u>,,</u>		
Contact details of household head	(1)		(2)			F	acility nam	ie					
Household address details													
Household respondent	Please tic	k (√)	Availa	able	ı	Not ava	lable	י [	Refused				
Household membel	details					i d				Regular		Se	X
Household member number	Name and	Surname					DOB		Grant (Y/N)		Age	M	<b>F</b>
1.							dd/mm/yy						
2.							dd/mm/yy						
3.							dd/mm/yy						
4.							dd/mm/y\						
5.							dd/mm/y				-	<u> </u>	
6.							dd/mm/y						
7.							dd/mm/y				┤──		
8.							dd/mm/y				-		
9.							dd/mm/y						
10.							dd/mm/y				-		
11.							dd/mm/y				+-	<u> </u>	<del>                                     </del>
12.							dd/mm/y dd/mm/y				+-		
13.							dd/mm/y		<del> </del>		+		
14.						<u> </u>	dd/mm/					<del>                                     </del>	
15.							dd/mm/		<u> </u>		$\dagger$		
16.							dd/mm/				1		
17.							dd/mm/			1			
18.							dd/mm/						
19.							1						
Information about		] 	s there lush toi	let in	Y	N	Is there a working fridge in		γ	N	nı	otal umber of ooms in ne house	
or in the yard?		1	he hous	ser			house?					ie nouse	
		Does hou	sehold	require 1	follow		hold follow	up			Com	ment	
Form last update	d date	up visit (\	//N)			visit da			-	<del>-</del>			
dd/mm/y	'VYY	Y			<i>V</i>		d/mm/yyy					,	
dd/mm/y	<i>'</i> YYY	Y			N		d/mm/yyy						
dd/mm/y	/үүу	У			N		d/mm/yyy					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
dd/mm/\	/УУУ	У			<u> </u>	a	d/mm/γyy	Y					

health
Department
Health
REPUBLIC OF SOUTH AFRICA

	<b>建筑线</b>	のでは、		がない。これられ			開始的政治		<b>新发生的发现</b>			· · · · · · · · · · · · · · · · · · ·		整型等等	意見を名ける。	年の近年を記せてはは内が行う
name of								Date of birth	ų	dd/mm/pp		Sex	Σ	F Age		
individual	ils (1)							(2)								
Caroviver details	rails															
Caregiver	_				A CONTRACTOR			Relationship	d					Sex		Σ
Contact details (1)	(1)							(2)						Age	41	
Household details	details											Minu				
Household					Ward number	er			Facility			Name				
Address details	slis					9 45 47 73										
Record of Care	are			A TO SECURITY OF	S .	Services provided	ded				Care	Care and interventions provided		Referral	Referral Cient Signature	Date scheduled
Visit Date	Date of visit	Antenatal	Postnatal	Child	NH HE	E	Hyper	Diabetes	Adherence	e Other	(Include or	ny relevant notes and findings)		(N/x)	3	tor tollow up
	ማሪ/መመ/ያአላሃ			неаки								A STATE OF THE STA				
. dd/m	dd/ram/yyyy											Acceptance of the control of the con	- Transaction		LIMA	
7	Aukh/wau/pp														1000	
u/pp	AAAA/www/pp								1			- Avenue - A				
J/pp	dd/mm/vyyy															
	dd/mm/hyy										7A4 448	river,				
1.5	dd/mm/hyyy										194444	WIT TO THE PERSON OF THE PERSO				
gq/c	λλλλ/ωω/pp											ILANAM				
	dd/mm/yyyy											- Control of the cont			117	
cicl/	գգ/տտ/,Կչչչ												-	· ·		
'gg/	dd/mm/bb			i								The state of the s				
dd/	AAAA/ww/pp											HAT A A SHARE WATER TO THE SHARE				
dd	AAAA/www/pp														200	
gg	www.janah	<u></u>		·		_			_							

