

## **Request for Proposals (RFP)**

### **Development of Implementation Guidelines for Tuberculosis Screening among Healthcare Workers for the CSIR**

**RFP No. 3309/28/06/2019**

Date of Issue	Friday, 14 June 2019	
Closing Date	Friday, 28 June 2019	
Place	Tender box, CSIR Main Reception, Gate 3 ( North Gate)	
Enquiries	Strategic Procurement Unit	E-mail: <a href="mailto:tender@csir.co.za">tender@csir.co.za</a>
CSIR business hours	08h00 – 16h30	
Category	Professional Services	

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## **SECTION A – TECHNICAL INFORMATION**

### **1 INTRODUCTION**

The Council for Scientific and Industrial Research (CSIR) is one of the leading scientific research and technology development organisations in Africa. In partnership with national and international research and technology institutions, CSIR undertakes directed and multidisciplinary research and technology innovation that contributes to the improvement of the quality of life of South Africans. The CSIR's main site is in Pretoria while it is represented in other provinces of South Africa through regional offices.

### **2 BACKGROUND**

Tuberculosis continues to be a global, regional and national public health challenge. Worldwide, 9.6 million people were estimated to have TB. The African Region had 28% of the world's overall cases, with the most severe burden relative to the global population, having incidence rate of 281 cases per 100 000 people; more than double the global average incidence. South Africa (SA) had an estimated incidence rate of 843 per 100 000 making it one of the 22 highest TB burden countries in the world - with 270,000 of these patients co-infected with HIV. The TB epidemic in SA has been exacerbated by the emergence of drug resistant forms of the TB bacteria.

Studies have also clearly highlighted the great challenge of nosocomial TB transmission to healthcare workers and report 1,958 per 100,000 and a six-fold greater incidence rate of hospitalisation for multidrug-resistant. Therefore, there is a great need for healthcare facilities to institute programs that are aimed at safeguarding and improving the health and safety of healthcare workers (HCWs). The Occupational Health and Safety Act 85 of 1993 and the Hazardous Biological Agents Regulations R1390 of 2001 require workplaces wherein workers may be exposed to TB to have in place employee medical surveillance as part of its occupational health and safety program. However, in most healthcare facilities, employee medical surveillance is either not done or it is done on an ad hoc basis. The basic element of employee surveillance programs, which are critically needed in the country in response to the urgent problem of TB among HCWs, are screening of HCWs for TB.

The successful implementation of screening of HCWs for TB can be used as an entry point and a launch pad to improving medical surveillance programs in Healthcare facilities in

general. In keeping with this, the CSIR are extending a request for proposals for the development of Implementation Guidelines for Tuberculosis Screening among Healthcare Workers in South Africa.

### **3 INVITATION FOR PROPOSAL**

Proposals are hereby invited for the development of Implementation Guidelines for Tuberculosis Screening among Healthcare Workers in South Africa.

This request for proposal is extended to public higher education institutions registered in terms of the Higher Education Act (Act no. 101 of 1997) that have Occupational Health departments or units, South African government agencies whose mandate is to support the implementation of Occupational Health in the country and South African private organisations as well as non-governmental organisations with demonstrable experience and expertise in the field of Occupational Health (OH).

Applicants must offer or have offered or have previous significant experience in provision of Occupational Health programs that include screening, diagnosis, care and treatment of TB specifically for healthcare workers.

The proposal is for researching, stakeholder consultations, benchmarking, development and presentation of the Guidelines for Tuberculosis Screening among Healthcare Workers in South Africa. This proposal should bring together a body of local and international expertise common to the prevention, management and control of TB in HCWs.

### **4 PROPOSAL SPECIFICATION**

All proposals are to be submitted in a format **specified** in this RFP. However, tenderers are welcome to submit additional information over and above the originally specified herein; and **only** this additional information should be in a format at the discretion of the applicant. Care should be taken to make a submission that will demonstrate that the envisaged implementation guide will enable the department at all levels, especially at health facility level, to put into place, provide and sustain best practice screening programs.

