KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	19/06/2025
Closing Date:	24/06/2025
Closing Time:	11:00

INSTITUTION DETAILS

Institution Name:	Amajuba District Office
Province:	KwaZulu-Natal
Department of entity:	Department of Health
Division or section:	Supply Chain Management
Place where goods/ service is required:	**Amajuba District Office**
Date Submitted:	**19/06/2025**

ITEM CATEGORY AND DETAILS

Quotation number:	**AMA 022/25/26**
Item Category:	Goods
Item Description:	**PRINTING**

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:	Not applicable
Time:	Not applicable
Venue:	Not applicable

QUOTES CAN BE COLLECTED FROM: KZN Health Website and AMAJUBA DISTRICT OFFICE, 50 HARDING STREET-FIRST FLOOR, NEWCASTLE, 2940

QUOTATION SHOULD BE DELIVERED TO: AMAJUBA DISTRICT OFFICE, 50 HARDING STREET- FIRST FLOOR, NEWCASTLE, 2940 OR E-MAILED TO Amajuba.SCMQuotations@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Khaya Mthethwa/ S'nenhlanhla Mkhize

Email: Amajuba.SCMQuotations@kznhealth.gov.za

Contact number: 034 312 1013

Finance Manager Name: C.N Khumalo

Finance Manage signature: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS UP TO R1 000 000

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: AMAJUBA DISTRICT OFFICE

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: amajuba.scmquotations@kznhealth.gov.za

PHYSICAL ADDRESS: 50 HARDING STREET - FIRST FLOOR, NEWCASTLE, 2940

QUOTE NUMBER: ZNQ / AMA / 022 / 25 - 26 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 19/06/2025 CLOSING DATE: 24/06/2025 CLOSING TIME: 11:00

DESCRIPTION: PRINTING

CONTRACT PERIOD (IF APPLICABLE): ONCE OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
50 HARDING STREET - FIRST FLOOR, NEWCASTLE, 2940

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: KHAYA OR S'NE TELEPHONE NUMBER: 034 312 1013

E-MAIL ADDRESS: amajuba.scmquotations@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

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

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

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

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

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

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (If VAT vendor): _____

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

UNIQUE REGISTRATION REFERENCE: _____

ISIFUNDAZWE SAKWAZULU-NATAL
EZEMPILO
19 JUN 2025
DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL

OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000

QUOTE NUMBER: ZNQ / AMA / 022 / 25 - 26

DESCRIPTION: PRINTING

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
Disability: Full points allocated to companies who are at least 51% Owned by Black Persons with Disabilities	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	AS PER		TOTAL ITEM A				
	attached						
	items list		TOTAL ITEM B				
			TOTAL ITEM C				
			(SPECIFICATIONS ATTACHED)				
			Sample will be given to awarded supplier				
			via e-mail.				
			(EMAILED OR HAND				
			DELIVERED QUOTATIONS ARE				
			ACCEPTED)				
			Submit capacity to deliver as per Stage 2				
			on evaluation criteria form attached.				
			Please complete the evaluation criteria				
			attached.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

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

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

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____

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

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

ITEM A

ITEM DESCRIPTION	QUANTITY	AMOUNT
1. ADULT FEMALE PATIENT FOLDERS	11 000 BOOKLETS	
2. ADULT MALE PATIENT FOLDERS	3000 BOOKLETS	
3. PAEDIATRIC PATIENT FOLDER	4 000 BOOKLETS	
4. PROPHYLAXIS FOR THE HIV EXPOSED INFANT DURING BREASTFEEDING-DOSING CHART	200 POSTERS	
5. VIRAL LOAD MONITORING ALGORITHM SIZE A3 POSTER	200 POSTERS	
6. PAEDIATRIC DOSING CHART	150 POSTERS	
7. INTERGRATED TB/HIV DATA MANAGEMENT SOP VERSION 2 APRIL 2019	200 BOOKLETS	
8. 2023 ART CLINICAL GUIDELINES VERSION 4	100 BOOKLETS	
9. VIRAL LOAD NON-SUPPRESSION ALGORITHM FOR PREGNANT AND BRESTFEEDING WOMEN	200 POSTERS	
10. GUIDELINE FOR VERTICAL TRANSMISSION PREVENTION OF COMMUNICABLE INFECTIONS VERSION AUGUST 2023	200 BOOKLETS	

11. FINGER PRICK POSTER-SIZE A3	100 POSTERS	
TOTAL ITEM A		

ITEM B

ITEM DESCRIPTION	**QUANTITY**	**AMOUNT**
1. HPV VACCINATION CARD	7 000 CARDS	
2. HPV CAMPAIGN POSTERS FOR GRADE 5	3 200 POSTERS	
TOTAL ITEM B		

ITEM C

ITEM DESCRIPTION	**QUANTITY**	**AMOUNT**
1. ADVERSE EVENT CLASSIFICATION	100 POSTERS	
TOTAL ITEM C		

SPECIFICATIONS ATTACHED, TOTAL PRICES TO BE BROUGHT TO THE QUOTATION PRICE PAGE

CLARITY ON DECLARATION OF INTEREST SBD 4 (a)

BIDDER NAME	

LEGISLATION ON DISCLOSURE OF INTEREST

The Public Service Act 103 of 1994 indicates in section 30(1) that "No employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department."

Furthermore, in terms of the Public Service Regulations paragraph 13(c), "An employee shall not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act"

Treasury Regulations 16A8.4 further indicates that "If a supply chain management official or other role player, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded, that official or other role player must-(a) disclose that interest; and (b) withdraw from participating in any manner whatsoever in the process relating to that contract."

CLARITY ON HOW TO DISCLOSE

Clause 2.2 of the Bidders Disclosure (SBD4), require the bidder to disclose a relationship with any person employed by the entire KZN Department of Health, even if that person is not employed by the procuring institution. The Department may use other Computer Assisted Techniques to verify possible interest, should you be found to have failed to disclose correctly, your bid/quotation will be treated as a false declaration, treated as non-responsive and disqualified.

For example, if the tender is advertised or invited by Addington Hospital, yet the person with interest is employed by Manguzi Hospital, as long as that official is employed by the Department of Health, the bidder is required to disclose interest. Therefore the question is, do you, or any person connected with the bidder, have a relationship with any person who is employed by the KZN Department of Health? If so, please furnish particulars on Bidders Disclosure (SBD4) section 2.2.1, as attached below,

I read the above clarity on disclosure of interest and I commit to disclose as directed, should I fail to disclose correctly, I am aware of the consequences, which may include disqualification of my offer.

BIDDER SURNAME AND INITIALS _____ SIGNATURE _____ DATE _____

SBD 4

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

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

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

2 BIDDER'S DECLARATION

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

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

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

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

2.2.1. If so, furnish particulars: _____

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

2.3.1. If so, furnish particulars: _____

3 DECLARATION

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

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

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

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

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

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

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

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

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

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

NAME OF BIDDER	SIGNATURE	POSITION	DATE

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

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

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

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

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

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

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

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

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1. Definitions

The following terms shall be interpreted as indicated:

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

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

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

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

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

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

1.7. "Day" means calendar day.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Application

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

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

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

3. General

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

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

4. Standards

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

5. Use of contract documents and information; inspection.

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

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

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

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

6. Patent rights

6.1. The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

7. Performance security

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

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

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

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

(b) a cashier's or certified cheque

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

8. Inspections, tests and analyses

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

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

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

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

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

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

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

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

9. Packing

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

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

10. Delivery and documents

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

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

11. Insurance

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

12. Transportation

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

13. Incidental services

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

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;

(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;

(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;

(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and

(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the

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

14. Spare parts

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

14.1. manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and

(b) in the event of termination of production of the spare parts:

(i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and

(ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15. Warranty

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

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

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

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

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

16. Payment

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

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

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

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

17. Prices

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

18. Contract amendments

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

19. Assignment

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

20. Subcontracts

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

21. Delays in the supplier's performance

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

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

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

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

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

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

22. Penalties

22.1. Subject to GCC Clause 25, if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23. Termination for default

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

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

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

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

23.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

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

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

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

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

(ii) the date of commencement of the restriction

(iii) the period of restriction; and

(iv) the reasons for the restriction.

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

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

24. Anti-dumping and countervailing duties and rights

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

25. Force Majeure

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

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

26. Termination for insolvency

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

27. Settlement of Disputes

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

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

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

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

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

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

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

28. Limitation of liability

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

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

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

29. Governing language

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

30. Applicable law

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

31. Notices

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

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

32. Taxes and duties

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

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

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

33. National Industrial Participation (NIP) Programme

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

34. Prohibition of Restrictive practices

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

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

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

SPECIAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

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

2. CHANGE OF ADDRESS

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

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

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

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

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

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

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

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

(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk;

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

3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.

3.8. This quotation will be evaluated based on the preferential procurement 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.

3.21. Should there be a variation in price and such variation is above the order amount, the Department will reserve the right to place a new order.

4. NEGOTIATIONS

4.1. The Department reserves the right to negotiate with the shortlisted bidder/s prior or post award. The terms and conditions for negotiations will be communicated to the shortlisted bidder/s prior to invitation to negotiations. This will be done to ensure value for money and where the bidder/s price is deemed to be exorbitant, uneconomical or not market related.

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

5.1. 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.

5.2. 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.

5.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

5.4. 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.

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

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

5.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.

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

5.9. 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.

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

6. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

6.1. 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.

6.2. 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.

6.3. 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.

6.4. 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.

6.5. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

7. SAMPLES

7.1. 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.

7.2. **Samples must be made available when requested in writing or if stipulated on the document.**

If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All

(i) testing will be for the account of the bidder.

8. COMPULSORY SITE INSPECTION / BRIEFING SESSION

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

(i) The institution has determined that a compulsory site meeting will not take place.

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

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

9. STATEMENT OF SUPPLIES AND SERVICES

9.1. 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.

10. SUBMISSION AND COMPLETION OF SBD 6.1

10.1. 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.

11. TAX COMPLIANCE REQUIREMENTS

11.1. 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.

11.2. 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.

12. TAX INVOICE

12.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

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

13. PATENT RIGHTS

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

14. PENALTIES

14.1. 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.

14.2. 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.

14.3. 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.

14.4. 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.

15. TERMINATION FOR DEFAULT

15.1. 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.

15.2. 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.

15.3. 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.

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

SBD 6.1.

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

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

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

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1. GENERAL CONDITIONS

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

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

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

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

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

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

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

2. DEFINITIONS

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

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

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

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

80/20

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

OR

90/10

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

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

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

3.2.1. POINTS AWARDED FOR PRICE

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

80/20

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

OR

90/10

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

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

4. POINTS AWARDED FOR SPECIFIC GOALS

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

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

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

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

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

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

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Disability: Full points allocated to companies who are at least 51% Owned by Black Persons with Disabilities	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm: _____

4.4. Company registration number: _____

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

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

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

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

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

_____
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: _____

DATE: _____

ADDRESS: _____

_____

_____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Patient folders (male, female and child)**	
ITEM PURPOSE	**1. For writing patient clinical information during facility visits** **2. Including demographics, investigations, prescription**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Female folder – pink hard front and back cover with boxes for writing information and departmental logo, 84 white pages inside written in black ink with spaces for recording	
2.	Child folder – white hard front and back cover with boxes for writing information and departmental logo, 64 white pages written in black ink with spaces for recording	
3.	Male folder – blue hard front and back cover with boxes for writing information and departmental logo, 64 white pages written in black ink with spaces for recording	
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**booklet**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature	Nshabalala	Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____

Patient File Number:

			-				-				

ID/Passport Number:												

HPRS LABEL .....

