

SharePoint

Mliethwa Khaya ▾ ?

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN Health Intranet

KZN HEALTH

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	2022-11-04
Closing Date:	2022-11-09
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Amajuba district office
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	AMAJUBA DISTRICT EMS
Date Submitted	2022-11-04
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: AMA 057/22/23
Item Category:	Goods
Item Description:	PRINTING OF DOCUMENTS [SUPPLIERS CAN QUOTE FOR ANY ITEM ON THE LIST IF NOT ALL
Quantity (if supplies)	AS PER LIST
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Not Applicable
Date :	
Time:	

<http://portal.kznhealth.gov.za/components/scm/SitePages/A...> 3

Venue:

QUOTES CAN BE COLLECTED FROM:

Amajuba District Office, 38 Voortrekker Street, Newcastle, 2940

QUOTES SHOULD BE DELIVERED TO:

Amajuba District Office, 38 Voortrekker Street, Newcastle, 2940

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

KHAYA OR NELLY

Email:

khaya.mthethwa@kznhealth.gov.za/nelisiwe.msomi@kznhealth

Contact Number:

034 328 7030/7054

Finance Manager Name:

MS. C.N. KHUMALO

Finance Manager Signature:

pp 
No late quotes will be considered

DESCRIPTION: PRINTING OF DOCUMENTS

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

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

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	As per	TOTAL ITEM A				
	attached					
	item lists	TOTAL ITEM B				
		TOTAL ITEM C				
		TOTAL ITEM D				
		TOTAL ITEM E				
		TOTAL ITEM F				
		SUPPLIERS CAN QUOTE FOR ANY ITEM ON THE LIST IF NOT ALL				
		(FAXED, E-MAILED OR HAND DELIVERED Quotations are accepted)				
		Submit certified copy of BEEE certificate for application of Preferential points. NB : As per SPECIAL				
		Please sign the Evaluation Criteria form attached.				
		SUBMIT the execution plan letter as indicated (No. 5) on Evaluation Criteria.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

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

<p>Enquiries regarding the quote may be directed to:</p> <p>Contact Person: KHAYA OR NELLY Tel: 034 328 7030/7054</p> <p>E-Mail Address: khaya.mthethwa@kznhealth.gov.za</p>	<p>Enquiries regarding technical information may be directed to:</p> <p>Contact Person: Tel:</p>
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ISIFUNDAZWE SAKWAZULU-NATAL
 EZEMPILO
 04 NOV 2022
 DEPARTMENT OF HEALTH
 PROVINCE OF KWAZULU-NATAL

ITEM A

DESCRIPTION	QUANTITY	TOTAL
WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER	940 BOOKLETS	
WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM INDIVIDUAL CLIENT HEALTH RECORD	450 BOOKLETS	
COMMUNITY HEALTH WORKER TRACING REGISTER	315 BOOKLETS	
COMMUNITY OUTREACH SERVICES REFERRAL FORM	450 BOOKLETS	
TOTAL		

NB: COPY OF SAMPLE OF BOOKLETS AND SPECIFICATION ATTACHED

ITEM B

DESCRIPTION	QUANTITY	TOTAL
ADULT MALE PATIENT FOLDERS	5000 BOOKLETS	
ADULT FEMALE PATIENT FOLDERS	9000 BOOKLETS	
PAEDIATRIC/CHILD PATIENT FOLDERS	2700 BOOKLETS	
TOTAL		

NB: SPECIFICATION ATTACHED

ITEM C

DESCRIPTION	QUANTITY	TOTAL
MMC CLINICA FILE/INTAKE FORM	3113 FILES	
TOTAL		

NB: SPECIFICATION ATTACHED

ITEM D

DESCRIPTION	QUANTITY	TOTAL
HPV VACCINATION CARDS : Size 145mm (top to bottom) x 312mm (left to right) folded twice. First at 104mm (left to right) and 208mm as per attached sample. Positioning of prints must be exactly as sample, printed double sided full colour in gloss paper. All text must be in English	10 000 CARDS	
TOTAL		