This proposal should mainly focus on all aspects of a **comprehensive screening strategy for TB in HCWs in the public sector**. However, it should include element of - and demonstrate the place, feasibility and interoperability of screening program with - a broader, functional OH and the National TB Program service platforms. The proposal should also demonstrate how the information and outcomes from the screening and subsequent diagnosis of TB in HCWs can be integration with existing national systems of notification, data reporting and management, health information systems including the system for compensation for occupational diseases.

Technical content of the proposal must be up-to-date, scientifically, clinically and programmatically sound information, and should include (but not be limited to) practices, tools, technologies and drugs in screening, diagnosis, treatment, care and support as well as data collection, reporting, record keeping and maintenance of confidentiality. There should be some focus placed on considerations for key sub-populations such as immune suppressed healthcare workers.

It is of great advantage if national or provincial departments of health and labour are consulted in the development of these implementation guidelines.

The proposal should include objectives of the envisaged screening program and its outcomes. It should also include the service delivery platform and resources necessary for its effective implementation. It will also be of great advantage if the proposal could include cost estimates of running this service at least a clinic or cluster of clinics and district, regional and tertiary hospitals.

The proposal must detail:

- Strategy and methodology for industry and sector analysis.
- Strategy and methodology analysis for laws, regulations, policies, guidelines, codes of practice, reports, literature, **case studies** etc. both locally and internationally.
- Strategy and methodology for stakeholder and interested parties consultation.
- Strategy and methodology for on-site programmatic evaluation of a minimum of 5 selected healthcare facilities across the country that provide full medical surveillance programs that include TB screening for staff.

- Strategy and methodology for on-site programmatic evaluation of a minimum of 5 selected healthcare facilities across the country that provide some form medical surveillance programs that include or don't include TB screening for staff.
- Strategy and methodology for on-site evaluation of a minimum of 5 selected healthcare facilities across the country that do provide any form medical surveillance programs for staff.
- Strategy and methodology for interviewing healthcare workers and managers in the above selected health facilities
- A comprehensive project management and reporting plan (that include clear timelines, key milestones with specific, measureable deliverables and work-in-progress reporting)
- Applicable standard industry rates for consultants as per section 24 below.
- Where applicable, information of supplementary / other funding for separate component(s) of this proposal that is relevant and complementary to its objectives.
- Where applicable, number and description of consultation and other meetings/sessions, costs of venues for meetings/sessions, conference package and other cost related to these meetings/sessions
- An option of providing filming, where possible and with clear consent, of discussions and/or meetings with stakeholders and interested parties.

Lastly and in summary, tenderers must clearly indicate the following:

- Total cost (incl VAT)

Please list all extras:

- For e.g. video recording.

## 5 FUNCTIONAL EVALUATION CRITERIA

- 5.1 The evaluation of the functional/technical detail of the RFP will be based on the following criteria:

Criteria	Weight
<b>Company competence:</b> The company / institution are suitable, competent and have experience in providing this type of service with short timeframes for delivering high quality work.	15%
<b>Project planning:</b> the project is well-planned in terms of its work plan,	30%

listed deliverables, timelines and experienced, qualified team and/or project leader.	
<b>General work content:</b> The proposed project sufficiently details high quality, suitable content of the implementation guidelines that is responsive to this RFP. This must include clear programmatic, clinical and legally sound implementation steps for healthcare facilities. The cost estimates of strategies/programs presented for implementation at least at facility level are provided.	40%
<b>Work-in-progress and guideline submission:</b> The proposal includes a strategy for sharing achievement of project milestones with the CSIR, and where applicable other stakeholders, in written and presentation format, as well as a commitment to deliver the complete guideline on or before the 30 <sup>th</sup> of September 2019.	15%
<b>Total</b>	100

5.2 Proposals with functionality points of less than the pre-determined minimum overall percentage of **80%** will be eliminated from further evaluation.