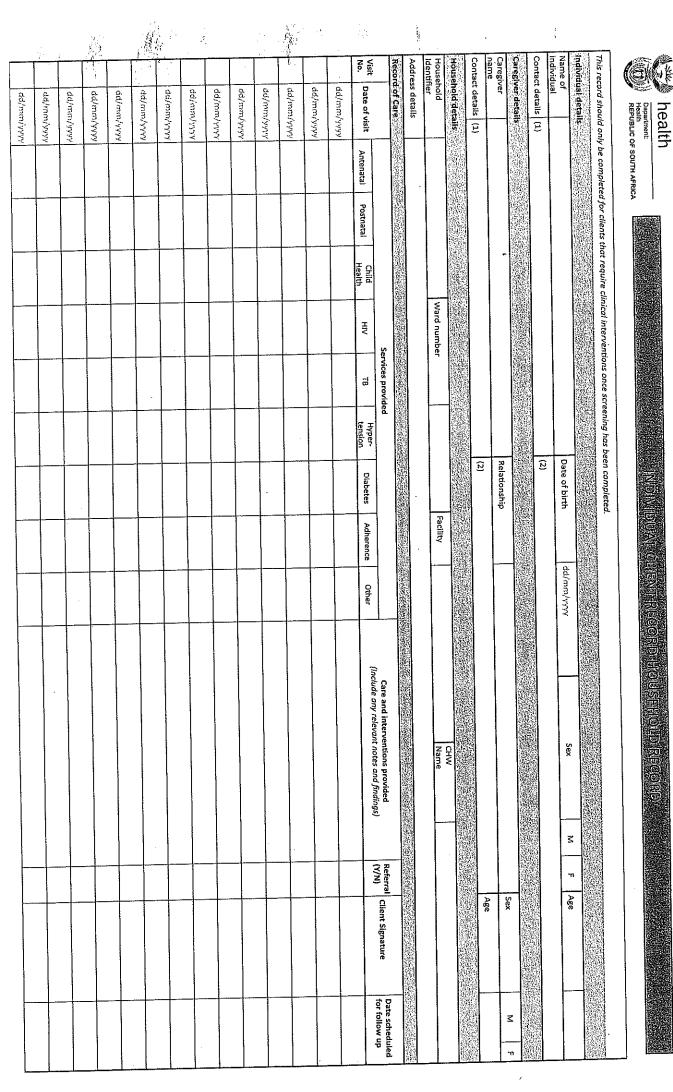
		S	creeni	ng Co	onduc	ted	on Ho	use	nold I	Vlen	bers			
Date	Household member number	Age	Sex (M/F)	Antenata	1 Postnata	Child	T		provided Sypt			4.7.7.7	e constitui	Care and Interventions required (Include any relevant notes, findings and
dd/mm/yyyy					. 0318403	Healtf	HIV	TE	Hypr tensi	on Dia	betes Adi	ierence	Other	referrals)
dd/mm/yyyy			<del></del>					1						
dd/mm/yyyy								<del> </del>		-				
dd/mm/yyyy	,					1	-	_		-			····	
dd/mm/yyyy								-		-	-			
dd/mm/yyyy		1					<del>                                     </del>	1.	-			_		
dd/mm/yyyy							<del>                                     </del>	<u> </u>				-		
dd/mm/yyyy														
dd/mm/yyyy					-					+	_			
dd/mm/yyyy										-		$\dashv$		
dd/mm/yyyy	_									-				
dd/mm/yyyy	-							-		-	+	$\dashv$		
dd/mm/yyyy						·					+	$\dashv$		
dd/mm/yyyy						·			1	-				
dd/mm/yyyy									-	╁				
dd/mm/yyyy				4.5 K.						-				,
dd/mm/yyyy										-	-			
dd/mm/yyyy									<del>                                     </del>	<u> </u>		$\dashv$		
dd/mm/yyyy									<del>                                     </del>		_			
dd/mm/yyyy												$\perp$		
dd/mm/yyyy												_		
dd/mm/yyyy														
dd/mm/yyyy												+		
dd/mm/yyyy														
dd/mm/yyyy												+		
dd/mm/yyyy														
dd/mm/yyyy						1					1	+		, was a
ld/mm/yyyy											<del>                                     </del>	+		
id/mm/үүүү						_		****						
ld/mm/yyyy											-			
d/mm/yyyy	·										-	_	-	
d/mm/yyyy												1	-	
d/mm/yyyy					-									
d/mm/yyyy						+			_		-	-	-	
d/mm/yyyy												+		
d/mm/yyyy						_	1	-			-	+-	-	\$ \dot{\dot{\dot}}



his record should conditionally details.  vame of ndividual ontact details (1).  Contact details (1).	should only details.	be complete	d for clients	that require c	linical interve	ntions once s	creening has t	his record should only be completed for clients that require clinical interventions once screening has been completed.							-		
ame of idividual ontact de	talls (1)						Secretary and Comments of the Comments	7.00			A CONTRACTOR OF THE PARTY OF TH	STATES THE PARTY OF STATES		The second second		_	-
ontact de	tails (1)	-						Date of birth		dd/mm/ywyy	-		Sex	3	Age	ge	
aregiver o	(1)							(2)					Aggrant and an analysis and a second	The state of the s	Managen and		
aregiver	2000 Sept. 1000	Statistics and service	Service Services	TANDERS STREET		<b>经验证据</b>											
	details 🐇													Service and the service and th	3	Sex	Σ
Caregiver name								Relationship							<u></u>	Age	
Contact details (1)	tails (1)			<u>-</u>				(2)									
lousehold	details												CHW		Programme and the second		A STATE OF THE STA
Household					Ward number	er			Facility				Name				
Address details	etails																
Record of Care	Care					Services provided	ided				,,	are and interve	Care and interventions provided		Referral (Y/N)	Client Signature	Date scheduled for follow up
Visit Dat	Date of visit	Antenatal	Postnatal	Child Health	HIV	тв	Hyper- tension	Diabetes	Adherence	Other	- Indian						
ad.	φα/ωω/γγγγ																
dd,	dd/mm/yyyy															The state of the s	
dd,	dd/mm/yyyy																
cia	dd/mm/yyyy																
dđ	dd/mm/yyyy															LUCE LUCE	
රුර	dd/mm/yyyv																
del	dd/mm/yyyy													ļ			
d.	dd/mm/\wyy																
g.	dd/mm/yyyy																
ď	dd/mm/yyyy																
d.	AAAAywuw/pp														1		
g.	dd/mm/γγγγ							-									
Ct.	dd/mm/yyyy													1	_		
<u>c</u>	dd/mm/yyyy									-				-			