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

CHILD PATIENT HEALTH RECORD
PRIMARY HEALTH CARE
(BIRTH - 15 YEARS)

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

Patient File Number:

			–				–				

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: _____

Patient File Number:

			–				–				

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: _____

PATIENT FOLDERS

SPECIFICATION

Description:

Specifications:

1. **Size:**	216 x 300 mm After cutting
2. **Cover :**	300 Gr Gloss
3. **Print:**	Inside 40 double sided 80 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

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Prophylaxis for the HIV-Exposed infant during breastfeeding** – dosing chart	
ITEM PURPOSE	**1. To give clarity on how to manage HIV exposed newborns and infants to prevent them from getting HIV infection**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A3 poster made of hard glossy paper written in black and coloured ink with a picture, and diagrams / boxes with information written on them	
2.	Page 27 of the Vertical Transmission Prevention guidelines	
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Box with 100 posters**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	**Specification attached**	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Sthandiwe Zulu	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	VTP Coordinator	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	29/05/2025	Date	30/05/2025

Bidder Initial here: _____

DOSING CHARTS FOR PROPHYLAXIS FOR THE HIV-EXPOSED INFANT

Summary of infant prophylaxis regimens

	Risk Profile	NVP	AZT
At birth (following maternal delivery VL review)	Low-risk, whether breastfed or formula-fed	6 weeks	Stop AZT
	Higher-risk and breastfed **	minimum of 12 weeks	6 weeks
	Higher-risk and exclusively formula fed	6 weeks	6 weeks
During breastfeeding	Higher-risk during breastfeeding	minimum of 12 weeks	6 weeks

Dosing charts for infant HIV prophylaxis in infants > 2000 g

NVP and AZT dosing table for prophylaxis at birth and during breastfeeding (see also *"VL Non-Suppression Algorithm" on page 21*)					
	Birth – 6 weeks		6 weeks – 6 months	6 – 9 months	9 – 24 months
	2.0 – 2.49 kg	≥ 2.5 kg			
NVP (Daily)	1 mL (10 mg) daily	1.5 mL (15 mg) daily	2 mL (20 mg) daily	3 mL (30 mg) daily	4 mL (40 mg) daily
AZT (Twice daily)	1 mL (10 mg) twice daily	1.5 mL (15 mg) twice daily	6 mL (60 mg) twice daily	Children > 6 months of age requiring AZT prophylaxis should use treatment doses.	

Dosing charts for infant HIV prophylaxis in preterm infants < 2000 g

Nevirapine, oral, once daily		
Weight	**First 2 weeks after birth (mg of NVP)**	**After first 2 weeks after birth (mg of NVP)**
500 to < 625 g	0.1 mL (1 mg)	0.2 mL (2 mg)
625 to < 850 g	0.15 mL (1.5 mg)	0.3 mL (3 mg)
850 to < 1200 g	0.2 mL (2 mg)	0.4 mL (4 mg)
1.2 to < 1.5 kg	0.3mL (3 mg)	0.5 mL (5 mg)
1.5 to < 2.0 kg	0.35 mL (3.5 mg)	0.6 mL (6 mg)
If the infant at the time of discharge is severely underweight-for-age (3 SD or 3 z-scores below the mean), give NVP according to weight (i.e. 4 mg/kg/dose daily) until in the normal weight-for-age range.		

Zidovudine (AZT), oral, twice daily				
Gestational age at birth	**First 2 weeks after birth**	**2 – 4 weeks after birth**	**4 – 6 weeks after birth**	**> 6 weeks after birth**
30–35 weeks	0.2 mL/kg (2 mg/kg)	0.3 mL/kg (3 mg/kg)	0.4 mL/kg (4 mg/kg)	
<30 weeks	0.2 mL/kg (2 mg/kg)		0.3 mL/kg (3 mg/kg)	0.4 mL/kg (4 mg/kg)

Dosing chart for intravenous (IV) AZT prophylaxis

Gestational Age	Approximate birth weight	AZT IV dosing for the first 14 days (If unable to tolerate oral agents)
≥ 35 weeks	≥ 2.5 kg	3 mg/kg body weight IV every 12 hours
< 35 weeks	< 2.5 kg	1.5 mg/kg body weight IV every12 hours

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Viral Load Monitoring Algorithm size A3 poster**	
ITEM PURPOSE	**1. To give guidance to clinicians on how to manage viral load for clients on anti-retroviral therapy**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A3 poster made of hard glossy paper written in black ink with different coloured dialogue boxes written instructions inside	
2.	Page 21 of the ART Clinical guidelines	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Poster**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KAMVA MTHETHWA
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature	Shabalala	Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____

VL Monitoring Algorithm for Clients on TLD

(also applicable to ALD and other DTG-containing regimens)

Routine VL monitoring for virally suppressed clients as outlined in the algorithm
"Routine HIV VL Monitoring on ART" on page 20
VL monitoring should happen every 6 DCs in a breastfeeding woman

VL < 50 c/mL

VL unsuppressed (VL ≥ 50 c/ml)
(This includes previous VL level of 50-999 and VL > 1000 c/ml)

Do a thorough assessment of the cause of an elevated VL. Consider the possibility of:
A. Adherence problems *(see **"Enhanced Adherence Support" on page 22**)*
B. Bugs (Intercurrent infections)
C. In-Correct ART dosage *(see Annexure 5 **"Drug Dosing Chart" on page 34**)*
D. Drug Interactions *(see **"Drug Interactions with DTG and Rifampicin-containing TB Treatment" on page 13**)*
E. REsistance (if > 2 years on treatment)

Implement interventions to re-suppress the VL, including **Enhanced Adherence Support** if indicated
(See Annexure 3 Enhanced Adherence Counselling)
Recommend **condom use and contraception** as appropriate

Repeat VL after 3 months

Repeat VL **unsuppressed** [1] **(VL > 50 c/ml)**

Re-assess and resolve adherence issues! [2]
*(See **"ABCDE assessment of an Elevated Viral Load" on page 22** and Annexure 3 **"Enhanced Adherence Support" on page 22**)*

On TLD for **at least 2 years**

On TLD **less than** 2 years [3]

If **Adherence > 80%** [4], and
Two or more consecutive **VLs ≥ 1000 c/mL**
taken two or more years after starting TLD regimen
or at least one VL ≥ 1000 c/mL and either
CD4 < 200 cells/mm3 or an opportunistic infection

If adherence still
suboptimal [4],
or persistent low-level viraemia
(2 or more consecutive VLs between
50 and 999 c/mL)

Go to the algorithm for
"Management of Confirmed Virological Failure on TLD" on page 23

Repeat VL at next scheduled routine VL
(i.e., in 6 months' time)
Intensify efforts to **resolve adherence issues** [2]

1. Due to their high genetic barrier, resistance to a first-line DTG-containing (TLD1) regimen is extremely rare. If other reasons for an unsuppressed VL have been addressed or excluded, e.g., drug interactions, and the client remains unsuppressed at their repeat VL, suboptimal adherence remains the most probable cause for non-suppression. The highest probability of improving adherence would be to remain on a once-daily, well-tolerated, fixed-dose combination regimen (TLD) while identifying and addressing the underlying root causes of non-adherence. 99,9% of these clients will re-suppress on TLD if adherent!
2. Repeat ABCDE assessment as outlined on ***"ABCDE assessment of an Elevated Viral Load" on page 22***. Remember to ask about treatment side-effects, the potential cost of transport or loss of income related to clinic visits, non-disclosure, gender-based violence (GBV), and current or prior drug interactions. Current or previous drug interactions with rifampicin, carbamazepine, phenytoin, phenobarbital, or the polyvalent cations may have resulted in the development of resistance.
3. Drug interactions may also warrant an expert discussion and authorisation of a resistance test earlier than 2 years on the regimen. If necessary, discuss with an expert
4. Objective measures of good adherence include at least one of:
   a. Pharmacy refills > 80% in the last 6-12 months (if this is known)
   b. Attendance of > 80% of scheduled clinic visits in the last 6-12 months (if this is known)
   c. Detection of current antiretroviral drug/s in the client's blood or urine, if available

   Note: Self-reported adherence is not considered a measure of good adherence!

ART, Antiretroviral therapy; DTG, Dolutegravir; LLV, Low-level viraemia; SOP, Standard operating procedure; TL, Third-line; TLD, fixed-dose combination of tenofovir, lamivudine, DTG; VL, Viral load.

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Paediatric Dosing Chart**	
ITEM PURPOSE	**1. To give guidance to clinicians on how much dosage according to weight to prescribe for children on anti-retroviral therapy**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A3 poster made of hard glossy paper written in black ink with different coloured boxes forming columns for each drug with departmental logo	
2.	Annexure 6 of 2023 ART guidelines June version 4, page 34-35 with annexure 1, 2 and 5 at the back	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Poster**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature	Nshabalala	Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____

Annexure 6 *Antiretroviral Drug Dosing Chart for Children (2022)*

Compiled by Child and Adolescent Committee of SA HIV Clinicians Society in collaboration with the Department of Health

	Abacavir + Lamivudine (ABC + 3TC)	Dolutegravir (DTG)	Dolutegravir when on Rifampicin	Abacavir (ABC)	Lamivudine (3TC)	Zidovudine (AZT)
Target dose	As for individual medicines **ONCE daily**	By weight band **ONCE daily**	By weight band **TWICE DAILY**	8 mg/kg/dose **TWICE daily** OR **If ≥ 10 kg:** 16 mg/kg/dose **ONCE daily**	4 mg/kg/dose **TWICE daily** OR **If ≥ 10 kg:** 8 mg/kg/dose **ONCE daily**	180 - 240 mg/m²/dose **TWICE daily**
Available formulations	Dispersible tablet FDC: ABC/3TC 120/60 mg Tablets FDC: ABC/3TC 600/300 mg ABC/3TC/DTG 600/300/50 mg	Dispersible tabs (DT) 10 mg, Film coated (FC) tabs 50 mg, FDC: TLD 300/300/50 mg OR ABC/3TC/DTG 600/300/50 mg **DT AND FC TABLETS ARE NOT BIOEQUIVALENT**	Dispersible tabs (DT) 10 mg, Film coated (FC) tabs 50 mg, FDC: TLD 300/300/50 mg OR ABC/3TC/DTG 600/300/50 mg **DT AND FC TABLETS ARE NOT BIOEQUIVALENT**	Sol. 20 mg/ml Tabs 60 mg (scored, dispersible), 300 mg (not scored)	Sol. 10 mg/ml Tabs 150 mg (scored)	Sol. 10 mg/ml Tabs 100 mg, 300 mg (not scored), FDC: AZT/3TC 300/150 mg
Wt. (kg)	Consult with a clinician experienced in paediatric ARV prescribing for neonates (< 28 days of age) and infants weighing < 3kg					
3 - 5.9	1 x 120/60 mg tab od	0.5 x 10 mg DT od	0.5 x 10 mg DT bd	3 ml bd **OR** 1 x 60 mg tab bd	3 ml bd	6 ml bd
6 - 9.9	1.5 x 120/60 mg tabs od	1.5 x 10 mg DT od	1.5 x 10 mg DT bd	4 ml bd **OR** 1.5 x 60 mg tab bd	4 ml bd	9 ml bd
10 - 13.9	2 x 120/60 mg tabs od	2 x 10 mg DT od	2 x 10 mg DT bd	**Once daily dosing > 10 kg** 4 x 60 mg tabs od **OR** 12 ml od	**Once daily dosing > 10 kg** 12 ml od	12 ml bd **OR** 1 x 100 mg tabs bd
14 - 19.9	2.5 x 120/60 mg tabs od	2.5 x 10 mg DT od	2.5 x 10 mg DT bd	5 x 60 mg tabs od **OR** 1 x 300 mg tab od	1 x 150 mg tab od	2 x 100 mg tabs am + 1 x 100 mg tab pm **OR** 15 ml bd
20 - 24.9	3 x 120/60 mg tabs od	3 x 10 mg DT od **OR** 1 x 50 mg FC tab od	3 x 10 mg DT bd **OR** 1 x 50 mg FC tab bd	1 x 300 mg tab + 1 x 60 mg tab od **OR** 6 x 60 mg tabs od		2 x 100 mg tabs bd **OR** 20 ml bd
25 - 29.9	1 x 600/300 mg tab od **OR** ABC/3TC/DTG FDC (600/300/50 mg) if eligible od	1 x 50 mg FC tab od **OR** FDC: ABC/3TC/DTG if eligible od	1 x 50 mg FC tab bd OR FDC: ABC/3TC/ DTG if eligible od + 50 mg DTG FC tab 12 hours later	2 x 300 mg tabs od	2 x 150 mg tabs od	1 x 300 mg tab bd **OR** 1 x AZT/3TC 300/150 mg tab bd
30 - 39.9		1 x 50 mg FC tab od **OR** FDC: TLD if eligible od **OR** FDC: ABC/3TC/DTG if eligible od	1 x 50 mg FC tab bd **OR** FDC: TLD if eligible od + 50 mg DTG FC tab 12 hours later **OR** FDC: ABC/3TC/ DTG if eligible od + 50 mg DTG FC tab 12 hours later			
≥ 40						

* Avoid LPV/r solution in any full-term infant <14 days of age and any premature infant <42 weeks post conceptual age (corrected gestational age) or obtain expert advice.