NB: Card sample attached

ITEM E

DESCRIPTION	QUANTITY	TOTAL
DRUG RESISTANT PATIENT RECORD – YELLOW BOOK	1000	
TB IDENTIFICATION REGISTER: Cover 300GSM magno matt+matt laminated one side only. Inner leaves 80GSM bond white (40 pages)	750	
PATIENT IDENTIFICATION CARD (sample attached)	1000	
TOTAL		

NB: SPECIFICATION ATTACHED

ITEM F

DESCRIPTION	QUANTITY	TOTAL
<p>ANTIRETROVIRAL THERAPY GUIDELINES 2022 (NATIONAL CONSOLIDATED GUIDELINES):</p> <p>A4 size glue bonded pages with glossy front & back hard cover/pages. White pages written in black ink with coloured diagrams on 12 back to back pages.</p>	100 BOOKLETS	
<p>VIRAL LOAD ALGORITHM:</p> <p>A3 size white hard glossy/laminated paper written in black ink with coloured text boxes & arrows for viral load monitoring. It should be poster utilize same colours as on page 16 of the 2019 ART guidelines.</p>	100 posters	
<p>TB/HIV VIRAL DATA MANAGEMENT SOP:</p> <p>A4 size after cutting binded booklet with hard front & back cover with protective shield in front. 80 pages inclusive of front & back hard pages. White pages written in black ink & colour images.</p>	100 booklet	
TOTAL		

NB: SAMPLE ATTACHED

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

6. SAMPLES

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

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date ____/____/____ Time ____:____ Place _____

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

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

12. PATENT RIGHTS

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

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

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

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

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

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

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

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

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

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

2. DEFINITIONS

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

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = price of lowest acceptable bid

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

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

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

5. BID DECLARATION

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

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

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

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

7. SUB-CONTRACTING applicable box)

(Tick

YES		NO	
-----	--	----	--

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

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

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

(Tick applicable box)

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

YES		NO	
-----	--	----	--

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

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

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

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

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

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES
1.
2.

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

EVALUATION CRITERIA over R30 000.

Proposals received shall be evaluated on the following.

1. Specification

Only offers that meet the specification in all aspects as stipulated in the bid document shall be considered. Offers better than specification are considered to be compliant with the specification.

2. Correctness of information

All information required in the bid document must be accurate and dully completion including all the appropriate signatures. This include the completion of documentation where required and the submission of required / requested documentation e.g. Valid Tax Certificate, etc. Able to adhere to time frame (delivery/service period must be clearly indicated). Please ensure samples of products submitted is of good quality and free from infestations (moth & food insects) and in sealed tins. The institution reserves the right to verify all information submitted.

3. Preferential Points System

3.1 The 80/20 preferential point system shall be used in the evaluation process

B-BBEE Status Level of contributor	Number of points (80/20 system company to ring their level)
1	20
2	18
3	16
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

4. Specific Goals

4.1 Over and above the following activities will be considered in the evaluation/ adjudication process.

4.2

- (i) The promotion of South African owned enterprises.
- (ii) Whether the quotation offers value for money
- (iii) Representivity in the composition of the vendor and the possibility of fronting
- (iv) Tax Clearance Certificate issued by the South African Revenue Services
- (v) Compulsory registration of the Provincial Suppliers Database
- (vi) SABS approved products
- (vii) As per specification/description
- (viii) Verification the recommended bidder is not on the Register for tender defaulters
- (ix) Verification of the identity numbers of the directors/trustees/shareholders of the preferred bidder(s) against the institution's staff establishment in order to determine whether or not any of the directors/trustees/shareholders are in the service of the State or officials employed by specific institution

5. Execution Plan

5.1 If the bidder is a supplier not a manufacturer of the output tendered for, he/she must submit with the bid document on closing date and time of a bid, a guarantee from a manufacturer that support required to execute the contract will be successfully. Please attach a guarantee from a manufacturer as part of the bid document.