5.3 Refer to **Annexure A** for the scoring sheet that will be used to evaluate functionality.

## 6 ELIMINATION CRITERIA

Proposals will be eliminated under the following conditions:

- Submission after the deadline;
- Proposals submitted at incorrect location;
- Proposed delivery of the complete guidelines dates fall after 30 September 2019;
- Proposed language of course not English;
- Tenderer not a public higher education institution registered in terms of the Higher Education Act (Act no. 101 of 1997); or
- Tenderer not a government agency whose mandate is to support the implementation of OH in the country or
- Private organisation with demonstrable experience and expertise in the field of OH or

- Non-governmental organisation with demonstrable experience and expertise in the field of OH.

The following mandatory documentation will be required before any negotiations will start with the potential winning bidder or before any contract / order will be awarded:

- Original valid Tax Clearance Certificate or Letter of Good standing issued by SARS (RSA suppliers only);
- Original or certified copy of B-BBEE certificate – where B-BBEE credentials were used as part of evaluation; (RSA suppliers only);
- Proof of company registration. (CK2 form) (RSA suppliers only).

## **7 NATIONAL TREASURY CENTRAL SUPPLIER DATABASE REGISTRATION**

Before any negotiations will start with the winning bidder it will be required from the winning bidder to:

- be registered on National Treasury's Central Supplier Database (CSD). Registrations can be completed online at: [www.csd.gov.za](http://www.csd.gov.za);
- provide the CSIR of their CSD registration number; and
- provide the CSIR with a certified copy of their B-BBEE certificate. If no certificate can be provided, no points will be scored during the evaluation process. (RSA suppliers only)
- provide the CSIR with original or certified copy of B-BBEE certificate – where B-BBEE credentials were used as part of evaluation; (RSA suppliers only);

## **SECTION B – TERMS AND CONDITIONS**

### **8 VENUE FOR PROPOSAL SUBMISSION**

All proposals must be submitted at:

- **CSIR GATE 03 - Main Reception Area** (in the **Tender box**) at the following address  
Council for Scientific and Industrial Research (CSIR)  
Meiring Naudé Road  
Brummeria  
Pretoria



## 9 TENDER PROGRAMME

The tender program, as currently envisaged, incorporates the following key dates:

- Issue of tender documents: Friday, 14 June 2019
- Closing / submission Date: Friday, 28 June 2019

## 10 SUBMISSION OF PROPOSALS

10.1 All proposals are to be sealed. No open proposals will be accepted.

10.2 All proposals are to be clearly marked with the RFP number and the name of the tenderer on the outside of the main package. Proposals must consist of two parts, each of which is placed in a separate sealed package clearly marked:

**PART 1:** Technical Proposal: **RFP No.: 3309/28/06/2019.**

**PART 2:** Pricing Proposal, B-BBEE and other Mandatory Documentation:

**RFP No.: 3309/28/06/2019.**

10.3 Proposals submitted by companies must be signed by a person or persons duly authorised.

10.4 The CSIR will award the contract to qualified tenderer(s)' whose proposal is determined to be the most advantageous to the CSIR, taking into consideration the technical (functional) solution, price and B-BBEE.

## 11 DEADLINE FOR SUBMISSION

Proposals shall be submitted at the address mentioned above no later than the closing date of **Friday, 28 June 2019** during CSIR's business hours. The CSIR business hours are between 08h00 and 16h30.

Where a proposal is not received by the CSIR by the due date and stipulated place, it will be regarded as a late tender. Late tenders will not be considered.

## 12 AWARDING OF TENDERS

12.1 Awarding of tenders will be published on the National Treasury e-tender portal or the CSIR's tender website. No regret letters will be sent out.

## 13 EVALUATION PROCESS

### 13.1 Evaluation of proposals

All proposals will be evaluated by an evaluation team for functionality, price and B-BBEE. Based on the results of the evaluation process and upon successful negotiations, the CSIR will approve the awarding of the contract to successful tenderers.

A two-phase evaluation process will be followed.

- The first phase includes evaluation of **elimination** and **functionality criteria**, local production and content.
- The second phase includes the evaluation of **price** and **B-BBEE** status.

Pricing Proposals will only be considered after functionality phase has been adjudicated and accepted. Only proposals that achieved the specified minimum qualification scores for functionality will be evaluated further using the preference points system.