+ Children weighing 25-29.9 kg may also be dosed with LPV/r 200/50 mg adult tabs: 2 tabs am + 1 tab pm.

Atazanavir + ritonavir should not be used in children/adolescents on treatment with Rifampicin, obtain expert advice.

No dosage adjustments are required for children receiving treatment with Efavirenz and Rifampicin.

od = once a day;
nocte = at night;
bd = twice a day;
am = in the morning;
pm = in the evening;
std = standard;

Lopinavir / ritonavir (LPV/r)	Abacavir + Lamivudine + Lopinavir/ ritonavir	Lopinavir/ritonavir when on rifampicin (and for 2 weeks after stopping rifampicin)		# Atazanavir (ATV) + Ritonavir (RTV)	Efavirenz (EFV)	
300/75 mg/m²/dose LPV/r **TWICE daily**	**By weight band TWICE daily**	LPV/r std dose + super-boosting with ritonavir (RTV) powder **TWICE daily** (≥ 0,75 x LPV dose bd)	Double-dose LPV/r tabs ONLY if able to swallow whole LPV/r tabs **TWICE daily**	By weight band **ONCE daily**	By weight band **ONCE daily**	**Target dose**
Sol. 80/20 mg/ml Adult tabs 200/50 mg, Paed tabs 100/25 mg **TABLETS MUST BE SWALLOWED WHOLE** Pellets 40/10 mg per capsule **ONLY FOR USE IF NOT TOLERATING LPV/r SOLUTION. CAPSULES ARE NOT RECOMMENDED < 6 MONTHS OF AGE**	Caps 30/15/40/10 mg **IF PATIENT IS ON RIFAMPICIN TB TREATMENT, ADD RTV POWDER** (next column)	Oral powder 100 mg/packet	Adult tabs 200/50 mg, **Paed tabs** 100/25 mg	ATV caps 150, 200 mg; RTV tabs 100 mg; FDC: ATV/RTV 300/100 mg RTV TABLETS AND ATV/r FDC TABLETS MUST BE SWALLOWED WHOLE	Caps/tabs 50, 200, 600 mg; FDC: TEE 300/200/600 mg; TABLETS MUST BE SWALLOWED WHOLE	**Available formulations**
Consult with a clinician experienced in paediatric ARV prescribing for neonates (< 28 days of age) and infants weighing < 3kg						**Wt. (kg)**
* 1 ml bd **OR** 2 capsules bd	2 capsules bd	LPV/r std dose (see purple column) + oral RTV powder 100 mg (1 packet) bd	Do not use double-dose LPV/r tabs	Not recommended	Not recommended	**3 - 5.9**
* 1.5 ml bd **OR** 3 capsules bd	3 capsules bd					**6 - 9.9**
2 ml bd OR 4 capsules bd **OR** 2 x 100/25 mg paed tabs am + 1 x 100/25 mg paed tab pm	4 capsules bd	LPV/r std dose (see purple column) + oral RTV powder 200 mg (2 packets) bd	3 x 100/25 mg **paed tabs** bd	ATV 1 x 200 mg cap od + RTV 1 x 100 mg tab or 100 mg oral powder (1 packet) od	1 x 200 mg cap/tab nocte	**10 - 13.9**
2.5 ml bd OR 5 capsules bd **OR** 2 x 100/25 mg paed tabs bd **OR** 1 x 200/50 mg adult tab bd	5 capsules bd		4 x 100/25 mg **paed tabs** bd **OR** 2 x 200/50 mg **adult tabs** bd		1 x 200 mg cap/tab + 2 x 50 mg caps/ tabs nocte	**14 - 19.9**
3 ml bd OR 6 capsules bd **OR 2** x 100/25 mg paed tabs bd **OR 1** x 200/50 mg adult tab bd	6 capsules bd					**20 - 24.9**
3.5 ml bd OR 7 capsules bd **OR 3** x 100/25 mg paed tabs bd **OR** 1 x 200/50 mg adult tab bd + 1 x 100/25 mg paed tab bd	Not recommended	LPV/r std dose (see purple column) + oral RTV powder 300 mg (3 packets) bd	6 x 100/25 mg paed tabs bd **OR** 3 x 200/50 mg **adult tabs** bd	1 x ATV/RTV 300/100mg FDC od **OR** ATV 2 x 150 mg caps od + RTV 1 x 100 mg tab or 100 mg oral powder (1 packet) od	2 x 200 mg caps/ tabs nocte	**25 - 29.9**
5 ml bd OR 10 capsules bd **OR** 4x100/25 mg paed tabs bd **OR** 2x200/50 mg adult tabs b			8 x 100/25 mg **paed tabs** bd **OR** 4 x 200/50 mg **adult tabs** bd			**30 - 39.9**
					2 x 200 mg caps/ tabs nocte **OR** FDC: TEE if eligible od	**≥ 40**

FC = film coated
DT = dispersible tablet
FDC = fixed dose combination;
TLD = tenofovir/lamivudine/dolutegravir;
TEE = tenofovir/emtricitabine/efavir

Weight (kg)	3 - 5.9	6 - 13.9	14 - 24.9	≥ 25
Cotrimoxazole Dose	2.5 ml od	5 ml or ½ tab od	10 ml or 1 tab od	2 tabs od
Multivitamin Dose	2.5 ml od	2.5 ml od	5 ml od	10 ml od

≥2.0 kg and ≥35 weeks gestational age at birth

Birth to <4 weeks of age

≥3.0 kg AND ≥4 weeks of age

AZT + 3TC + NVP → **ABC + 3TC + DTG**

Baseline Assessment

- Clinical review
- Bloods: confirmatory HIV PCR (or HIV VL), CD4 count, FBC +/- HIV drug resistance test if mother failing treatment on TLD2 or a protease inhibitor regimen
- Counsel parent / caregiver
- Ensure the mother is on ART, and advise that breastfeeding is recommended for all infants living with HIV.

Review after 1 week then 1-2 weekly

- Clinical review and counselling
- Check baseline blood results
- If indeterminate / negative confirmatory HIV PCR test result, refer to Guideline for Family-Centered Transmission Prevention of Communicable Infections

Review when 4 weeks of age

- Clinical review and counselling
- If <3 kg, assess reasons for poor weight gain & manage appropriately, continue ART with AZT (12 mg/kg/dose twice daily) + 3TC (4 mg/kg/dose twice daily) + NVP (6 mg/kg/dose twice daily) until ≥3.0 kg
- If >3 kg, switch ART to ABC + 3TC + DTG (refer to ARV dosing chart for doses)
- Continue monitoring as per ***"Monitoring on ART" on page 19***

	Zidovudine (AZT)		Lamivudine (3TC)		Nevirapine (NVP)	
Available formulation	Solution 10 mg/mL		Solution 10 mg/mL		Solution 10 mg/mL	
Weight (kg) at birth	Dose		Dose		Dose	
	AM	PM	**AM**	**PM**	AM	PM
≥2.0 – <3.0	10 mg (1 mL)	10 mg (1 mL)	5 mg (0.5 mL)	5 mg (0.5 mL)	15 mg (1.5 mL)	15 mg (1.5 mL)
≥3.0 – <4.0	15 mg (1.5 mL)	15 mg (1.5 mL)	8 mg (0.8 mL)	8 mg (0.8 mL)	20 mg (2 mL)	20 mg (2 mL)
≥4.0 – <5.0	20 mg (2 mL)	20 mg (2 mL)	10 mg (1 mL)	10 mg (1 mL)	30 mg (3 mL)	30 mg (3 mL)

<2.0 kg
OR
<35 weeks
gestational age
at birth

Birth to < 4 weeks of age
OR < 3 kg

AZT + 3TC + NVP

≥ 4 weeks of age
AND
≥ 3 kg

ABC + 3TC + DTG

Baseline Assessment

- Clinical review
- Bloods: confirmatory HIV PCR (or HIV VL), CD4 count, FBC +/- HIV drug resistance test if mother failing treatment on TLD2 or a protease inhibitor regimen
- Counsel parent / caregiver
- Ensure the mother is on ART, and advise that breastfeeding is recommended for all infants living with HIV

Review after 1 week then 1-2 weekly

- Clinical review and counselling
- Check baseline blood results
- If indeterminate / negative confirmatory HIV PCR test result, refer to Guideline for Family-Centered Transmission Prevention of Communicable Infections
- Monitor weight gain and adjust ARV doses

Review when ≥4 weeks of age

- Clinical review and counselling
- If <3 kg, continue AZT + 3TC + NVP
- If >3 kg, switch to ABC + 3TC + DTG (refer to ARV dosing chart for doses)
- Continue monitoring and evaluations as per ***"Monitoring on ART" on page 19***

Gestational age at birth	Chronological age	Zidovudine (AZT)	Lamivudine (3TC)	Nevirapine (NVP)
		Solution 10 mg/mL	Solution 10 mg/mL	Solution 10 mg/mL
< 30 weeks	Birth - < 4 weeks	2 mg/kg/dose twice daily	2 mg/kg/dose twice daily	2 mg/kg/dose twice daily
	≥ 4 weeks - < 8 weeks	3 mg/kg/dose twice daily	4 mg/kg/dose twice daily	4 mg/kg/dose twice daily
	≥ 8 weeks - < 10 weeks	12 mg/kg/dose twice daily		6 mg/kg/dose twice daily
≥ 30 - < 35 weeks	Birth - < 2 weeks	2 mg/kg/dose twice daily	2 mg/kg/dose twice daily	2 mg/kg/dose twice daily
	≥ 2 - < 4 weeks	3 mg/kg/dose twice daily		4 mg/kg/dose twice daily
	≥ 4 - < 6 weeks		4 mg/kg/dose twice daily	6 mg/kg/dose twice daily
	≥ 6 - < 8 weeks	12 mg/kg/dose twice daily		

When weight is ≥2 kg and ≥35 weeks corrected gestational age, review ARVs and refer to table ***"ART for the Term Neonate" on page 28***