OR

If the bidder is a supplier (middle man) not keeping the product (item) directly on/in their shelves/shop, he or she must submit with the bid document on closing date and time of a bid, a guarantee letter from the supplier that support required to execute the contract will be successfully, a letter from the suppliers, a letter can include the product name and mention that item is fully compliant with specification . Please attach a letter from a supplier as part of the document.

This evaluation criteria is designed in such a way that responses would be required from the bidders, **NB:** Failure to submit the required documents(s) may invalidate the entire bid.

This evaluation criteria is designed in such a way that responses would be required from the bidders, **NB:** Failure to submit the required documents(s) may invalidate the entire bid.

**PLEASE SIGN AND RETURN THE EVALUATION CRITERIA WITH
THE QUOTATION FORM AND RELEVANT DOCUMENTS**

NAME & SURNAME

SIGNATURE

ITEM A

DESCRIPTION
WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER
WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM INDIVIDUAL CLIENT HEALTH RECORD
COMMUNITY HEALTH WORKER TRACING REGISTER
COMMUNITY OUTREACH SERVICES REFERRAL FORM
TOTAL

NB: COPY OF SAMPLE OF BOOKLETS AND SPECIFICATION ATTACHED

SPECIFICATIONS FOR THE REGISTERS

1. Ward Based Primary Health Care Outreach Team Daily Activity Tracker, A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 50 pages ring binded and plastic finish for protection.
2. Ward Based Primary Health Care Outreach Team Individual Client Health Record ,A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 20 pages ring binded and plastic finish for protection.
3. Community Health Worker Tracing Register A4 landscape, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, 30 pages ring binded and plastic finish for protection.
4. Community Outreach Services Referral Form A4 Portrait, front cover in colour, back cover in colour, covers in thick glossy cardboard, inside black and white double sided, each page with 3 referral tear slips 50pages

FRONT



COMMUNITY OUTREACH SERVICES REFERRAL FORM

This form should be used when referring a person from community or household to facility for a particular service.

Individual Details													
Surname						First Name							
ID No. / Passport No.						Date of Birth (dd/mm/year)							
Gender						Contact number							
Physical Address						Alternative number							
Male						Female							
Other						Age:							
Tracing contact													
Was this person included on Defaulter Tracing list?				Yes		No		If yes, Defaulter Tracing list date				Age:	
Referral Facility/Department Details													
Facility/Department name						Ward No.		District Name					
Referred by						Appointment date		dd/mm/yyyy					



COMMUNITY OUTREACH SERVICES REFERRAL FORM

This form should be used when referring a person from community or household to facility for a particular service.

Individual Details													
Surname						First Name							
ID No. / Passport No.						Date of Birth (dd/mm/year)							
Gender						Contact number							
Physical Address						Alternative number							
Male						Female							
Other						Age:							
Tracing contact													
Was this person included on Defaulter Tracing list?				Yes		No		If yes, Defaulter Tracing list date				Age:	
Referral Facility/Department Details													
Facility/Department name						Ward No.		District Name					
Referred by						Appointment date		dd/mm/yyyy					



COMMUNITY OUTREACH SERVICES REFERRAL FORM

This form should be used when referring a person from community or household to facility for a particular service.

Individual Details													
Surname						First Name							
ID No. / Passport No.						Date of Birth (dd/mm/year)							
Gender						Contact number							
Physical Address						Alternative number							
Male						Female							
Other						Age:							
Tracing contact													
Was this person included on Defaulter Tracing list?				Yes		No		If yes, Defaulter Tracing list date				Age:	

BACK

REASON FOR REFERRAL (Please tick the appropriate box/es)															
HIV/TB/STI/NCDs/Mental Health				Maternal/Neonatal			Child Health			General					
HIV Test			STI Investigation			Pregnancy test			Under 1 year danger signs			Social Services			
HIV Adherence			STI Management			1st antenatal visit			Nutrition, growth problems			Rehabilitation			
TB Investigation			Blood pressure testing			Antenatal care			Diarrhoea			Home-based care			
TB Management			Blood glucose testing			Post natal care			Immunisation			Client referred after tracing			
TB Adherence						Family Planning						Other			
Mental Health															
Comments:															
Referred by:															
Name								Surname							
Job title															
WBPHCOT Team name						Ward No.		District name							
Signature						Date		d	d	m	m	y	y	y	y