	A STATE OF STREET OF STREET STREET	ner the Company of the Company	Contract of the Contract of th	5 C.	
the second of th	A CONTRACTOR OF THE PARTY OF	Service and the service of the	To the second second	The state of the s	
suadmaivi	STATE OF THE PARTY	\$1.4 x \$2.4 x \$3.2 x \$3.50	100 200		3 -3 1 2 1 3 2 6 6
(10.4%) (1.4%)	And the second second second	A STATE OF THE STA	******		- C C-
	MIDELL		יאעווענסט		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	UIIIIUOSII	The second second second	The state of the s		and the Committee of th
	The second control of the second seco	40 C	ANY STREET, MARKET STREET, CO.	(A) (E) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	No. 188 years of the control of

bno sgnibnīt, tastant notes, findings ond referrols)	194	ince Ott	панья	Plabetes	Hyper- tension	81	MH	Child AffesH	listentroq	fetenatnA	X92 (T\M)	agĄ	Jonsepold member number	H Date
	_	+								ļ				YYYY\mm\bi
		_	_										·	KAAA/ww/pp
	_	-	_											da/wm/byyyy
	-	-	$\dashv$		<u></u>									AAAA/uuu/pp
	-	1-	_											AAAA/ww/pp
		-	-											44/mm/pp
		_	$\dashv$											AXXX/ww/pp
	-	+	$\dashv$	$\dashv$			,							44/4/4/4/
	-	-	+											VYVV/mm/bb
	-	-	+	_	-									qq\mm\\\\
	_	<u> </u>	+	-	_								<u>.</u>	da/mm/bby
		-	+		_									44/444/
	-	-	-	-	-+									VYYYY dum/bb
	<u> </u>	-	+			-								44/11111/3333
		-	+-	-			_							AAAA/ww/pp
			-	-	-	-	_							AAAA/uuu/pp
			+-	-	-	-								AAAA/uuu/pp
			+-				_							AAAA/ww/pp
			-	-									1	AAAA/ww/pp
				-	1		1							qq\mm\yyyy
		<u> </u>	<u> </u>	1										AAAA/uuu/pp
				1								1_		VVVVVIIII (VVVVV
														AAAA/uuu/pp
														dayyyyyy
														AAAA/www/pp
	-			1	1									qq/mm/\xxxx
	_			-	1	1								4q/unu/pp
· · · · · · · · · · · · · · · · · · ·	-	-	-	+		$\dashv$	1							qq\mm\AAAA
	-			-	1	-	1							dd/mm/bb
	-				-									44/ww/pp
			<del></del>			<del>-  </del>								44/ww//hy
				-	<del>                                     </del>	+								ቀላ/መመ/አሉአ
	-				<del> </del>									գգ/աա/չչչ
	-				<u> </u>	<u> </u>							٨	A4\/mm/bb
				}				1	ļ		1 1			//wm/bb



			S	creeni	ng Co	onduc	ted o	n Ho	useh	old N	lemb	ers			
	Date	Household member numbe	r Age	Sex (M/F)			Child	T	ening pr			in Carac			Care and interventions required
	dd/mm/yyyy			,	Antenata	of Postnatal	Health	HIV	T.B.	Hyper- tension	Dfabate	s Adhe	ence O	ther	(include any relevant notes, findings an referrals)
	dd/mm/yyyy					<del>                                     </del>					-	+	+		
	dd/mm/yyyy									<del>                                     </del>		-	$\dashv$		
	dd/mm/yyyy	, , , , , , , , , , , , , , , , , , , ,										-	_	_	
	dd/mm/yyyy											_	-	_	
Ī	dd/mm/yyyy									-			-		
	dd/mm/yyyy												-		
	dd/mm/yyyy				<del></del>								_	-	
	dd/mm/yyyy												+	_	
	dd/mm/yyyy											ļ		+	
	dd/mm/yyyy	-													
	dd/mm/yyyy													+	
	dd/mm/yyyy												1.0	_	`
	dd/mm/yyyy												_	+	
-	dd/mm/yyyy														
	dd/mm/yyyy													╫	
	dd/mm/yyyy												<del> </del>	+	
	dd/mm/yyyy													$\top$	
	dd/mm/yyyy														
_	dd/mm/yyyy														
	dd/mm/yyyy											***		+	. ,
	dd/mm/yyyy														
	dd/mm/yyyy	<u>-</u>												-	
	dd/mm/yyyy													1	
	ld/mm/yyyy														
L	ld/mm/yyyy														
-	ld/mm/yyyy														
6	d/mm/yyyy														
d	d/mm/үуүу														
d	d/mm/yyyy														
d	d/mm/yyyy														
d	d/mm/yyyy														
de	I/mm/yyyy														
	I/mm/yyyy														
	i/mm/yyyy												ì		
dd	/тт/уууу														- 1-1