ARV Drug	Formulations (as used in dosing chart)	Can tablets/capsules be split/crushed/ opened if unable to swallow?	Comment
Abacavir (ABC)	Oral solution: 20 mg/ml Tablets: 60 mg, 300 mg FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg; ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **YES** FDC 120/60 mg tablet is a dispersible tablet. May be split/crushed. FDC capsules should be opened and contents added to a small amount of food or dispersed in a liquid.	Hypersensitivity reaction (fever, rash, GIT & respiratory symptoms) may occur during first 6 weeks of therapy, very uncommon in black African patients. Symptoms typically worsen in the hours immediately after the dose and after each subsequent dose. Caregivers or patients should discuss symptoms early with the clinician rather than stopping therapy. Stop ABC permanently if hypersensitivity reaction has occurred.
Lamivudine (3TC)	Oral solution: 10 mg/ml Tablets: 150 mg; FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg, TLD 300/300/50 mg ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg		Well tolerated, adverse-effects uncommon. Pure red cell aplasia causing anaemia can occur but is very rare.
Zidovudine (AZT)	Oral solution: 10 mg/ml Tablets: 100 mg, 300 mg Capsules: 100 mg FDC tablet: AZT/3TC 300/150 mg	Tablets and FDC: **YES** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Avoid or use with caution in neonates or children with anaemia (Hb <8 g/dl) due to potential to cause bone marrow suppression.
Tenofovir (TDF)	Tablets: 300 mg FDC tablets: TDF/FTC 300/200 mg, TEE 300/200/600 mg, TLD 300/300/50 mg	Tablet and FDC tablets: **YES**	TDF may be prescribed for adolescents ≥ 10 years of age AND ≥ 30 kg body weight after ensuring adequate renal function by checking eGFR/creatinine using the appropriate formula (refer to HIV guidelines). TDF is usually prescribed as part of an FDC tablet: TDF/FTC, TDF/FTC/EFV or TDF/3TC/DTG. To assess for TDF-induced nephrotoxicity, do creatinine and eGFR at months 3 and 10 and thereafter repeat every 12 months.
Lopinavir/ ritonavir (LPV/r)	Oral solution: 80/20 mg/ml Capsules: Pellets 40/10 mg per capsule Tablets: 200/50 mg, 100/25 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Oral solution should be refrigerated/stored at room temperature (if <25°C) for up to 6 weeks. Preferably administer oral solution with food as increases absorption. Strategies to improve tolerance and palatability of oral solution: coat mouth with peanut butter, dull taste buds with ice, follow dose with sweet foods. Many drug-drug interactions.# LPV/r 40/10 mg capsules should be opened, and contents (pellets) of each capsule poured onto a spoon of soft food and fed to child. Don't try and dissolve pellets in food or water as they will develop a bad taste. ABC/3TC/LPV/r capsules should be opened and contents (granules) of each capsule poured onto a spoon of soft food or dissolved in water and fed to child. Capsules should never be swallowed whole. Discard capsule casing after contents have been emptied from it.
Ritonavir (RTV)	Oral powder: 100 mg/packet Tablets: 100 mg		Each 100 mg packet of RTV powder should be mixed with a small amount of water or soft food and immediately ingested. Many drug-drug interactions.#
Atazanavir (ATV)	Capsules: 150 mg, 200 mg FDC tablets: ATV/RTV 300/100 mg	Capsules: Can be opened and added to a small amount of soft/food/liquid and ingested immediately. FDC tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.**	ATV is used in combination with RTV. May cause unconjugated hyperbilirubinaemia resulting in jaundice but this does not indicate hepatic toxicity and not a reason to discontinue the drug unless it is worrying the patient. Consider drug-drug interactions.#
Dolutegravir (DTG)	Dispersible tablet (DT): 10 mg Film coated (FC) tablets: 50 mg FDC tablets: TLD 300/300/50 mg FDC tablets: ABC/3TC/DTG 600/300/50 mg	Dispersible tablets: **YES** Film coated tablets (including FDCs): **YES**	Iron supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and iron supplements can be taken at the same time if taken with food. May be helpful to administer as a morning dose rather than an evening dose if insomnia occurs with evening dosing. May raise creatinine levels by up to 15% without affecting renal function. Consider drug-drug interactions. # DTG DT and DTG FC tablets are not bioequivalent; 30 mg of DTG DT corresponds to 50 mg DTG FC tablets. DTG 50 mg FC tablets are preferred for children who have reached 20 kg (unless they cannot swallow tablets).
Efavirenz (EFV)	Capsules: 50 mg, 200 mg Tablets: 50 mg, 200 mg, 600 mg FDC tablets: TEE 300/200/600 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: **YES.** Open and add to small amount of soft food and ingest immediately	Best given at bedtime to reduce CNS side-effects, especially during first 2 weeks. Consider drug-drug interactions.#

FDC = fixed dose combination;
eGFR = estimated glomerular filtration rate;
GIT = gastrointestinal tract;
TEE = Tenofovir/Emtricitabine/Efavirenz;
TLD = Tenofovir/Lamivudine/Dolutegravir.

ANTIRETROVIRAL DRUG DOSING CHART FOR CHILDREN 2022

Compiled by Child and Adolescent Committee of SA HIV Clinicians Society in collaboration with the Department of Health

	Abacavir + Lamivudine ABC + 3TC)	Abacavir (ABC)	Lamivudine (3TC)	Zidovudine (AZT)	Dolutegravir (DTG)	Dolutegravir when on Rifampicin	Lopinavir/ritonavir (LPV/r)	Abacavir + Lamivudine + Lopinavir/ ritonavir	Lopinavir/ritonavir when on rifampicin (and for 2 weeks after stopping rifampicin)		# Atazanavir (ATV) + Ritonavir (RTV)	Efavirenz (EFV)	
Target dose	s for individual medicines **ONCE daily**	8 mg/kg/dose **TWICE daily OR** if ≥ 10kg: 16 mg/kg/dose **ONCE daily**	4 mg/kg/dose **TWICE daily OR** if ≥ 10kg: 8 mg/kg/dose **ONCE daily**	180-240 mg/m2/dose **TWICE daily**	By weight band **ONCE daily**	By weight band **TWICE DAILY**	300/75 mg/m2/dose LPV/r **TWICE daily**	By weight band **TWICE daily**	LPV/r std dose + super-boosting with ritonavir (RTV) powder **TWICE daily** (≥0.75xLPV dose bd)	Double-dose LPV/r **OR** tabs ONLY if able to swallow whole LPV/r tabs **TWICE daily**	By weight band **ONCE daily**	By weight band **ONCE daily**	**Target dose**
Available formulations	persible tablet FDC: C/3TC 120/60 mg blets FDC: ABC/3TC 600/300 mg ABC/3TC/DTG 600/300/50 mg	**Sol. 20 mg/ml** Tabs 60 mg (scored, dispersible), 300 mg (not scored)	Sol. 10 mg/ml Tabs 150 mg (scored)	Sol. 10 mg/ml, Tabs 100, 300 mg (not scored), FDC: AZT/3TC 300/150 mg	Dispersible tabs (DT) 10 mg, Film coated (FC) tabs 50 mg, FDC: TLD 300/300/50 mg OR ABC/3TC/DTG 600/300/50 mg **DT AND FC TABLETS ARE NOT BIOEQUIVALENT**	Dispersible tabs (DT) 10 mg, Film coated (FC) tabs 50 mg, FDC: TLD 300/300/50 mg OR ABC/3TC/DTG 600/300/50 mg **DT AND FC TABLETS ARE NOT BIOEQUIVALENT**	Sol. 80/20 mg/ml Adult tabs 200/50 mg, Paed tabs 100/25 mg **TABLETS MUST BE SWALLOWED WHOLE** Pellets 40/10 mg per capsule **ONLY FOR USE IF NOT TOLERATING LPV/r SOLUTION. CAPSULES ARE NOT RECOMMENDED < 6 MONTHS OF AGE**	Caps 30/15/40/10 mg **IF PATIENT IS ON RIFAMPICIN TB TREATMENT, ADD RTV POWDER** (next column)	Oral powder 100 mg/packet	Adult tabs 200/50 mg, Paed tabs 100/25 mg	ATV caps 150, 200 mg; RTV tabs 100 mg; FDC: ATV/RTV 300/100 mg **RTV TABLETS AND ATV/r FDC TABLETS MUST BE SWALLOWED WHOLE**	Caps/tabs 50, 200, 600 mg; FDC: TEE 300/200/600 mg; **TABLETS MUST BE SWALLOWED WHOLE**	**Available formulations**
Wt. (kg)	Consult with a clinician experienced in paediatric ARV prescribing for neonates (< 28 days of age) and infants weighing < 3kg												**Wt. (kg)**
3 - 5.9	x 120/60 mg tab od	3 ml bd **OR** 1 x 60 mg tab bd	3 ml bd	6 ml bd	0.5 x 10 mg DT od	0.5 x 10 mg DT bd	* 1 ml bd **OR** 2 capsules bd	2 capsules bd	LPV/r std dose (see purple column) + oral RTV powder 100 mg (1 packet) bd	Do not use double-dose LPV/r tabs	Not recommended	Not recom-mended	**3 - 5.9**
6 - 9.9	5 x 120/60 mg tabs od	4 ml bd **OR** 1.5 x 60 mg tab bd	4 ml bd	9 ml bd	1.5 x 10 mg DT od	1.5 x 10 mg DT bd	* 1.5 ml bd **OR** 3 capsules bd	3 capsules bd					**6 - 9.9**
10 - 13.9	x 120/60 mg tabs od	**Once daily dosing > 10 kg** 4 x 60 mg tabs od **OR** 12 ml od	**Once daily dosing > 10 kg** 12 ml od	12 ml bd **OR** 1 x 100 mg tabs bd	2 x 10 mg DT od	2 x 10 mg DT bd	2 ml bd **OR** 4 capsules bd **OR** 2 x 100/25 mg **paed tabs** am + 1 x 100/25 mg **paed tab** pm	4 capsules bd	LPV/r std dose (see purple column) + oral RTV powder 200 mg (2 packets) bd	3 x 100/25 mg **paed tabs** bd	ATV 1 x 200 mg cap od + RTV 1 x 100 mg tab or 100 mg oral powder (1 packet) od	1 x 200 mg cap/tab nocte	**10 - 13.9**
14 - 19.9	5 x 120/60 mg tabs od	5 x 60 mg tabs od **OR** 1 x 300 mg tab od	1 x 150 mg tab od	2 x 100 mg tabs am + 1 x 100 mg tab pm **OR** 15 ml bd	2.5 x 10 mg DT od	2.5 x 10 mg DT bd	2.5 ml bd **OR** 5 capsules bd **OR** 2 x 100/25 mg paed tabs bd **OR** 1 x 200/50 mg adult tab bd	5 capsules bd		4 x 100/25 mg **paed tabs** bd **OR** 2 x 200/50 mg **adult tabs** bd		1 x 200 mg cap/tab + 2 x 50 mg caps/tabs nocte	**14 - 19.9**
20 - 24.9	x 120/60 mg tabs od	1 x 300 mg tab + 1 x 60 mg tab od **OR** 6 x 60 mg tabs od	2 x 150 mg tabs od	2 x 100 mg tabs bd **OR** 20 ml bd	3 x 10 mg DT od **OR** 1 x 50 mg FC tab od	3 x 10 mg DT bd **OR** 1 x 50 mg FC tab bd	3 ml bd **OR** 6 capsules bd **OR** 2 x 100/25 mg **paed tabs** bd **OR** 1 x 200/50 mg **adult tab** bd	6 capsules bd					**20 - 24.9**
25 - 29.9	x 600/300 mg tab od **OR** ABC/3TC/DTG FDC 00/300/50 mg) if eligible od	2 x 300 mg tabs od		1 x 300 mg tab bd **OR** 1 x AZT/3TC 300/150 mg tab bd	1 x 50 mg FC tab od **OR** FDC: ABC/3TC/DTG if eligible od	1 x 50 mg FC tab bd **OR** FDC: ABC/3TC/ DTG if eligible od + 50 mg DTG FC tab 12 hours later	3.5 ml bd **OR** 7 capsules bd **OR** 3 x 100/25 mg **paed tabs** bd **OR** 1 x 200/50 mg **adult tab** bd + 1 x 100/25 mg **paed tab** bd	Not recommended	LPV/r std dose (see purple column) + oral RTV powder 300 mg (3 packets) bd	6 x 100/25 mg **paed tabs** bd **OR** 3 x 200/50 mg **adult tabs** bd	1 x ATV/RTV 300/100mg FDC od **OR** ATV 2 x 150 mg caps od + RTV 1 x 100 mg tab or 100 mg oral powder (1 packet) od	2 x 200 mg caps/tabs nocte	**25 - 29.9**
30 - 39.9					1 x 50 mg FC tab od **OR** FDC: TLD if eligible od **OR** FDC: ABC/3TC/DTG if eligible od	1 x 50 mg FC tab bd **OR** FDC: TLD if eligible od + 50 mg DTG FC tab 12 hours later **OR** FDC: ABC/3TC/ DTG if eligible od + 50 mg DTG FC tab 12 hours later	5 ml bd **OR** 10 capsules bd **OR** 4x100/25 mg **paed tabs** bd **OR** 2x200/50 mg **adult tabs** bd			8 x 100/25 mg **paed tabs** bd **OR** 4 x 200/50 mg **adult tabs** bd			**30 - 39.9**
≥ 40												2 x 200 mg caps/tabs nocte **OR** FDC: TEE if eligible od	**≥ 40**