REASON FOR REFERRAL (Please tick the appropriate box/es)															
HIV/TB/STI/NCDs/Mental Health				Maternal/Neonatal			Child Health			General					
HIV Test			STI Investigation			Pregnancy test			Under 1 year danger signs			Social Services			
HIV Adherence			STI Management			1st antenatal visit			Nutrition, growth problems			Rehabilitation			
TB Investigation			Blood pressure testing			Antenatal care			Diarrhoea			Home-based care			
TB Management			Blood glucose testing			Post natal care			Immunisation			Client referred after tracing			
TB Adherence						Family Planning						Other			
Mental Health															
Comments:															
Referred by:															
Name								Surname							
Job title															
WBPHCOT Team name						Ward No.		District name							
Signature						Date		d	d	m	m	y	y	y	y

REASON FOR REFERRAL (Please tick the appropriate box/es)															
HIV/TB/STI/NCDs/Mental Health				Maternal/Neonatal			Child Health			General					
HIV Test			STI Investigation			Pregnancy test			Under 1 year danger signs			Social Services			
HIV Adherence			STI Management			1st antenatal visit			Nutrition, growth problems			Rehabilitation			
TB Investigation			Blood pressure testing			Antenatal care			Diarrhoea			Home-based care			
TB Management			Blood glucose testing			Post natal care			Immunisation			Client referred after tracing			
TB Adherence						Family Planning						Other			
Mental Health															
Comments:															
Referred by:															
Name								Surname							
Job title															
WBPHCOT Team name						Ward No.		District name							
Signature						Date		d	d	m	m	y	y	y	y



ITEM B

DESCRIPTION
ADULT MALE PATIENT FOLDERS
ADULT FEMALE PATIENT FOLDERS
PAEDIATRIC/CHILD PATIENT FOLDERS
TOTAL

Patient File Number:

H222

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID/Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HPRS LABEL



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ADULT MALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

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

DO NOT REMOVE from the premises of this health facility.

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

SPECIFICATION (Male)

H-Form Number: H111

ICN-Number: !!!!!!!

Description:

Specifications:

1. **Size:** 216 x 300 mm After cutting
2. **Cover :** 300 Gr Gloss printed full colour
single sided
3. **Print:** Inside 32 double sided
64 Page no :
4. **Paper:** 80g Bond White printed black
5. **Binding:** PUR Glue
6. **Pocket :** Pasted pocket on inside back cover
A4 page to fit with ease in pocket
7. **Packing:** 
8. If not quoted please return quote to the depot and indicate on quote "no quote".
9. Submitting of proof is compulsory to enable proof reading.

Patient File Number:

H000

--	--	--

--	--	--

--	--	--	--

ID/Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--

HPRS LABEL



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ADULT FEMALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

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

DO NOT REMOVE from premises of this health facility

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

SPECIFICATION

(Chid)

H-Form Number:

H222

ICN-Number:

!!!!!!!

Description:

Specifications:

1. Size: 216 x 300 mm After cutting
2. Cover : 300 Gr Gloss printed full colour
single sided
3. Print: Inside 32 double sided
64 Page no :
4. Paper: 80g Bond White printed black
5. Binding: PUR Glue
6. Pocket : Pasted pocket on inside back cover
A4 page to fit with ease in pocket
~~to be packed~~
7. Packing:
8. If not quoted please return quote to the depot and indicate on
quote "no quote".
9. Submitting of proof is compulsory to enable proof reading.