This r	This record should only be completed for clients that require clinical interventions once screening has been completed.	niy be comple	ted for clients	that require c	linical interver	ntions once sc	reening has b	een complete	Ď.						7 19. C	
indivi	individual details															
Name of individual	e of dual							Date of birth		dd/mm/yyyy		Sex	3	Π <u>Þ</u>	Age	_
Conta	Contact details (1)	   		; 				(2)								-
Careg	Caregiver details												1			
Caregiver name	ţiver							Relationship						Sex	ex	MF
Conta	Contact details (1)							(2)						٨	Age	
Hous	Household details															
Household Identifier	ehold ifier				Ward number	٦			Facility			CHW				
Addre	Address details			;												
Recoi	Record of Care												_			
Visit No.	Date of visit	Antenatal	Postnatal	Child Health	НΙИ	TB TB	Hyper- tension	Diabetes	Adherence	Other	Care and intervi	Care and interventions provided (Include any relevant notes and findings)	2 2	Referral (Y/N)	Client Signature	Date scheduled for follow up
	dd/mm/yyyy			+*												
	σα/παι/γγγγ		•						:							
	dd/mm/yyyy															
	de/mm/yyyy															
	dd/mm/yyyy															
	dd/mm/yyyy															
	dd/mm\/yyyy			-												
	dd/mm/yyyy															
	dd/mm/yyyy															
	dd/mm/yyyy				,	,										
	dd/mm/yyyy			-						,		:				
	dd/mm/yyyy															
	dd/mm/yyyy															
	dd/mm/γγγγ															



## **END-USER SPECIFICATION FORM**

PF	OVINCE OF KWAZULU-NATAL					
Quo	te Number:					
ltem	Description:	3PHOOT MONTHLY K	egister		. 16.1	olaka olkivasi
Depa	artment/Section:	tc-(atreach	Purpose of Item:	JOL D	vavania	nóleznid <u>uz ptole</u>
1.	Pre-qualification criteria					
	1.1. <b>is the item require</b> d Regulatory Body / certifica	I to have a regulatory body certification required if Yes:	ation (e.g. SABS, SANS	s, sanas	, ISO, CIDB, 6	etc.)? Yes / No:
	1.2. Is a compulsory sit if Yes, specify: Date	te inspection / briefing session requ	uired? Yes / No ce			
	1.3. Is local production if Yes, specify:	and content part of the quote? Yes	s / No			
	1.4. Provisions of secti	on 4(1)(a) of the PPPFA Regulation	rs,2017 if applicable?	Yes / No		
	1.5. Liability Cover insuit Yes, specify:	urance? Yes / No				
2.	What is the specification	on of the required item?				
List	specifications to be adver	tised		Comment		
1.	Cor mad	rould be hard wi	th metal			
3.	cousist at I	00 pages single (o	TE SUEG			
4. 5.	each page s	halla bicombolate	10 auriles			
or 4.	3.2. Specify that sample  Penalties to be noted b  4.1. If the supplier fails  contract, the purcha	be submitted? Yes / No(select optionsion if Yes: Date/	or to perform the servicer remedies under the confermedies of the delayed goods of	or No ices within ontract, de r unperforr	the period(seduct from the	) specified in the se contract price,
						:
5.	What is the evaluation	criteria / special terms and conditional terms and conditional terms and conditions to be advertise	sed (if applicable)			
	Pre-qualification criteria		ation criteria?			
1. 2.	Administrative	Does the offer comply to stipulated	administrative requirem	ents?		
3.	Conformance:	Was the product made or service p	erformed to specification	ns?		
4.	Performance:	Will/does the product/service fulfil it from all liabilities under the contract	ts performance obligatio t?	n, in a ma	nner that relea	ases the supplier
5.	Features:	What characteristics does the production	uct or service have?			t-o\
6.	Reliability:	How long can a product go between	n failures and the need	for mainter	nance / (guara	dues?
7.	Durability:	What is the useful life for the produ	ct? How will the product	noia up u	nuel extendet	nort)
8.	Serviceability:	How easy is it to repair, maintain or	r support the product or	service? (	customer sup	POLY
9.	Ability & Capacity	The ability and capacity of the vend	or to execute the contra	#UL		
10.	Preference points	Preferential Procurement System (	our∠u) it applicable	,		
				£.#\ 1	<del></del>	
Na	me of End-user (in full)	Bowinie Nacabo	Name of SCM Rep (in			
De	signation / Rank (in full)	PHC SUPERISON	Designation/ Rank (in	full)	OM C	
Sig	nature (	Parales .	Signature			

Date

Standard End-User Specification Form

Date



## ROLL AMONG THE

Facility Name: Team Name:



Instructions

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

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

WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER 3. If there are more CHWs than the rows, use a second summary sheet