* Avoid LPV solution in any full-term infant <14 days of age and any premature infant <42 weeks post conceptual age (correctedstational age) or obtain expert advice.
° Children ighing 25-29.9 kg may also be dosed with LPV/r 200/50 mg adult tabs: 2 tabs am + 1 tab pm.
" Atazanav ritonavir should not be used in children/adolescents on treatment with Rifampicin, obtain expert advice.
No dosagejustments are required for children receiving treatment with Efavirenz and Rifampicin.

od = once a day; nocte = at night; bd = twice a day; am = in the morning; pm = in the evening; std = standard; FDC = fixed dose combination; TLD = tenofovir/ lamivudine/dolutegravir; TEE = tenofovir/ emtricitabine/efavirenz

Weight (kg)	3 - 5.9	6 - 13.9	14 - 24.9	≥ 25
Cotrimoxazole Dose	2.5 ml od	5 ml or ½ tab	10 ml or 1 tab od	2 tabs od
Multivitamin Dose	2.5 ml od	2.5 ml od	5 ml od	10 ml od

ARV DOSING CHART FROM BIRTH TO 28 DAYS OF AGE[¥]

Birth weight ≥ 2 kg and gestational age ≥ 35 weeks[*]

	Lamivudine (3TC)		Zidovudine[**] (AZT)		Nevirapine (NVP)	
Tget dose	2 mg/kg/dose TWICE daily (BD)		4 mg/kg/dose TWICE daily (BD)		6 mg/kg/dose TWICE daily (BD)	
Availae formulation	10 mg/ml		10 mg/ml		10 mg/ml	
Vight (kg)	Dose in ml	Dose in mg	Dose in ml	Dose in mg	Dose in ml	Dose in mg
:2 - <3	0.5 ml BD	5 mg BD	1 ml BD	10 mg BD	1.5 ml BD	15 mg BD
:3 -<4	0.8 ml BD	8 mg BD	1.5 ml BD	15 mg BD	2 ml BD	20 mg BD
:4 - <5	1 ml BD	10 mg BD	2 ml BD	20 mg BD	3 ml BD	30 mg BD

- Dosing is based on the birth weight of the child. It is not necessary to change the dose before 28 days of age if for example if the weight decreases in the first week or two of life.
- Caregivers administering ARV medication to the child must be supplied with a syringe (2 ml or 5 ml) for each of the 3 ARVs and shown how to prepare and administer the prescribed dose. If required, bottles and syringes should be colour coded with stickers and a sticker of the relevant colour used to mark the correct dose on the syringe.

[¥]Refer to the protocol for initiation of ART in HIV-infected neonates in the HIV guidelines which includes guidance on ARV management after 28 days of age
[*]Consult with a clinician experienced in paediatric ARV prescribing or the National HIV & TB Health Care Worker Hotline for neonates with birth weight < 2 kg or gestational age < 35 weeks
[**]If infant is found to have significant anaemia or neutropenia prior to or during treatment with AZT, discuss with a clinician experienced in paediatric ARV prescribing or any of the helplines listed below about switching to ABC

PRACTICAL ADVICE ON ADMINISTRATION OF ARV DRUGS

ARV Dg	Formulations (as used in dosing chart)	Can tablets/capsules be split/crushed/opened if unable to swallow?	Comment
Abaca (ABC	Oral solution: 20 mg/ml Tablets: 60 mg, 300 mg FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg; ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **YES** FDC 120/60 mg tablet is a dispersible tablet. May be split/crushed. FDC capsules should be opened and contents added to a small amount of food or dispersed in a liquid.	Hypersensitivity reaction (fever, rash, GIT & respiratory symptoms) may occur during first 6 weeks of therapy, very uncommon in black African patients. Symptoms typically worsen in the hours immediately after the dose and after each subsequent dose. Caregivers or patients should discuss symptoms early with the clinician rather than stopping therapy. Stop ABC permanently if hypersensitivity reaction has occurred.
Lamivune (3TC	Oral solution: 10 mg/ml Tablets: 150 mg; FDC tablets: ABC/3TC 120/60 mg; ABC/3TC 600/300 mg, TLD 300/300/50 mg ABC/3TC/DTG 600/300/50 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg		Well tolerated, adverse-effects uncommon. Pure red cell aplasia causing anaemia can occur but is very rare.
Zidovuae (AZT	Oral solution: 10 mg/ml Tablets: 100 mg, 300 mg Capsules: 100 mg FDC tablet: AZT/3TC 300/150 mg	Tablets & FDC: **YES** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Avoid or use with caution in neonates or children with anaemia (Hb <8 g/dl) due to potential to cause bone marrow suppression.
Tenofor (TDF	Tablets: 300 mg FDC tablets: TDF/FTC 300/200 mg, TEE 300/200/600 mg, TLD 300/300/50 mg	Tablet and FDC tablets: **YES**	TDF may be prescribed for adolescents ≥ 10 years of age AND ≥ 30 kg body weight after ensuring adequate renal function by checking eGFR/creatinine using the appropriate formula (refer to HIV guidelines). TDF is usually prescribed as part of an FDC tablet: TDF/FTC, TDF/FTC/EFV or TDF/3TC/DTG. To assess for TDF-induced nephrotoxicity, do creatinine and eGFR at months 3, 6 and 12 and thereafter repeat every 12 months.
Lopina/ ritona (LPV/	Oral solution: 80/20 mg/ml Capsules: Pellets 40/10 mg per capsule Tablets: 200/50 mg, 100/25 mg FDC capsules: ABC/3TC/LPV/r 30/15/40/10 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: Can be opened and added to a small amount of soft food/liquid and ingest immediately.	Oral solution should be refrigerated/stored at room temperature (if <25°C) for up to 6 weeks. Preferably administer oral solution with food as increases absorption. Strategies to improve tolerance and palatability of oral solution: coat mouth with peanut butter, dull taste buds with ice, follow dose with sweet foods. Many drug-drug interactions.[#] LPV/r 40/10 mg **capsules should be opened**, and contents (pellets) of each capsule poured onto a spoon of soft food and fed to child. Don't try and dissolve pellets in food or water as they will develop a bad taste. ABC/3TC/LPV/r **capsules should be opened** and contents (granules) of each capsule poured onto a spoon of soft food or dissolved in water and fed to child. **Capsules should never be swallowed whole.** Discard capsule casing after contents have been emptied from it.
Ritona (RTV	Oral powder: 100 mg/packet Tablets: 100 mg		Each 100 mg packet of RTV powder should be mixed with a small amount of water or soft food and immediately ingested. Many drug-drug interactions.[#]
Atazanir (ATV	Capsules: 150 mg, 200 mg FDC tablets: ATV/RTV 300/100 mg	Capsules: Can be opened and added to a small amount of soft/food/liquid and ingested immediately. FDC tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.**	ATV is used in combination with RTV. May cause unconjugated hyperbilirubinaemia resulting in jaundice but this does not indicate hepatic toxicity and not a reason to discontinue the drug unless it is worrying the patient. Consider drug-drug interactions.[#]
Dolutegvir (DTG	Dispersible tablet (DT): 10 mg Film coated (FC) tablets: 50 mg FDC tablets: TLD 300/300/50 mg FDC tablets: ABC/3TC/DTG 600/300/50 mg	Dispersible tablets: **YES** Film coated tablets (including FDCs): **YES**	Iron supplements decrease DTG concentrations if taken together on an empty stomach. To prevent this, DTG and iron supplements can be taken at the same time if taken with food. May be helpful to administer as a morning dose rather than an evening dose if insomnia occurs with evening dosing. May raise creatinine levels by up to 15% without affecting renal function. Consider drug-drug interactions.[#] DTG DT and DTG FC tablets are not bioequivalent; 30 mg of DTG DT corresponds to 50 mg DTG FC tablets. DTG 50 mg FC tablets are preferred for children who have reached 20 kg (unless they cannot swallow tablets).
Efavire (EFV	Capsules: 50 mg, 200 mg Tablets: 50 mg, 200 mg, 600 mg FDC tablets: TEE 300/200/600 mg	Tablets: **NO** **Must be swallowed whole and not divided, crushed or chewed.** Capsules: **YES.** Open and add to small amount of soft food and ingest immediately.	Best given at bedtime to reduce CNS side-effects, especially during first 2 weeks. Consider drug-drug interactions.[#]

FDC = fixelose combination; eGFR = estimated glomerular filtration rate; GIT = gastrointestinal tract; TEE = Tenofovir/Emtricitabine/Efavirenz; TLD = Tenofovir/Lamivudine/Dolutegravir; #EML-Antiretroviral interactions table (http://www.mic.uct.ac.za) OR www.hiv-*druginteractions.org/checker* Ohe Liverpool HIV iChart application for smart phones, or any of the helplines: **National HIV and TB Health Care Worker Hotline:** 0800 212 506 or **Right to Care Paediatric and Adolescent HIV Helpline:** 082 352 6642 and **KZN Paediatric Hotline:** 0800 006 603

NEED HELP?
Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline at 0800 212 506 / 021 406 6782
Alternatively "whatsapp" or send an SMS or "Please Call Me" to 071 840 1572

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

0800 212 506

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Integrated TB/HIV Data Management – standard operating procedure version 2 April 2019**	
ITEM PURPOSE	**1. To give guidance on how to handle HIV and TB information in the health care facilities and also roles and responsibilities of each cadre of staff**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A4 Booklet with glossy hard cover pages back and front, white paper written in black ink with a diagram / picture on the cover page and departmental logo	
2.	35 pages inside written in black ink and coloured ink on some pages, has diagrams and pictures on certain pages	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Booklet**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