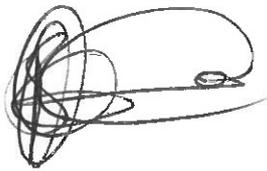
ITEM C

DESCRIPTION
MMC CLINICA FILE/INTAKE FORM
TOTAL

NB: SPECIFICATION ATTACHED

MMC Clinical file/Intake form

- Size: 410.5 x 442 mm folded to 221.5 x 310.5 mm
- Die cut to shape
- Printed full colour both sides
- Both side Litho Board, 240 gsm (Board that works well for paper folders)
- Packaging – 200 per box

A handwritten signature in black ink, appearing to be 'S. Madida', written in a cursive style.

S. Madida 2022/07/25

Copy of

SAMPLE



MMC CLIENT INTAKE FORM

Department: Health REPUBLIC OF SOUTH AFRICA

Client File Number: _____

Page 4

F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS)

Client File Number: _____

I, the above-named, hereby declare that I was informed and voluntarily accepted to undergo medical male circumcision. I understand that MMC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure is irreversible and may have other health consequences. I have read and understood the information provided to me and I consent to the procedure. I have read and understood the information provided to me and I consent to the procedure. I have read and understood the information provided to me and I consent to the procedure.

Please check the relevant box below:

I consent to be tested for HIV, to have my HIV status shared with me and my healthcare provider, and to be contacted by follow up

I choose to decline HIV testing

Signature of Client: _____ Date of consent: _____

Name & Signature of Parent/Guardian: _____ Date of consent: _____

F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING CLIENT YOUNGER THAN 12 YEARS

Name & Signature of Parent/Guardian: _____ Date of consent: _____

F3. INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MMC) - OR ASSENT FOR CLIENT 10-17 YEARS

Signature of Client: _____ Date of consent: _____

Name & Signature of Parent/Guardian: _____ Date of consent: _____

F4. COUNSELLOR (a surgical/clinical associate & nurse) PROVIDING CLIENT WITH HTS AND MMC INFORMATION

Signature of Counsellor: _____ Date of consent: _____

I am the counsellor who has provided the above-named client and/or the parent/legal guardian with information related to HTS and MMC. I have given the client and/or the parent/legal guardian an opportunity to ask me questions and have ensured that they understood the information provided. To the best of my knowledge, the client and/or the parent/legal guardian has provided informed consent to undergo the procedure. I have provided the client and/or the parent/legal guardian with HIV counselling and testing, and voluntary, medical male circumcision procedures.



MMC CLIENT INTAKE FORM

Department: Health REPUBLIC OF SOUTH AFRICA

Client File Number: _____

Page 1

A. FACILITY AND CLIENT INFORMATION

A1. VMMC SETTING - To be completed by site clerk

Facility Name: _____ District: _____

Facility Type: Static Mobile Outreach Other, specify: _____

Name of Nurse Clerk: _____ Date: _____

A2. CLIENT INFORMATION - To be completed by site clerk

First Name(s): _____ Age (Years): _____

ID Number: _____ Sex of Client: Male Female

Employment Status: Fulltime Parttime Contract Student Unemployed

Marital Status: Married, Polygamous Married, Polygamous Single, No Regular Partner Single, Regular Partner Divorced/Separated Widowed, Other, specify: _____

Current Address: _____ Telephone Number: _____

A3. HIV TESTING INFORMATION - To be completed by nurse/counsellor

How often was this most recent HIV test? 4 months 6 months 1 year 1+ years

How long has the client been on ART? Yes No Positive (R) Negative (NR) Positive (R) Negative (NR) Near collected result

Has the client been on ART for at least 6 months? Yes No Yes, name of facility: _____ No, referred to facility: _____

Has the client been on ART for at least 12 months? Yes No Yes, name of facility: _____ No, referred to facility: _____

A4. HIV TESTING SERVICES (HTS) - To be completed by nurse/counsellor

Consent? Yes No Refuse (R) Refuse (NR) Positive (R) Positive (NR) Discontent

Reason for Refusal: Lack of understanding Lack of motivation Lack of information Other, specify: _____

A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING - To be completed by nurse/counsellor

Have you ever been screened for STI? Yes No Refuse (R) Refuse (NR) Positive (R) Positive (NR) Discontent