### 13.2 Preference points system

*The **80/20** preference point system will be used where **80** points will be dedicated to price and **20** points to B-BBEE status.*

## 14 PRICING PROPOSAL

14.1 Pricing proposal must be cross-referenced to the sections in the Technical Proposal. Any options offered must be clearly labelled. Separate pricing must be provided for each option offered to ensure that pricing comparisons are clear and unambiguous.

14.2 Price needs to be provided in South African Rand (excl. VAT), with details on price elements that are subject to escalation and exchange rate fluctuations clearly indicated.

14.3 Price should include additional cost elements such as freight, insurance until acceptance, duty where applicable.

14.4 Only firm prices\* will be accepted during the tender validity period. Non-firm prices\*\* (including prices subject to rates of exchange variations) will not be considered.

*\*Firm price is the price that is only subject to adjustments in accordance with the actual increase or decrease resulting from the change, imposition, or abolition of customs or excise duty and any other duty, levy, or tax which, in terms of a law or regulation is binding on the contractor and demonstrably has an influence on the price of any supplies, or the rendering costs of any service, for the execution of the contract;*

*\*\*Non-firm price is all prices other than "firm" prices.*

14.5 Payment will be according to the CSIR Payment Terms and Conditions.

## **15 VALIDITY PERIOD OF PROPOSAL**

Each **proposal** shall be valid for a minimum period of three (3) months calculated from the closing date.

## **16 APPOINTMENT OF SERVICE PROVIDER**

16.1 The contract will be awarded to the tenderer who scores the highest total number of points during the evaluation process, except where the law permits otherwise.

16.2 Appointment as a successful service provider shall be subject to the parties agreeing to mutually acceptable contractual terms and conditions. In the event of the parties failing to reach such agreement CSIR reserves the right to appoint an alternative supplier.

16.3 Awarding of contracts will be announced on the National Treasury website and no regret letters will be sent to unsuccessful bidders.

## **17 ENQUIRIES AND CONTACT WITH THE CSIR**

Any enquiry regarding this RFP shall be submitted in writing to CSIR at [tender@csir.co.za](mailto:tender@csir.co.za) with "**RFP No 3309/28/06/2019 - The Development of Implementation Guidelines for Tuberculosis Screening among Healthcare Workers in South Africa**" as the subject.

Any other contact with CSIR personnel involved in this tender is not permitted during the RFP process other than as required through existing service arrangements or as requested by the CSIR as part of the RFP process.

## **18 MEDIUM OF COMMUNICATION**

All documentation submitted in response to this RFP must be in English.

## **19 COST OF PROPOSAL**

Tenderers are expected to fully acquaint themselves with the conditions, requirements and specifications of this RFP before submitting proposals. Each tenderer assumes all risks for resource commitment and expenses, direct or indirect, of proposal preparation and participation throughout the RFP process. The CSIR is not responsible directly or indirectly for any costs incurred by tenderers.

## **20 CORRECTNESS OF RESPONSES**

20.1 The tenderer must confirm satisfaction regarding the correctness and validity of their proposal and that all prices and rates quoted cover all the work/items specified in the RFP. The prices and rates quoted must cover all obligations under any resulting contract.

20.2 The tenderer accepts that any mistakes regarding prices and calculations will be at their own risk.

## **21 VERIFICATION OF DOCUMENTS**

21.1 Tenderers should check the numbers of the pages to satisfy themselves that none are missing or duplicated. No liability will be accepted by the CSIR in regard to anything arising from the fact that pages are missing or duplicated.

21.2 *One hard copy and one electronic copy (USB flash drive only)* of each proposal must be submitted. In the event of a contradiction between the submitted copies, the hard copy shall take precedence.

- 21.3 Pricing schedule and B-BBEE credentials should be submitted with the proposal, but as a separate document and no such information should be available in the technical proposal.
- 21.4 If a courier service company is being used for delivery of the proposal document, the RFP description must be endorsed on the delivery note/courier packaging to ensure that documents are delivered to the tender box, by the stipulated due date.