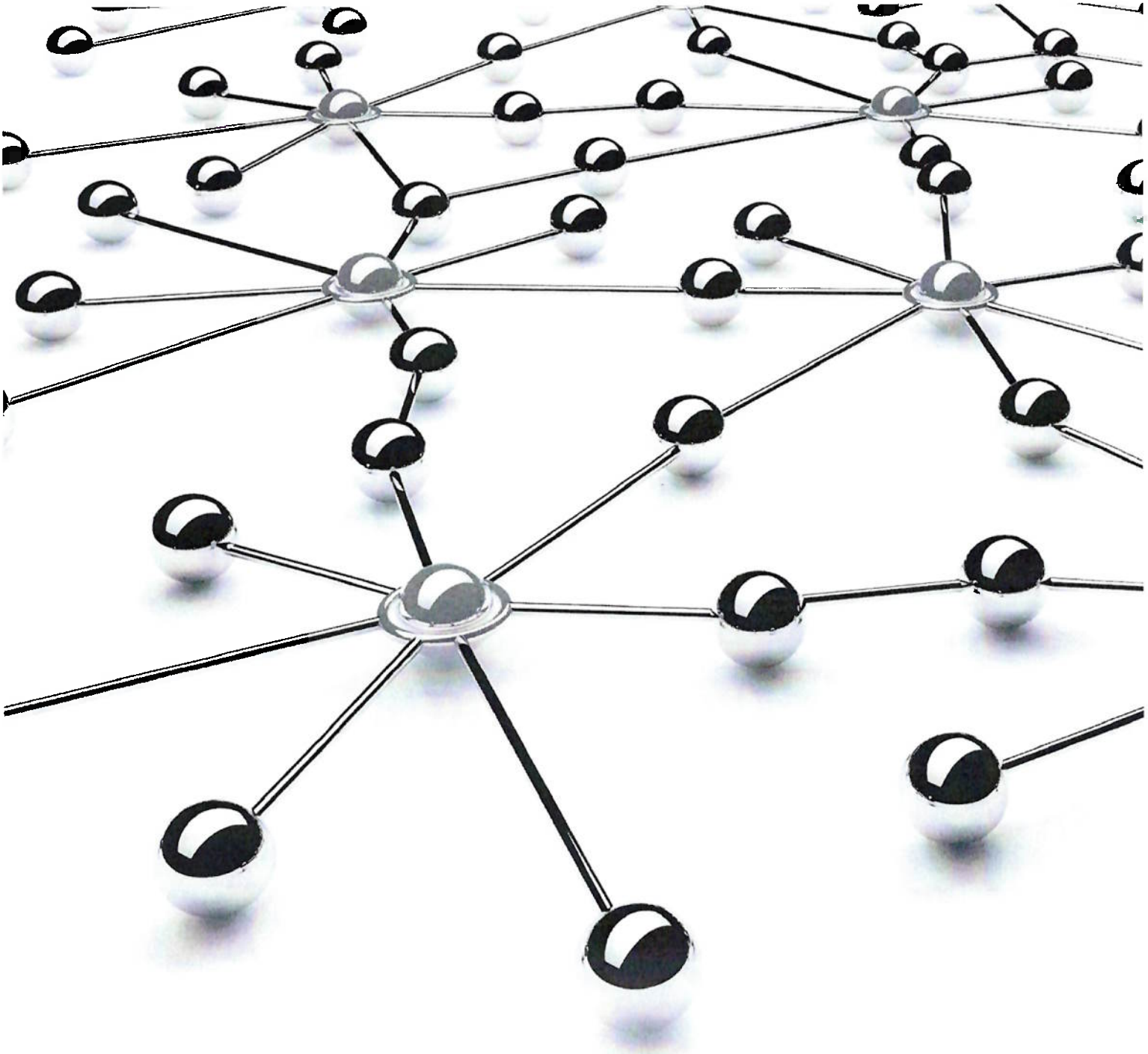
Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____



Integrated TB/HIV Data Management

Standard Operating Procedure

Part I: Facility-level

Version 2, April 2019

health

Department:
Health

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**2023 ART Clinical Guidelines**	
ITEM PURPOSE	**1. To give guidance to clinicians on how to manage HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A4 Booklet with glossy coloured hard front and back covers, 45 pages written in black ink and coloured ink on some pages. Has diagrams and pictures on certain pages for step by step guides / instructions	
2.	Has a departmental logo on the front cover page	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Booklet**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

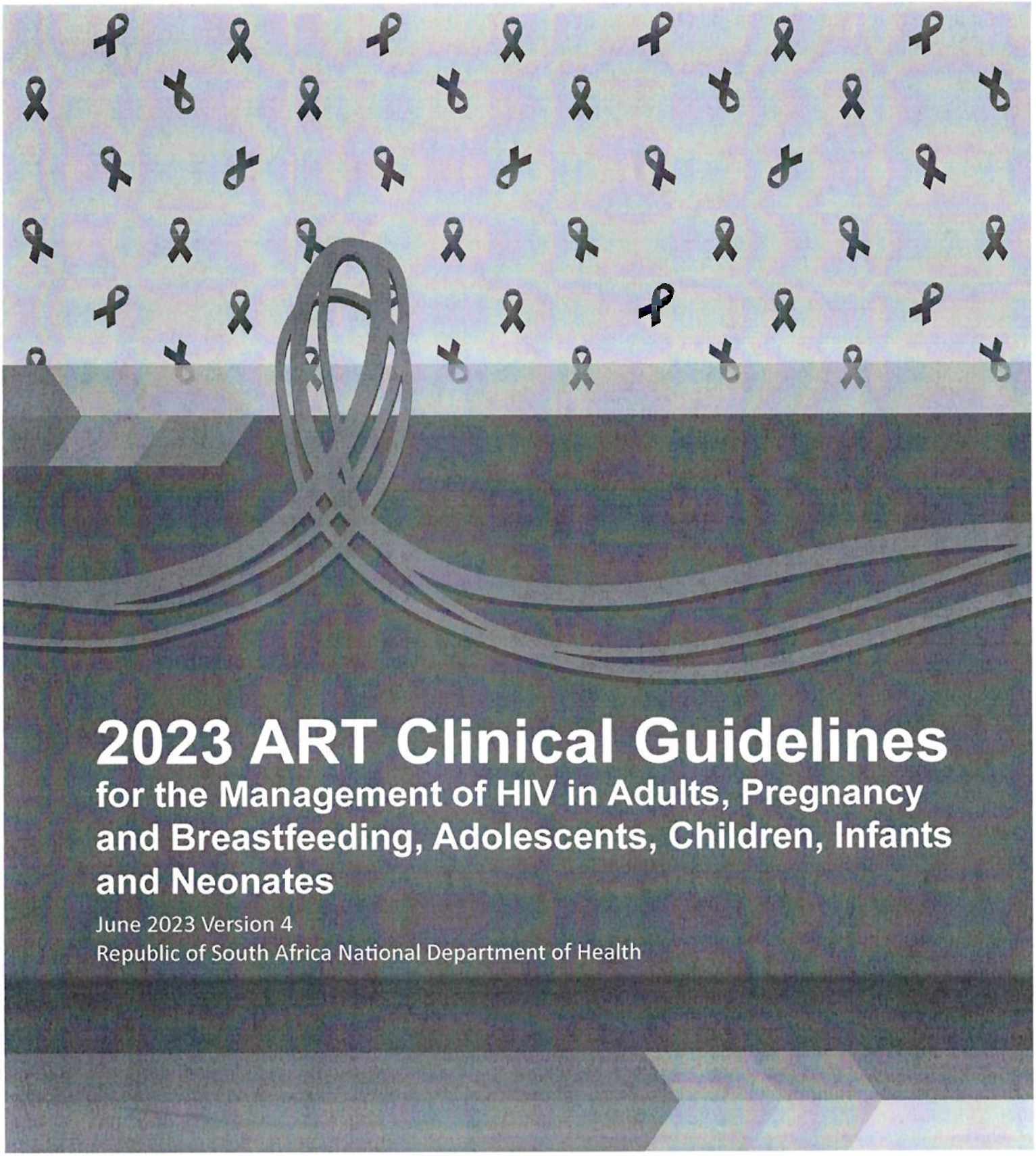
Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KHAYA NTHETHWA
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature	Nshabalala	Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____



2023 ART Clinical Guidelines

for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates

June 2023 Version 4

Republic of South Africa National Department of Health

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

World Health Organization

2030 NDP

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Non-suppression algorithm for pregnant and breastfeeding women**	
ITEM PURPOSE	**1. To give guidance to clinicians on how to manage a pregnant woman and breastfeeding woman with HIV who has an unsuppressed viral load**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A3 poster made of hard glossy paper written in black and coloured ink with diagrams and arrows	
2.	Page 21 of the Vertical Transmission Prevention guidelines	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Box with 100 posters**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	**Specification attached**	

Note:

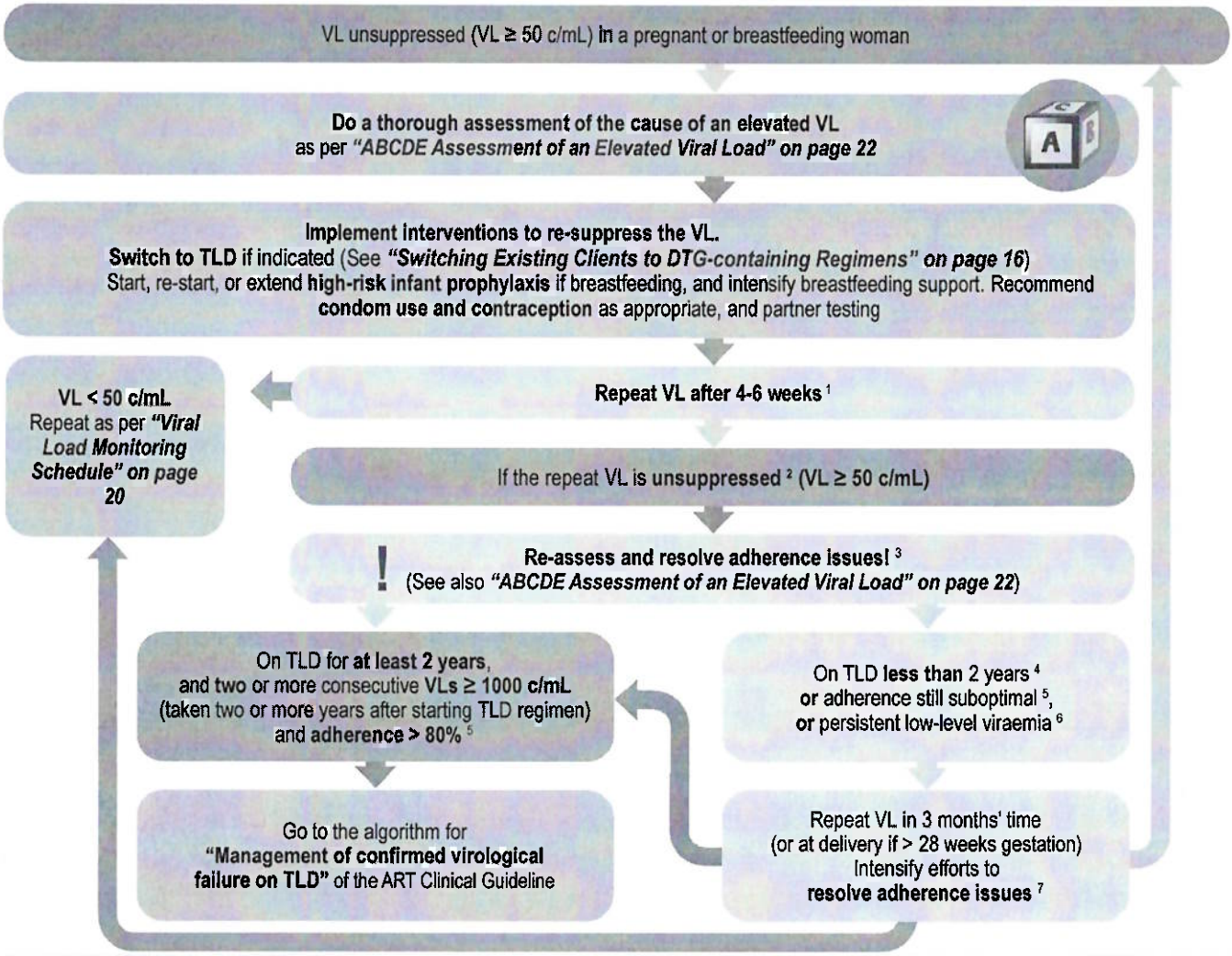
1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Sthandiwe Zulu	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	VTP Coordinator	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	29/05/2025	Date	30/05/2025