Reason for Refusal: Lack of understanding Lack of motivation Lack of information Other, specify: _____

A6. TUBERCULOSIS (TB) SCREENING - To be completed by nurse/counsellor

Have you ever been screened for TB? Yes No Refuse (R) Refuse (NR) Positive (R) Positive (NR) Discontent

Reason for Refusal: Lack of understanding Lack of motivation Lack of information Other, specify: _____

A7. REFERRALS - To be completed by nurse/counsellor

Referred for: ART/Trasnex STI treatment TB evaluation General health facility Other, specify: _____

ITEM D

DESCRIPTION
<p>HPV VACCINATION CARDS :</p> <p>Size 145mm (top to bottom) x 312mm (left to right) folded twice. First at 104mm (left to right) and 208mm as per attached sample. Positioning of prints must be exactly as sample, printed double sided full colour in gloss paper. All text must be in English</p>
TOTAL

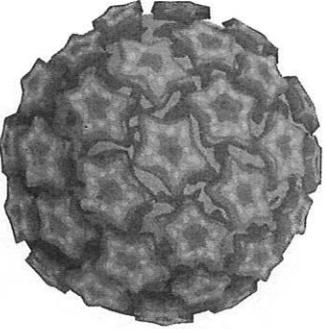
NB: Card sample attached

LEARNER INFORMATION

(continued)

Has the girl had:	Yes/No
An allergic reaction to a vaccine?	<input type="checkbox"/> <input type="checkbox"/>
A problem with prolonged bleeding? (That is if she gets cut it takes a long time for the bleeding to stop)	<input type="checkbox"/> <input type="checkbox"/>
A severe illness in the last 7 days?	<input type="checkbox"/> <input type="checkbox"/>
Completed by vaccinator	Dose 1 <input type="checkbox"/> <input type="checkbox"/> Dose 2 <input type="checkbox"/> <input type="checkbox"/>

The Human Papillomavirus (HPV) Virus



FOLD

FOR OFFICIAL USE ONLY

Dose	Batch No.	Date	Signature of Vaccinator
HPV 1			
HPV 2			

Date of next HPV vaccination	
	HPV 2

FOLD



HUMAN PAPILLOMAVIRUS (HPV) VACCINATION CARD

Keep this card in a safe place. Bring this card along for the next do



Basic Education
Health

96

WHY HPV VACCINE?

Cervical Cancer

- Cervical cancer is one of the most common cancers in women
- Many women die from cervical cancer
- HPV is the leading cause of cervical cancer

HPV vaccine

- Reduces your chance of developing cervical cancer

Who gets the HPV vaccine?

- Grade 5 school girls 9 years & older

Who should not get the HPV vaccine?

- Girls under 9 years
- Girls who had a recent severe illness or are very ill on the day of the vaccination
- A pregnant person
- A person who already had all the HPV vaccinations

How is it given?

- Provided as an onsite service at schools
- Two injections, the second injection will be given 6 months after 1st dose (1st injection)

FOLD

LEARNER INFORMATION

ID Number of Girl:	
Name of Girl:	
Surname of Girl:	
Date of Birth:	
Name of School:	
Grade:	



For any queries please contact us on:
 HPV email - hpv@health.gov.za
 DoH website - www.doh.gov.za

ITEM E

DESCRIPTION
DRUG RESISTANT PATIENT RECORD – YELLOW BOOK
TB IDENTIFICATION REGISTER: Cover 300GSM magno matt+matt laminated one side only. Inner leaves 80GSM bond white
PATIENT IDENTIFICATION CARD
TOTAL

NB: SPECIFICATION ATTACHED

DRUG RESISTANT TREATMENT RECORD (for adults - YELLOW) SPECIFICATION

COVER	Printed black both sides 160 GSM tokai board yellow
TEXT	80 GSM bond white Printed black throughout 36 pages Saddle stitched