Total	Other	18	ΝIV	Health Condition		Team Total	Complete totals for each column below											CHW Name and Surname		Outreach Team Leader Name
				3			or each o											Number of 1st visits		
							շնսոր ե											Number of fallow up visits	Visit	
┞	H	_		WB.			eiow											Number of supervised visits		
				nber of														Under 5		
				clients							ļ <del></del>			Ī				5-9 years	Неас	
				Number of clients listed on WBPHCOT Tracing Register														10-19 years	Headcount	
				F 33										<u> </u>				20 years and above		
Γ				Numb				-			T		-	<del> </del>				Pregnancy test		
				Number of clients with out- comes recorded (S,R,T,M,U,L)				-		1					-		-	1st Antenatal visit	Antenata	Rep
				ients w		-		-		-	-	-			<u> </u>			Antenatal support	<u> </u>	Reporting Month
				th out		-		-	├-		-	-	<b></b>	-		-		Post-natal support		Mont
	L	L	_	5		-		-	-		-	-	-	+	<del> </del>			Under 1 assessed for	Post-natal	3
				Numbe		_		-		-	-	+-	-		ļ		-	danger signs	atai	
				r of cli		_		<u> </u>	_		<u> </u>				-		ļ	Under 1 referred		
				Number of clients with outcomes = \$ (Successful)				-		-	-		-	-	-	_	-	Child (1-5) assessment Under 5 referred for nutrition	{	
				sful)							_	ļ		ļ		ļ		and growth problems		
L	+	L	-	2 2	-						_						-	Under 5 with Diarrhoea referred for further treatment		Clinic Name
				Number of return date														Child referred for Immunisation	물	Name
				of clies														Child (12-59 months) provided with Vitamin A	Child Health	
				Number of clients with return date			"											Child (12-59 months) provided with deworming	3	
				, i														Child under 15 referred to social services		
L	<u> </u>			<u>i</u>	_			<u> </u>	1		1	1						Child under S referred for HIV test		
į	Re		Sig	N S	3		-	$\vdash$	-		<u> </u>	+		-	<u> </u>			Child 5-14 referred for HIV test		
	Reviewed by Facility Manager:		Signature:	Name:				-	+			_						Clients 15 years and above referred for HIV test		
į	- N		Ï				+	-	-		-				1			HIV defaulter traced	- F	
1	Cility			'	7	-	-	$\vdash$	+		_	+-	-	+	-	+		Clients under 5 screened for TB		╙
	Mana					$\vdash$	-	-	+	-	+	+		-	+	-	<u> </u>	Clients 5 years and older	_	VBPH
	ë.					-		-	-	-		-	-			-		screened for TB  Clients referred for TB	급	07 01
						$\vdash$	-	$\vdash$	-		_	-	-	_	-	$\perp$	-	investigation  TB defaulters traced	-	WBPHCOT DHIS Name
						L	_		-	-	_	+	-		-	-	-	Clients screened for high	₹	
				ı			_		-			-	-	-	-	-	-	blood pressure  Clients referred for blood	Hypertension	
			•			L	_	-	<u> </u>	_	ļ.,	_	ļ.,		-	_	ļ	pressure testing  Clients screened for	3	-
										_			_			_	$\bot$	diabetes	Diabetes	
				Date:											_			Clients referred for blood glucose test	$\bot$	4
				ie.														Clients provided with adherence support	Adherence	
				1		-		-		$\top$								Clients 15 years and older referred to social services		
																		Clients referred for mental health assessment	Uther	
																		Other		

health Pealth

# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

This form should be used by an OTL to summarise the monthly totals for each CHW in the WBPHCOT.
 At the end of the month, the total numbers should be summarised in the last row of the table.

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

Total	Other	18	ИIV	Health Condition	Team Total	Complete totals for each column below										CHW Name and Surname		Leader Name
				5		or each c										Number of 1st visits		=
						olumn b										Number of follow up visits	Visit	
	-	<u> </u>		Nun WB		elow										Number of supervised visits		
				her of		]										Under 5		
				dients l				T								5-9 years	Headcount	
				Number of clients listed on WBPHCOT Tracing Register												10-19 years	iount	
L	_															20 years and above		
				Number of clients with out- comes recorded (S,R,T,M,U,L)												Pregnancy test	,	
				r of clie ecorde												1st Antenatal visit	Antenata	
				nts with												Antenatal support	<u> </u>	
				M,U,L)												Post-natal support		
-	╁	╁	-	or n				T								Under 1 assessed for danger signs	Post-nata	┢
				mber of				<del></del>				ļ				Under 1 referred	a	
				Number of clients with outcomes = \$ (Successful)			**									Child (1-5) assessment		
				with cessful)												Under 5 referred for nutrition and growth problems		
			L													Under 5 with Diarrhoea referred for further treatment		r
				Number of return date								"				Child referred for immunisation	۵	
				Number of clients with a return date												Child (12-59 months) provided with Vitamin A	Child Health	-
				nts wit												Child (12-59 months) provided with deworming	#	
				ກ ຍ												Child under 15 referred to social services	1	
L		<u> </u>		<u> </u>												Child under 5 referred for HfV test		
2 2	Rev	ģ	Sien	Nan	· -											Child 5-14 referred for HIV test		
Name:	Reviewed		Signature:	Compiled Name:	:  -	1			1							Clients 15 years and above referred for HIV test	Ţ	
3	by Facility Manager:			by OTL:				"								HIV defaulter traced	₩	
j				"					$\dagger$	<b>†</b>						Clients under 5 screened for TB		╢
·	lanage					-						<b>†</b>				Clients 5 years and older screened for TB	1_	
:																Clients referred for TB Investigation	TB	
													-			TB defaulters traced		
									<u> </u>	$\dagger$						Clients screened for high blood pressure	Нуре	
						1										Clients referred for blood pressure testing	Hypertension	
					<u> </u>	1			+			<del>                                     </del>				Clients screened for diabetes	D.	
-									-		-				-	Clients referred for blood glucose test	Diabetes	
Date:				Date:												Clients provided with adherence support	Adherence	
									<del> </del>	+	1					Clients 15 years and older referred to social services		
										_						Clients referred for mental health assessment	Other	
						1	-	_	-	+		+-	+	+	1	Other	7	1