## **22 SUB-CONTRACTING**

- 22.1 A tenderer will not be awarded points for B-BBEE status level if it is indicated in the tender documents that such a tenderer intends sub-contracting more than **25%** of the value of the contract to any other enterprise that does not qualify for at least the points that such a tenderer qualifies for, unless the intended sub-contractor is an exempted micro enterprise that has the capability and ability to execute the sub-contract.
- 22.2 A tenderer awarded a contract may not sub-contract more than **25%** of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an exempted micro enterprise that has the capability and ability to execute the sub-contract.

## **23 ENGAGEMENT OF CONSULTANTS**

The consultants will only be remunerated at the rates:

- 23.1 Determined in the "Guideline for fees", issued by the South African Institute of Chartered Accountants (SAICA); or
- 23.2 Set out in the "Guide on Hourly Fee Rates for Consultants", by the Department of Public Service and Administration (DPSA); or
- 23.3 Prescribed by the body - regulating the profession of the consultant.

## **24 TRAVEL EXPENSES**

- 24.1 All travel expenses for the CSIR's account, be it directly via the CSIR's travel agent or indirectly via re-imburements, must be in line with the CSIR's travel policy. The following will apply:
- 24.1.1 Only economy class tickets will be used.
- 24.1.2 A maximum of R1300 per night for accommodation, dinner, breakfast and parking will be allowed.

24.1.3 No car rentals of more than a Group B will be accommodated.

## **25 ADDITIONAL TERMS AND CONDITIONS**

25.1 A tenderer shall not assume that information and/or documents supplied to CSIR, at any time prior to this request, are still available to CSIR, and shall consequently not make any reference to such information document in its response to this request.

25.2 Copies of any affiliations, memberships and/or accreditations that support your submission must be included in the tender.

25.3 In case of proposal from a joint venture, the following must be submitted together with the proposal:

- Joint venture Agreement including split of work signed by both parties;
- The original or certified copy of the B-BBEE certificate of the joint venture;
- The Tax Clearance Certificate of each joint venture member;
- Proof of ownership/shareholder certificates/copies; and
- Company registration certificates.

25.4 An omission to disclose material information, a factual inaccuracy, and/or a misrepresentation of fact may result in the disqualification of a tender, or cancellation of any subsequent contract.

25.5 Failure to comply with any of the terms and conditions as set out in this document will invalidate the Proposal.

## **26 CSIR RESERVES THE RIGHT TO**

26.1 Extend the closing date;

26.2 Verify any information contained in a proposal;

26.3 Request documentary proof regarding any tendering issue;

26.4 Give preference to locally manufactured goods;

26.5 Appoint one or more service providers, separately or jointly (whether or not they submitted a joint proposal);

26.6 Award this RFP as a whole or in part;

26.7 Cancel or withdraw this RFP as a whole or in part.

## **27 DISCLAIMER**

This RFP is a request for proposals only and not an offer document. Answers to this RFP must not be construed as acceptance of an offer or imply the existence of a contract between the parties. By submission of its proposal, tenderers shall be deemed to have satisfied themselves with and to have accepted all Terms & Conditions of this RFP. The CSIR makes no representation, warranty, assurance, guarantee or endorsements to tenderer concerning the RFP, whether with regard to its accuracy, completeness or otherwise and the CSIR shall have no liability towards the tenderer or any other party in connection therewith.

**28 DECLARATION BY TENDERER**

**Only tenderers who completed the declaration below will be considered for evaluation.**

**RFP No: 3309/28/06/2019.**

I hereby undertake to render services described in the attached tendering documents to CSIR in accordance with the requirements and task directives / proposal specifications stipulated in RFP No.3309/28/06/2019 at the price/s quoted. My offer/s remains binding upon me and open for acceptance by the CSIR during the validity period indicated and calculated from the closing date of the proposal.

I confirm that I am satisfied with regards to the correctness and validity of my proposal; that the price(s) and rate(s) quoted cover all the services specified in the proposal documents; that the price(s) and rate(s) cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations will be at my own risk.

I accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this proposal as the principal liable for the due fulfilment of this proposal.