FRONT

National Tuberculosis Control Programme

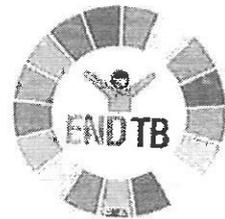
TB IDENTIFICATION REGISTER

2020 Version
GW20/13



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



START DATE: END DATE:

DISTRICT: FACILITY: YEAR:



Department:
Health
REPUBLIC OF SOUTH AFRICA

BACK

PATIENT IDENTITY CARD SPECIFICATION

DRUG RESISTANT CARRIER CARD

COVER	Printed black both sides 240 GSM eitora white Score and fold to DL

ITEM F

DESCRIPTION
<p>ANTIRETROVIRAL THERAPY GUIDELINES 2022 (NATIONAL CONSOLIDATED GUIDELINES):</p> <p>A4 size glue bonded pages with glossy front & back hard cover/pages. White pages written in black ink with coloured diagrams on 12 back to back pages.</p>
<p>VIRAL LOAD ALGORITHM:</p> <p>A3 size white hard glossy/laminated paper written in black ink with coloured text boxes & arrows for viral load monitoring. It should be poster utilize same colours as on page 16 of the 2019 ART guidelines.</p>
<p>TB/HIV VIRAL DATA MANAGEMENT SOP:</p> <p>A4 size after cutting binded booklet with hard front & back cover with protective shield in front. 80 pages inclusive of front & back hard pages. White pages written in black ink & colour images.</p>
TOTAL

NB: SAMPLE ATTACHED

Number 1

NSI

NATIONAL CONSOLIDATED GUIDELINES

**FOR THE PREVENTION OF MOTHER-TO-CHILD
TRANSMISSION OF HIV (PMTCT)
AND THE MANAGEMENT OF HIV IN CHILDREN,
ADOLESCENTS AND ADULTS**



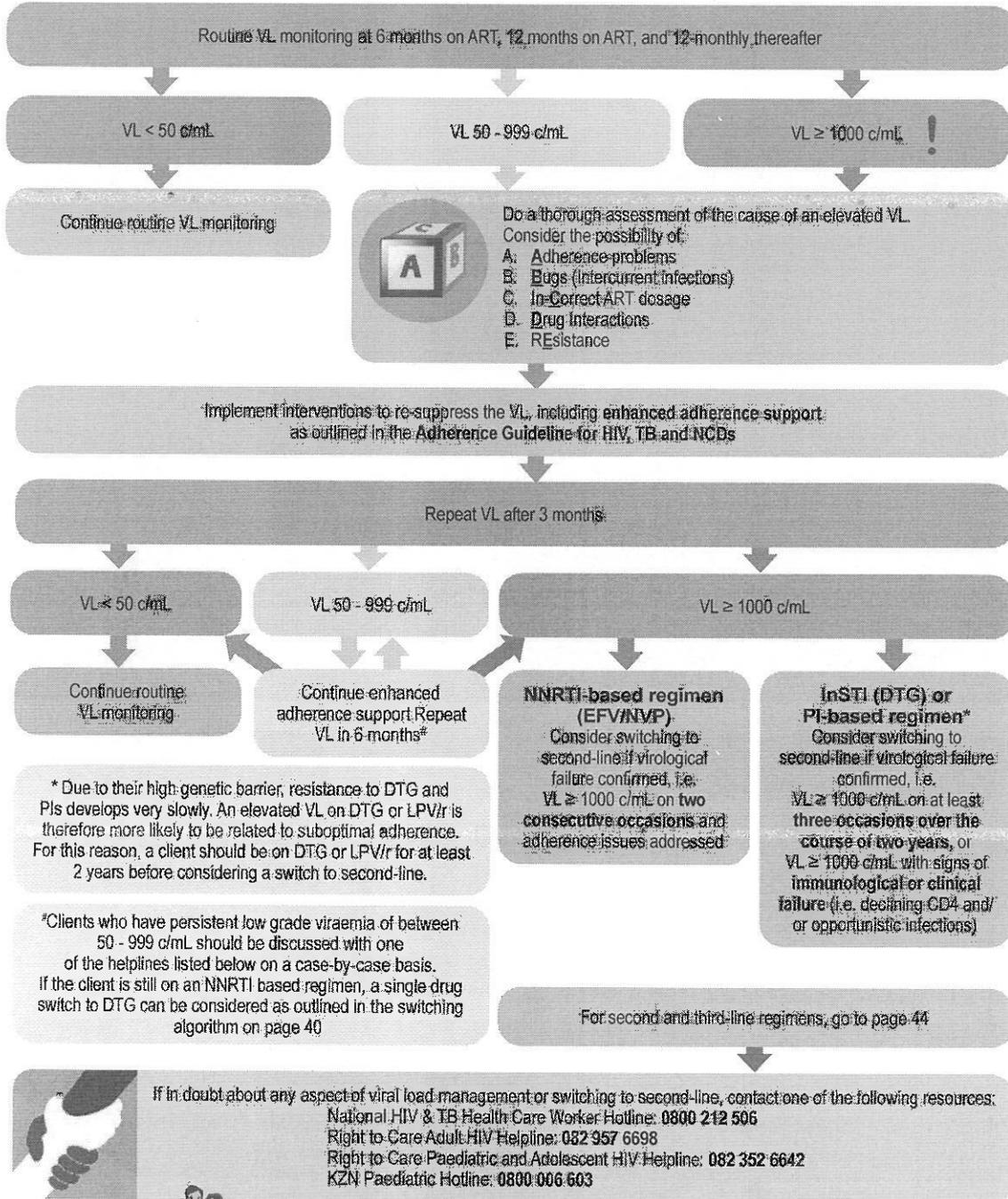
health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**NATIONAL DEPARTMENT OF HEALTH
SOUTH AFRICA, APRIL 2015**