20



## **END-USER SPECIFICATION FORM**

Quote Number:				
	CHW kacing rec	usta		
em Description:	Ptc-Cutreach	Purpose of i	tem: For physical to	aciva afa
epartment/Section:	MO-CUTTEDO	rui pose oi i	By EH WS.	
. Pre-qualification	criteria if any:		1100-	
1.1. Is the item r Regulatory Body /	equired to have a regulatory body concertification required if Yes:	ertification (e.g. SABS,	SANS, SANAS, ISO, CIDB, etc	.)7 Yes / No:
1.2. Is a compul if Yes, specify: Da	sory site inspection / briefing sessic ateTime	n required? Yes / No Place		M2.5.
1.3. Is local proof if Yes, specify:	duction and content part of the quot	e? Yes / No		
1.4. Provisions if Yes, specify:	of section 4(1)(a) of the PPPFA Regu	ılations,2017 if applical	ole? Yes / No	
1.5 Hiability Co	ver insurance? Yes / No			
if Yes, specify:	ver insurance? Yes / No			
	cification of the required item?		Comment	
List specifications to b			TO DYING SON	iple,
1. Hard COU 2. Modal bli	or budge			r
metal bli	de in early bade			
Dilplo	as in each page	m out		
Double	100 pager builde	~ ,		
3.2. Specify that 4. Penalties to be 4.1. If the supp contract, th	need to be submitted? Yes / No(select submission if Yes: Date	on requested in writing. You goods or to perform the its other remedies under price of the delayed goo	services within the period(s) services the contract, deduct from the ods or unperformed services us	specified in the
5. What is the eva	luation criteria / special terms and c a / special terms and conditions to be a	dvertised (if applicable)		
		qualification criteria?		
<ol> <li>Pre-qualification</li> <li>Administrative</li> </ol>	Does the offer comply to stip	ulated administrative red	uirements?	
	Mas the product made or se	rvice performed to specif	ications?	
	Will/does the product/service	fulfil its performance ob	igation, in a manner that release	es the supplier
4. Performance:	from all liabilities under the c	ontract?		
5. Features:	What characteristics does th	e product or service have	27	60)
6. Reliability:	How long can a product go b	etween failures and the	need for maintenance? (guarant	cc)
7. Durability:	What is the useful life for the	product? How will the pr	oduct hold up under extended u	4/
8. Serviceability:	How easy is it to repair, mair	ntain or support the produ	uct or service? (customer suppo	9
9. Ability & Capaci		e vendor to execute the	Contract	
10. Preference poin		stem (80/20) if applicable		
Name of End-user (i	TUIL RP NOCHO	Name of SCM R	ep (in full) DPBY	
Designation / Rank (		/ Designation/ Ra	nk (in full)	
Signature	THE INTO	Signature	CORRES	
i alunatute	(GA -tre outin)			· · · · · · · · · · · · · · · · · · ·

Date

Standard End-User Specification Form

Date

CHW:



## health

Department:
Health
REPUBLIC OF SOUTH AFRICA

COMMUNITY HEALTH WORKER TRACING REGISTER

\_Team Name:

health  Decomment.  Desaits  AREVISUS OF SOUTH AFRICA	COMMUNITY HEALTH WORKER TRACING REGISTER
Team Name	СНW лате
Date list generated	Date allocated