Bidder Initial here: _____

VL NON-SUPPRESSION ALGORITHM FOR PREGNANT AND BREASTFEEDING WOMEN



1. The shorter 4-week interval between doing the first VL above 50 and the repeat VL is preferred wherever possible. However, if the first elevated VL is the delivery-VL, the next visit may only occur at the 6-week post-natal visit.
2. Due to their high genetic barrier, resistance to a first-line DTG-containing (TLD1) regimen is extremely rare. If other reasons for an unsuppressed VL have been addressed or excluded, e.g., drug interactions, and the client remains unsuppressed at their repeat VL, suboptimal adherence remains the most probable cause for non-suppression. The highest probability of improving adherence would be to remain on a once-daily, well-tolerated, fixed-dose combination regimen (TLD) while identifying and addressing the underlying root causes of non-adherence. Most (99,9%) of these clients will re-suppress on TLD if adherent!
3. Repeat ABCDE assessment as outlined on page 23. Screen for and manage any vomiting in pregnancy. Check if the patient is crushing/breaking ARV tablets which can affect absorption. Remember to ask about treatment side-effects, the potential cost of transport or loss of income related to clinic visits, mental health conditions, and current or prior drug interactions. Current or previous drug interactions with rifampicin or the polyvalent cations may have resulted in the development of resistance.
4. Drug interactions may also warrant an expert discussion and authorisation of a resistance test earlier than 2 years on the regimen. If necessary, discuss with an expert
5. Objective measures of good adherence include **at least one of**:
   a. Pharmacy refills > 80% in the last 6-12 months (if this is known)
   b. Attendance of > 80% of scheduled clinic visits in the last 6-12 months (if this is known)
   c. Detection of current antiretroviral drug/s in the client's blood or urine, if available

   Note: Self-reported adherence is not considered a reliable measure of good adherence!
6. Two or more consecutive VLs between 50 and 999 c/mL
7. Women who fail to suppress on TLD1 despite intensive adherence support or who are failing TLD2 or 3rd line should be discussed with an expert/HIV hotline or referred. These women may be experiencing complex clinical and/or psychosocial challenges beyond the scope of this primary care guideline, and may require a tailored approach to maternal management, infant prophylaxis, and recommendations for breastfeeding.

BREASTFEEDING WITH AN ELEVATED VIRAL LOAD

It is recommended that women with an unsuppressed VL on TLD1 continue to breastfeed. Exclusive breastfeeding is strongly recommended if the baby is less than 6 months old. Infant prophylaxis should be extended/restarted while a concerted effort is made to re-suppress the mother's VL (see ***"Management of a High Maternal Viral Load after Delivery" on page 24***).

Although breastfeeding in women with an unsuppressed VL on TLD2 or 3rd line ART is not recommended (particularly if the VL > 1000 c/mL) due to the risk of resistant HIV transmission, exclusively formula feeding may also pose risks to vulnerable children. These mother-baby pairs should be referred or discussed with a team of experts*, and social circumstances considered. If formula feeding is deemed the lesser risk, intensive formula feeding support and close monitoring by the therapeutic nutrition programme are recommended. Infant formula should be supplied by the DoH. See also ***"Stopping Breastfeeding" on page 33.***

* A team of experts may include an HIV expert, paediatrician, dietician, social worker. If necessary, consult one of the ***"HIV Hotline" on page 22.***

Abbreviations: ART, Antiretroviral therapy; DTG, Dolutegravir; LLV, Low-level viraemia; SOP; TL, Third-line; TLD, fixed-dose combination of tenofovir, lamivudine, DTG; VL, Viral load.

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Guideline for Vertical Transmission Prevention of Communicable Infections version August 2023**	
ITEM PURPOSE	**1. To give guidance to clinicians on how to manage a pregnant woman, breastfeeding woman with HIV and their baby on delivery and during breastfeeding period to prevent them from acquiring HIV through the mother**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A4 booklet with 55 pages including back and front cover, written back to back	
2.	Front and back cover made of hard glossy paper written in white ink with a coloured drawing / picture	
3.	August 2023 version pages inside written in black ink and coloured ink with diagrams, pictures in some pages	
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Box with 100 b**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	**Specification attached**	

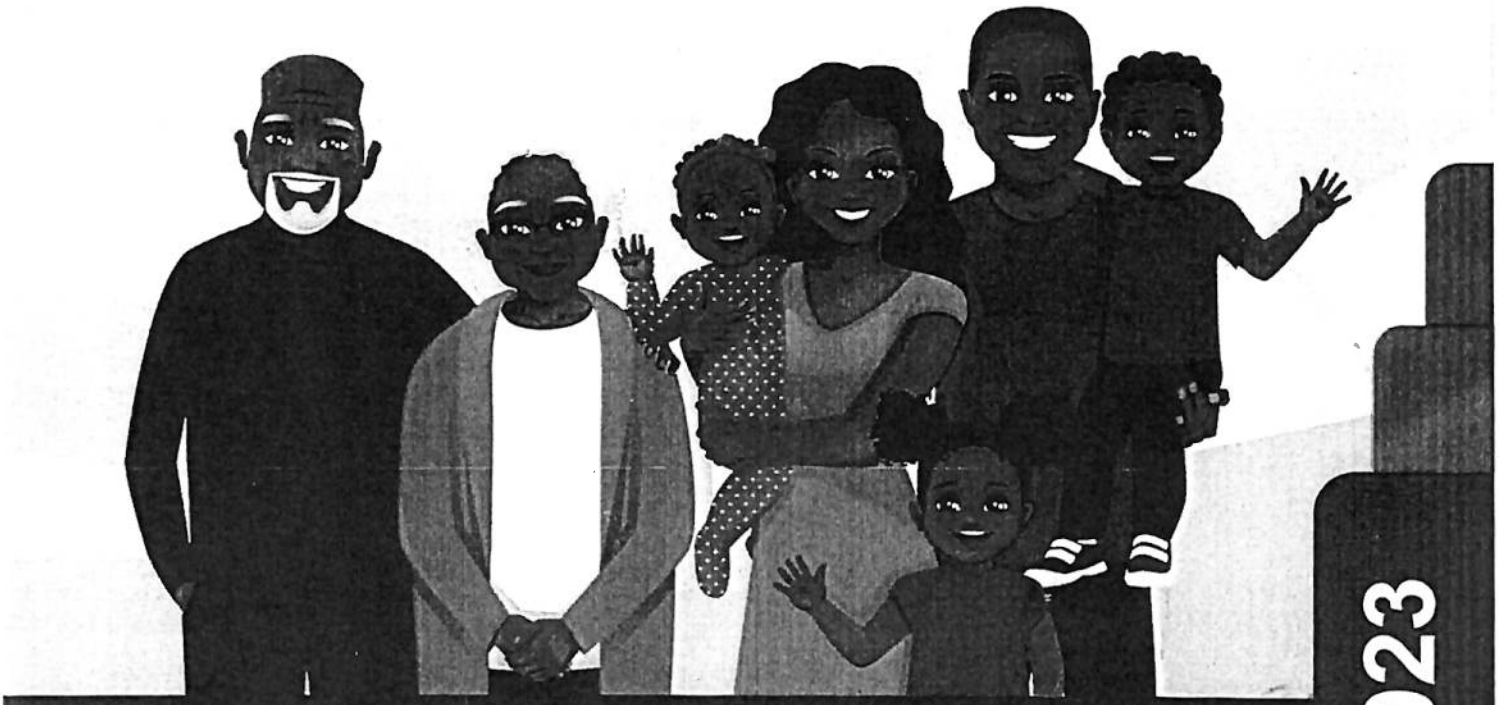
Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Sthandiwe Zulu	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	VTP Coordinator	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	29/05/2025	Date	30/05/2025

Bidder Initial here: _____



2023

Guideline for Vertical Transmission Prevention of Communicable Infections

South African National Department of Health

August 2023

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District Office	
ITEM DESCRIPTION	**Finger prick poster size A3**	
ITEM PURPOSE	**1. To give guidance on how to do finger prick to clients requiring HIV testing**	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Size A3 poster guiding step by step how to conduct finger prick to acquire a blood sample for HIV testing	
2.	Glossy hard laminated page with guiding pictures and instructions made of white paper and written in black ink	
3.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	**Poster**	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)		

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Nontando Shabalala	Name of SCM Rep (in full)	KAMYA MOTHILAL
Designation / Rank (in full)	HAST Coordinator	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	29 – 05 - 2025	Date	30/05/2025

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A:SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba Distnct	
ITEM DESCRIPTION	HPV Vaccination Card	
ITEM PURPOSE	1.2 To record vaccination doses for each learner	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Detailed specificatan attached	
2.	Change Grade 4 to Grade 5	
3.	Sample attached.	
4.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Thuli Shange	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	Program coordinator	Designation/ Rank (in full)	S.M.O.
Signature	TMShange	Signature	
Date	08.05.2025	Date	30/05/2025

Bidder Initial here: _____

HPV Vaccination Card

Size: 145mm (top to bottom) x 312mm (left to right) folded twice. First at 104mm (left to right) and at 208mm as per sample available for viewing.

Positioning of prints must be exact to the sample available for viewing

Printed double sided full colour in gloss paper as per sample available for viewing.

All text must be in English as per sample available for viewing.

Packaging requirements: Packed in **(End User to state quantity per pack)**

EARNER INFORMATION (continued)

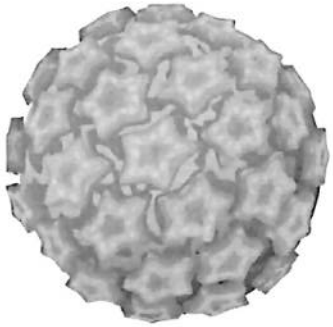
e girl had:	Yes/No
rgic reaction to a vaccine?	
lem with prolonged bleeding? f she gets cut it takes a long time for the ; to stop)	
re illness in the last 7 days?	Dose 1
eted by vaccinator	Dose 2

FOR OFFICIAL USE ONLY

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

Date of next HPV vaccination	
	HPV 2

The Human Papillomavirus (HPV) Virus



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

Basic Education
Health

CHECKLIST LIST FOR SU

Institution: Amajuba D

Supplier Name: _____

Quotation Reference:

Description: _____

NB!! Documents to b	
1.	Has the standa submitted?
2.	Has the SDB4
3.	Has the evalua
4.	Has SARS Ce
5.	Has BBBEE C submitted?
6.	Has CIPRO C
7.	Has SAHPRA
8.	Has CIDB Ce
9.	Has non sche submitted?
10.	Has sample b
11.	Has an execut deliver)?
12.	Has a proof o
13.	Has a proof o indicating tha submitted?
14.	Has a proof o been submitte

CHECKLIST LIST FOR SU

Institution: Amajuba Di

Supplier Name: _____

Quotation Reference: _

Description: _____

NB!! Documents to be
1. Has the standar submitted?
2. Has the SDB4 f
3. Has the evaluat
4. Has SARS Cer
5. Has BBBEE Ce submitted?
6. Has CIPRO Ce
7. Has SAHPRA (
8. Has CIDB Cert
9. Has non sched submitted?
10. Has sample bee
11. Has an executi deliver)?
12. Has a proof of (
13. Has a proof of l indicating that submitted?
14. Has a proof of been submitted

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?