I declare that I have no participation in any collusive practices with any tenderer or any other person regarding this or any other proposal.

I accept that the CSIR may take appropriate actions, deemed necessary, should there be a conflict of interest or if this declaration proves to be false.

I confirm that I am duly authorised to sign this proposal.

NAME (PRINT) .....  
CAPACITY .....  
SIGNATURE .....  
NAME OF FIRM .....  
DATE .....

WITNESSES	
1	.....
2	.....
DATE: .....	



**29 ANNEXURE A. SCORING SHEET TO EVALUATE FUNCTIONALITY**

29.1 The evaluation of the functional / technical detail of the proposal will be based on the following criteria:

<b>1. Company competence:</b>						
<b>Category Weighting</b>	<b>Criteria</b>	<b>Criteria Weighting</b>	<b>Sub-Criteria</b>	<b>Description</b>	<b>Value</b>	<b>Score</b>
15%	Competency and experience	100%	Evidence of prior experience in providing this type of service within short timeframes for delivering high quality work. (minimum score: 10)	Evidence provided and appropriate.	10	
				Evidence not provided or not appropriate.	0	

<b>2. Project Planning:</b>						
<b>Category Weighting</b>	<b>Criteria</b>	<b>Criteria Weighting</b>	<b>Sub-Criteria</b>	<b>Description</b>	<b>Value</b>	<b>Score</b>
30%	Project planning	10%	Work plan in general	The project is well-planned in terms of its work plan.	10	
				The work plan is poorly described	0	
		20%	Clear listed deliverables	The project is well-planned in terms of its deliverables. Listed deliverable are responsive to objectives of this RFP	10	
				Deliverables are not-responsive to objectives of this RFP or poorly described.	0	
		20%	Timelines	The project is well-planned in terms of its timelines. The proposal shows ability to deliver the objectives of this RFP on time.	10	
				The project timelines show inability to deliver on the objectives of this RFP on time or poorly described.	0	
		40%	Competent team	The project has an experienced, qualified team and/or project leader. CVs of key team members and company profile provided	10	
				Experience and qualifications are unsuitable or poorly described.	0	
		10%	Filming of consultations	Option provided and separately costed, including a commitment to obtain consent from participants	10	
				Option not provided.	0	

<b>3. General work content:</b>						
<b>Category Weighting</b>	<b>Criteria</b>	<b>Criteria Weighting</b>	<b>Sub-Criteria</b>	<b>Description</b>	<b>Value</b>	<b>Score</b>
40%	Work content	50%	The proposed project sufficiently details high quality, suitable content of the implementation guidelines that is responsive to this RFP.	In general, the proposal sufficiently details high quality, suitable content of the implementation guidelines that is responsive to this RFP.	10	
				The general content of the proposal is of poor quality and/or has insufficient detail and/or irrelevant to the objectives of the RFP	0	
		40%	The proposal includes clear programmatic, clinical and legally sound implementation steps for healthcare facilities.	The proposal includes clear implementation steps for healthcare facilities.	10	
				Implementation steps not included or poorly described	0	
		10%	The cost estimates of strategies/programs presented for implementation at least at facility level are provided.	Cost estimates included and clearly described.	10	
				Cost estimates excluded or poorly described.	0	

**4. Work-in-progress reporting and complete guideline submission:**

<b>Category Weighting</b>	<b>Criteria</b>	<b>Criteria Weighting</b>	<b>Sub-Criteria</b>	<b>Description</b>	<b>Value</b>	<b>Score</b>
15%	Work-in-progress and guideline submission:	100%	The proposal includes a strategy for sharing achievement of project milestones with the CSIR, and where applicable other stakeholders, in written and presentation format, as well as a commitment to deliver the complete guideline on or before the 30 <sup>th</sup> of September 2019.	Strategy for work-in-progress reporting is described and is realistic. Clear commitment is given to deliver the completed guideline document on or before the 30 <sup>th</sup> of September 2019.	10	
				Failed to provide plausible work-in-progress reporting and/or failed to give a commitment to deliver the completed guideline document on or before the 30 <sup>th</sup> of September 2019.	0	