Name and Surname	Age File number/UID	Missed appointment date	Phone Number (s)	Physical Address	Date(s) client visited at home	Outcome of home visit	Final Outcome	Proposed Date of Clinic visit	Comment
					(1) ectorolysis	-			подпата на применения на приме
***		randa marana por a construction of the constru			(2) od 2017111			dd/mm/yyyv	
					(3) defendant				
					(1) distribution				
2.		Reinfal featest/pip			(2) Addinostyry			achaes 445At.	
					(3) Asternational				
					(i) Approxima				· · · · · · · · · · · · · · · · · · ·
, L		of the same of the same						A difference in	
Ų		SALEMETER OF WAR			(2) Suferial cons			\$47.5 August 199	
	In the second se				(1) of tractions				
`		of the same same of the same of			1 1			hrth/unipp	
ţ.		KAKAKARA			(2) interest year				
					31 definitelessus				
		-			(1) Submodenno				
Ņ		ANAN POSTUSTON			(2) of fanding			edimm/yyy	
					(3) P.				
					(I) Adjustically				
ù		क्ट्रास्त्रक्रम् भूभूभूष			(2) duling reference			94,420,455,5	
		-			(a) addisonating				
					(1) of Secologic				
7.		ddhamyyyyy			(A) information			dd/mm/syyy	
					(3) informations				
					(I) deducations				
90		Enthantal Sand			(2) 1/2 fear 1013			dafaaafyyyy	
		***************************************			D) intercept				
					(ii) den entreten				
9.		AAAA kasaayoo			(Z) dofrantemen			dd/mm/pyyy	
					(3) dd/markyry				
					(I) distantings				
10.	AATT ATTEMPT	ALL CARREST PO			(2) Adjournatify			dalamayayya	
			The state of the s	Parameter Control of the Control of	(3) Substanting				
					(1) Adamshijan				
11.	•	AAAAAAAAAAA			(2) 10 handy);;			44 mahhha	
					(9) idjanazijy				
					(1) deformation				
12.		ANAN Jumus Japa			(Z) Zodnovjenov			dd/mm/yyls	
					[3] d6/com-J, y, ,				With the state of

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

Date:

Signature:

0<u>7</u>1.

,	
Signature:	
THE PERSON NAMED OF THE PE	

Date:

Name:



## **END-USER SPECIFICATION FORM**

PROVINCE OF KWAZULU-NATAL			ı
Quote Number:			
	atreach team iv	advidual Ch	ient record
Department/Section:	e cutreach	Purpose of Item: \O()	ocard individual intervation
1. Pre-qualification criteria			
<ol> <li>1.1. Is the item required Regulatory Body / certifica</li> </ol>	to have a regulatory body certifica tion required if Yes:	tion (e.g. SABS, SANS, SANA	S, ISO, CIDB, etc.)? Yes / No:
1.2. Is a compulsory site if Yes, specify: Date	e inspection / briefing session requ / Time Plac	uired? Yes / No e	
1.3. Is local production if Yes, specify:	and content part of the quote? Yes	/ No	
1.4. Provisions of sections if Yes, specify:	on 4(1)(a) of the PPPFA Regulation	s,2017 if applicable? Yes / No	
1.5. Liability Cover insuit Yes, specify:	irance? Yes / No		
2. What is the specificatio	on of the required item?		
List specifications to be advert	ised	Commer	11
1. Coverpage -t		- d	
2 A 4 DOOKYEL	without binding pages written with 14 entires.	19612 21401	
3. CON/8/17 F 100	books white	BYN SICK!	
4. Fach page	WARD 14 C (18 07)		
<ul> <li>3.2. Specify that sample:</li> <li>4. Penalties to be noted by</li> <li>4.1. If the supplier fails contract, the purchases a penalty a sun</li> </ul>	be submitted? Yes / No(select optics sion if Yes: Date/	ested in writing. Yes or North or to perform the services wither remedies under the contract, of the delayed goods or unperform	in the period(s) specified in the deduct from the contract price, ormed services using the current
	criteria / special terms and conditio		4
5. What is the evaluation of	al terms and conditions to be advertise	ed (if applicable)	
tio tio mitaria	Does the offer meet the pre-qualification	ation criteria?	
Pre-qualification criteria     Administrative	Does the offer comply to stipulated	administrative requirements?	
3. Conformance:	Mas the product made or service pe	erformed to specifications?	
4. Performance:	Will/does the product/service fulfil its from all liabilities under the contract	s performance obligation, in a m ?	anner that releases the supplier
5. Features:	What characteristics does the produ How long can a product go between	a failures and the need for maint	enance? (quarantee)
6. Reliability:	What is the useful life for the product	et? How will the product hold up	under extended use?
7. Durability:	How easy is it to repair, maintain or	support the product or service?	(customer support)
8. Serviceability:	The ability and capacity of the vend	or to execute the contract	-
9. Ability & Capacity	Preferential Procurement System (8	R0/20) if applicable	
10. Preference points	Freierenda i roodiement oydiem (c		
· 		100MP (2-64)	TORI
Name of End-user (in full)	Rawinde + Nacob	Name of SCM Rep (in full)	121704
Designation / Rank (in full)	PHE EUPENISON	Designation/ Rank (In full)	DU SU
Signature	Charach	Signature	104137