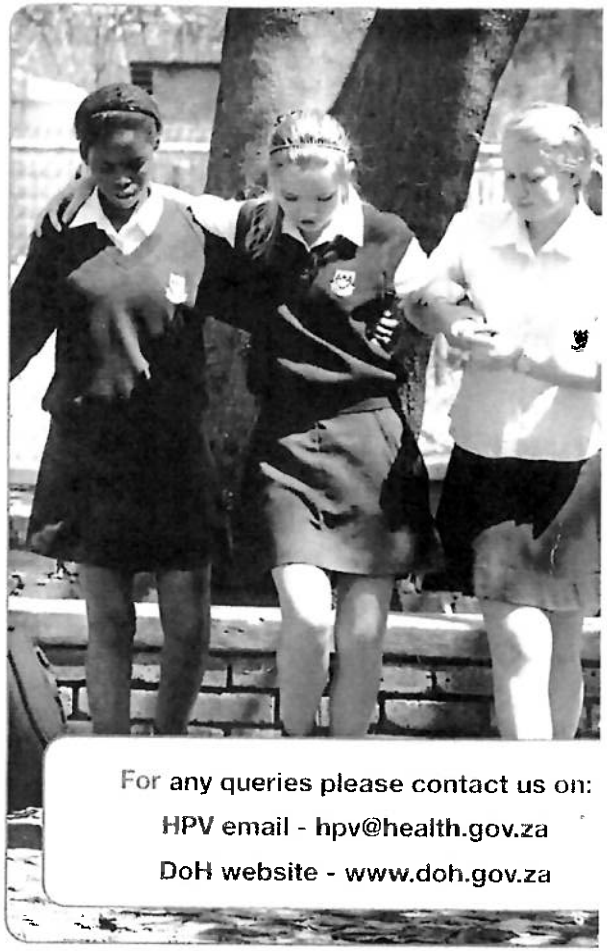
- Girls under 9 years
- Girls who had a recent severe illness or are very ill on the day of the vaccination
- A pregnant person
- A person who already had all the HPV vaccinations

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)

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

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A:SPECIFICATION FORM

NAME OF PROCURING FACILITY	Amajuba District	
ITEM DESCRIPTION	HPV Campaign Posters for Grade 5	
ITEM PURPOSE	1.2 Securing vaccinating appointments with schools during social mobilization	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Detailed specification attached.	
2.	Sample provided – Change "Grade 4" to "Grade 5"	
3.		
4.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Thuli Shange	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	Program coordinator	Designation/ Rank (in full)	S.M.O.
Signature	TMShange	Signature	
Date	08.05.2025	Date	30/05/2025

Bidder Initial here: _____

PREVENT CERVICAL CANCER

The government is introducing HPV* vaccination for girls in Grade 4

Change to grade 5, 6 and 7.

Date of 1ST DOSE March 2014

Date of 2ND DOSE October 2014

leave dates blank

Remember to ask your parents/caregiver/guardian to sign and return the consent form to be vaccinated.

Protecting young girls, future women of South Africa

Basic Education
Health

PREVENT CERVICAL CANCER

The government continues to offer HPV* vaccination for girls in Grade 4

Date of 1ST DOSE ----------

Date of 2ND DOSE ----------

Remember to ask your parents/caregiver/guardian to sign and return the consent form to be vaccinated.

Protecting young girls, future women of South Africa

* Human Papilliomavirus

Basic Education
Health

Phila
Inspired to live

SPECIFICATION FOR: THE GOVERNMENT CONTINUES TO OFFER HPV VACCINATION FOR GIRLS IN GRADE 5 POSTERS

CLAUSE	SPECIFICATIONS / REQUIREMENTS		BIDDERS COMMENTS COMPLIES/DOES NOT COMPLY
1.	Description	The Government Continues To Offer Hpv Vaccination For Girls In Grade 5 - Posters	
2.	Size	A2	
3.	Pre-Press	Design To Be Done By Printer	
4.	Printing & Paper	Poster: Printed 4 Process colours front only on Nevia (Gloss), 170gsm, White	
5.	Finishing	Trimmed to size	
6.	Despatch	~~Wrapped in brown paper and deliver to one address in Durban~~	

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A:SPECIFICATION FORM

NAME OF PROCURING FACILITY	AMAJUBA DISTRICT OFFICE	
ITEM DESCRIPTION	Adverse Event Classification	
ITEM PURPOSE	1,2 Print Adverse Event to classify UMMC AE's after operation	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Please see attached addendum to specification	
2.		
3.		
4.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	Box.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	Yes	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes.	

Note:

1. A3 Size (Poster)
2. Classification of AE's in accordance to UMMC.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Sanele Madida	Name of SCM Rep (in full)	KHAYA MTHETHWA
Designation / Rank (in full)	LMIS Officer	Designation/ Rank (in full)	S.M.O.
Signature		Signature	
Date	2025/5/12	Date	30/05/2025

Bidder Initial here: _____

Reporting and Grading of Adverse Events in Male Circumcision

The following tables provide definitions of each AE broken down by type, time and severity.

Table A-During Surgery and Recovery Period

Adverse Event	Mild - 1	Moderate - 2	Severe - 3
Anaesthetic related problem	Mild vasovagal reaction (lightheadedness/ dizziness) or nausea requiring monitoring and resolving spontaneously without medical treatment.	Significant palpitations, vasovagal reaction or emesis (vomiting) requiring attention and treatment at the facility.	Anaphylaxis or other reaction requiring transfer to another facility or hospitalization.
Code: AN	A-AN-1	A-AN-2	A-AN-3
Excessive bleeding	More significant bleeding than usually experienced but easily controlled.	Bleeding is difficult to control, significant additional time is taken to control bleeding. Pressure dressings may be needed.	Providers are unable to control bleeding adequately, transfer to a hospital or referral centre is required. Any case where postoperative blood transfusion is necessary.
Code: BL	A-BL-1	A-BL-2	A-BL-3
Damage to the penis	Limited superficial laceration or burn injury requiring additional dressings.	Significant laceration or burn requiring prolonged intra-operative attention to treat.	Significant injury including severed portion of glans, shaft laceration with ongoing bleeding that requires hospitalization, transfer or transfusion; or significant burn injury leading to significant tissue necrosis/loss.
Code: DP	A-DP-1	A-DP-2	A-DP-3
Excessive skin removed	Of concern, but no mobilization is needed and no additional materials required to achieve skin apposition. Patient complaint but absence of discernible tightening of the skin.	Discernible tightening of the skin but re-operation or referral/transfer not required. Additional reinforcement of suture margin required. Mobilisation of skin to close the wound margins may be required.	Discernible tightening requires re-operation or referral/transfer to another facility. Any procedure where the provider is unable to adequately close the wound margins.
Code: ES	A-ES-1	A-ES-2	A-ES-3
Insufficient skin removed	Less than one third of the glans is covered by residual prepuce, at rest in flaccid state.	Between one and two thirds of glans is covered by residual prepuce at rest in flaccid state.	Greater than two thirds of glans is covered by residual prepuce at rest in flaccid state.
Code: IS	A-IS-1	A-IS-2	A-IS-3
Occupational exposure	Blood spatters on intact skin.	Needle stick injuries, blood spatters in eyes. No illness results.	Any confirmed case of sero-conversion/ illness attributed to occupational exposure.
Code: OT	A-OT-1	A-OT-2	A-OT-3
Pain*	Client expresses some discomfort, however is able to remain still and cooperate for the duration of the procedure. No additional local anaesthetic is required.	Client expresses pain clearly, often requests additional anaesthesia, begins to move and the operation is interrupted to administer additional local anaesthesia.	Client clearly expresses pain and the addition of local anaesthesia has no effect. Sedation or a general anaesthetic may be required.
Code: PA	A-PA-1	A-PA-2	A-PA-3

W2106B - 10 24 - RRT - 083 507 7647

Quotation No.	**AMA 022/25/26**
Quotation Description	**PRINTING**

EVALUATION CRITERIA

This institution intends to evaluate valid quotations using **Four evaluation stages.** These are peremptory requirements, should the bidder/tenderer fail to comply with any of the stages as stated below, the quotation will be regarded as non-responsive, and will not progress to the final stage of evaluation:

Stage 1: Administrative Compliance, Compulsory and Mandatory Requirements

Stage 2: Capacity to Deliver

Stage 3: Compliance with Specification

Stage 4: Price and Preference Points System (Specific Goals)

STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS

NO.	REQUIREMENTS	INCLUDED IN THE PUBLISHED DOCUMENT?	TO BE RETURNED BY BIDDER/ TENDERER?
	Administrative Compliance		
1.	PARTICULARS OF QUOTATION	YES	YES
2.	OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01	YES	YES
3.	BIDDER'S DISCLOSURE (SBD4)	YES	YES
4.	GENERAL CONDITIONS OF CONTRACT (GCC)	YES	YES
5.	SPECIAL CONDITIONS OF CONTRACT (SCC)	YES	YES
6.	PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 (SBD 6.1)	YES	YES
	Compulsory Compliance		
7.	SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS	NO	YES
	A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs& QSEs)	NO	YES
	CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD)	NO	NO
	Mandatory Requirements		
8.	Valid copy of Licence issued by South African Health Products Regulatory Authority (SAHPRA), authorizing your company to manufacture, import or export, or act as a wholesaler to wholesale and or distribute medical devices	NO	NO

Note: This relates to administrative and mandatory returnable documents which must be fully completed, and submitted, should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation. The department reserve a right to verify validity of the documents submitted, should it be discovered that the information submitted is misrepresented the quotation will be disqualified.

Bidder Initial here_____

STAGE 2: CAPACITY TO DELIVER

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. **NB:** If you are manufacture or keeping the items/goods on the shelf, please attach the confirmation as a proof. **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.
2.	If there is valid proof that the bidder was previously issued with an order and failed to deliver without acceptable reasons, the bidder will be treated as a defaulter and will not progress to the next stage of evaluation.

STAGE 3: COMPLIANCE WITH SPECIFICATION

Requirement	Complies With Specification Yes /No
The bidder / Tenderer to confirm that the service supplied complies with attached specification document, should you fail to indicate compliance your quotation will not progress to the next stage of evaluation	

STAGE 4: PRICE AND PREFERENCE POINTS

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

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

The Department has identified the following specific goal:

Specific Goal	Number of Points allocated	Proof To Claim Specific Goal (Returnable Documents)
Disability: Full allocated to companies who are at least 51% Owned by black People or Persons with Disabilities.	20	1. **The Department will download CSD to verify this information.** 2. COPY OF MEDICAL CERTIFICATE OR SASSA DISABILITY CARD OR PHYSICAL ASSESMENT BY DEPARTMENTS SPECIALIST DOCTORS
NOTE: **Should a responsive bidder fail to submit proof to claim points, as stated above this will not result in disqualification, however the bidder will not be awarded points for specific goals.**		

EVALUATION CRITERIA AND SPECIFICATION APPROVED BY					
Official	**Title (Ms/ Miss/ Mrs/ Mr/Dr)**	**Surname**	**Initials**	**Date**	**Signature**
End User Representative	Ms	Shabalala	NN	11/06/2025	
SCM Official	MR	MTHETHWA	K.	11/06/2025	

Bidder Initial here_____