Viral Load ALGORITHM

MANAGEMENT OF VIRAL LOAD RESULTS IN INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS

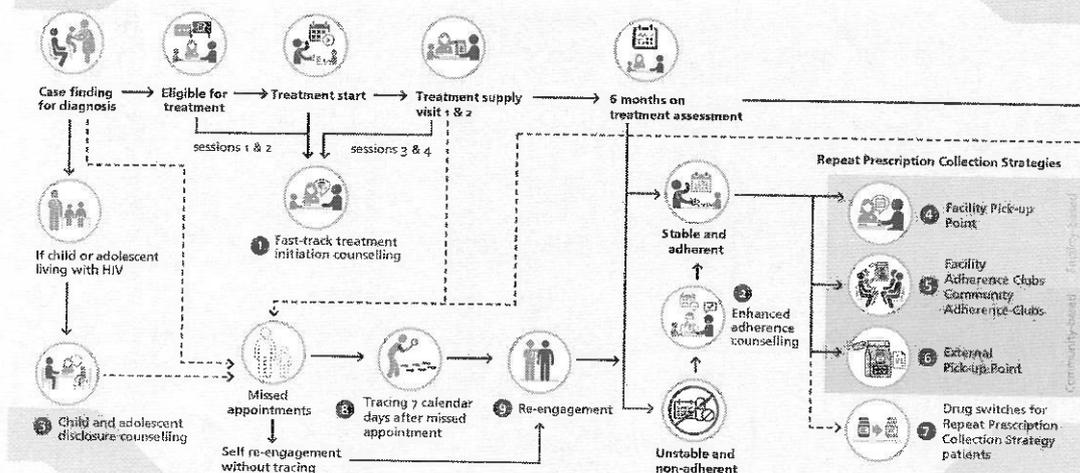


For the management of an elevated VL in a pregnant woman, see page 79

STANDARD OPERATING PROCEDURES

MINIMUM PACKAGE OF INTERVENTIONS TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE

INTEGRATED CARE OF PATIENTS WITH CHRONIC CONDITIONS



Adherence Guidelines for HIV, TB and NCDs

Updated March 2020



health

Department: Health
REPUBLIC OF SOUTH AFRICA