Date

Page 1 of 1

Standard End-User Specification Form



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



# INDIVIDUAL CLIENT RECORD HOUSEHOLD RECORD

]			- Leavener												- water	***************************************
This India	This record should only be completed for clients that require clinical interventions once screening has been completed. Individual details	ily be comple	ted for clients	that require	clinical interve	ntions once sc	reening has b	een complete	d.							
Nan	Name of individual				The Party Company of the Company of	A Company of the second		Date of birth		Bulavaty)yy		Sex	3	F Age	3e	
Con	Contact details (1)							(2)								
Care	Caregiver details															
Care	Caregiver							Relationship						Sex	ex .	≤
Conta	Contact details (1)							(2)						Age	ge	
팔	Household details															
를 분	Household Identifier				Ward number	er			Facility			CHW Name				
Add	Address details															
Reci	Record of Care			5 (24) Rocks												
Visit No.	Date of visit	Antenatal	Postnatal	Child	AIM	Services provided	Hyper- tension	Diabetes	Adherence	Other	Care and (Include any r	Care and interventions provided (Include any relevant notes and findings)	(7) R2	Referral C	Client Signature	Date scheduled for follow up
-	(idi asmi) (idi)											RPONENCIA PRINTER				
	Application of the	-					1111111								¥	
	Andajasanjiya												,			
	dalmanijani											-127-041112444000000000000000000000000000000				
	Auk (Tana) Inp				***************************************										A44900000000000000000000000000000000000	
	తగ్గి లుజాద్సి 97),											NAME OF THE PARTY				
	Shirt/Rang (p.p.														**************************************	
	Grid (Newsyl) and															
	dulyanalying											1 AAAAAAATTI				
	del/aren/syst										i	Local management of the control of t			- ALIVACANTATION - AND	
	545,000,000															
	Afril, funktisp										TO THE PARTY OF TH				TO THE PARTY OF TH	
	Medyada (99)	-			:										The state of the s	
	ट्टॉडाक/एक्ट	-														

## health Department:

Signature

Standard End-User Specification Form

Date

Health PROVINCE OF KWAZULU-NA	ITAL		
Quote Number:		*	300
tem Description:	WBPACOT MONTH	nly DHIS re	port register.
Department/Section:	19th - Outreach	Purpose of Ite	m: FOR DHIS report for each
l. Pre-qualification			
1.1. Is the item re Regulatory Body /	equired to have a regulatory body ce certification required if Yes:	ertification (e.g. SABS, S	ANS, SANAS, ISO, CIDB, etc.)? Yes / No:
1.2. Is a compuls if Yes, specify: Da	tory site inspection / briefing session to the first term   Time	n required? Yes / No Place	
1.3. Is local prod if Yes, specify:	uction and content part of the quote	e? Yes / No	
1.4. Provisions of Yes, specify:	of section 4(1)(a) of the PPPFA Regu	llations,2017 if applicable	e? Yes / No
1.5. Liability Covif Yes, specify:	ver insurance? Yes / No		
2. What is the spec	ification of the required Item?		Commont
List specifications to be	advertised		Comment
	Hond coner bos	de motor	
2. Metal t	Mydrad.	John a location	
ito cons	igt lag backs in	1014/6N POINT	
1 Stoles.	y 40 teax.		
<ul> <li>3.2. Specify that</li> <li>4. Penalties to be n</li> <li>4.1. If the supplicent contract, the</li> <li>as a penalty</li> </ul>	samples must be made available wher oted by the suppliers: er fails to deliver any or all of the gr	n requested in writing. Yes  oods or to perform the sets other remedies under the	ervices within the period(s) specified in the ne contract, deduct from the contract price, s or unperformed services using the current
5. What is the evalu	uation criteria / special terms and co / special terms and conditions to be ac	dvertised (if applicable)	и.
1.5	riteria Does the offer meet the pre-q	ualification criteria?	
<ol> <li>Pre-qualification of 2. Administrative</li> </ol>	Does the offer comply to stipu	ılated administrative requir	rements?
3. Conformance:	Mae the product made or sen	vice performed to specifica	ations?
4. Performance:	Will/does the product/service from all liabilities under the co	fulfil its performance obligation	ation, in a manner that releases the supplier
5. Features:	What characteristics does the	e product or service have?	-d for maintanance? (quarantee)
6. Reliability:	How long can a product go be	etween failures and the ne	ed for maintenance? (guarantee)
7. Durability:	What is the useful life for the	product? How will the prod	duct hold up under extended use?
8. Serviceability:		tain or support the product	t or service? (customer support)
9. Ability & Capacity		e vengor to execute the co	HUGOL
10. Preference points	Preferential Procurement Sys	stern (ourzu) it applicable	
•			,
Name of End-user (in	full) Bouswite Plage	Name of SCM Rep	(in full)
Designation / Rank (ir		Designation/ Rank	(in full) SU
Signature	The state of	Signature	Jan 9
Signapore	'A BAA AA	1 J	1 A C 2 Z =

Date



WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT



# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT

## Instructions

Outreach Team Leader Name

Reporting Month

Clinic Name

WBPHCOT DHIS Name

2

- This form should be used an OTL to compile DHIS monthly report on WBPHCOT activities.
   At the end of the month, the total numbers should be summarised in the last row of the table.

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

۵

