

# Terms of reference (ToRs) for the procurement of services below the EU threshold

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**Ensuring the development of a streamlined procurement approach to health emergencies** **Project number: 21.2258.8-001.00**

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## **0. List of abbreviations**

AfPPM	African Pooled Procurement Mechanism
AVB	General Terms and Conditions of Contract for supplying services and work
CPPM	Centralized Pooled Procurement Mechanism
EACPPM	EAC pooled procurement mechanisms
ToRs	Terms of reference
GTCC	General Terms and Conditions of Contract (AVB) for supplying services and work 2022
BMZ	German Federal Ministry for Economic Cooperation and Development
DoH	Department of Health
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
NHI	National Health Insurance
SAVax	Vaccines for Africa - Rollout and Production in South Africa
SOPs	Standard Operating Procedures
SPPS	SADC Pharmaceutical Procurement Services
ToR/s	Terms of Reference
VPMO	Vaccination Programme Management Office
WHO	World Health Organisation

## 1. Context

SAVax - "Vaccines for Africa – Vaccinations, Pandemic Preparedness and Production in South Africa (SAVax)" is a partnership programme agreed to between the Governments of Germany and South Africa. It is a technical cooperation programme co-steered at national level in a partnership between the Department of Health (DoH) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). GIZ is responsible for the implementation of the development contributions on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ).

SAVax aims to facilitate improved access to high quality vaccines for all people living in South Africa. The project has two components: support to pandemic preparedness and mainstreaming of adult vaccinations and local production of vaccines for Africa in South Africa. SAVax provides technical support for these components and in the areas of policy analysis, development and analysis, organisational and delivery capacity as well as programmatic design and systems and processes to strengthen capability.

This assignment seeks to assess if and how emergency procurement, during times of outbreaks, pandemics and disasters, can be streamlined, timelines optimised, with assigned, clear roles and responsibilities and with no compromise to the integrity and transparency of the procurement system nor the health system within the South African context.

The COVID-19 pandemic triggered the need for emergency procurement and at the same time exposed the vulnerabilities of the procurement system. Emergency procurement, as was demonstrated during the pandemic, presents opportunities for corruption including price inflation. The then Auditor-General Kimi Makwetu stated that "easing controls and streamlining processes to respond to the COVID-19 crisis may "unintentionally expose government to the risk of rampant misuse and abuse of public resources". Globally the World Health Organisation estimates that between 10- and 25 percent of global health procurement (estimated at \$5 trillion per year) is lost to corruption. In South Africa, Statistics South Africa data released last year from the 2017/18 financial year showed health was "the second biggest expenditure item for provincial governments, taking up 32% (R177 billion) of total spending". And with billions spent annually health departments, the Auditor-General has continuously flagged poor financial controls as major concerns in provincial health departments. (<https://www.spotlightnsp.co.za/2020/06/19/covid-19-r500bn-and-the-case-for-procurement-reform/> Spotlight, 19 June 2020). There are key lessons learnt, including the need for greater transparency, safeguards/controls and oversight in regards of public procurement.

In consideration of this context, this assignment will aim to optimise the system and process of emergency procurement whilst ensuring the system maintains integrity and is not compromised through corrupt acts. An emergency is an urgent situation requiring immediate action. Emergency procurement broadly refers to the procuring of health-related services, goods and equipment in the case of an outbreak, pandemic or disaster.

The public service procurement system is governed by a legislative framework. This piece of work does not intend to amend legislation, rather it will propose recommendations that consider how and what can be amended to achieve greater efficiency and effectiveness in procurement during times of emergency. A key focus will be on how to improve the system of emergency procurement as it relates to the overall governance arrangements inter-governmental coordination and communication, institutional arrangements, delegations, decision making processes, reporting etc. The emergency procurement scope will include the following:

- vaccines/medicines that are pre-approved by SAPHRA.

- the procurement of services including for example, the contracting of health professionals and/or private sector to deliver services in times of emergency. Furthermore, any other services that will be vital to responding to and effectively managing a health emergency and/or pandemic.

The second part of this assignment will focus on conducting research and building a case for pandemic preparedness investment. The key research question will consider the cost of investing (or not) in pandemic preparedness (including outbreaks and disasters). There are numerous studies available for analysis that consider this question. Some of these study results point to pandemic preparedness as a highly cost-effective investment for protecting both health and economic well-being. They find that the number of deaths averted by investments in pandemic preparedness average between 49 and 124 per 100,000 population, depending on the country. Should a COVID-like pandemic strike the US in the next decade, they estimate that for every dollar spent on pandemic preparedness, the expected health gain in averted deaths would be \$1,703 and the expected economic gain in averted GDP loss would be \$1,102 (Center for Global Development <https://www.cgdev.org> ). The research should consider the most cost-effective interventions for preparedness and provide a ranking system for these. This will enable the NDoH to prioritise key interventions and provide a case on which to build funding requests and engagements.

The third part of this assignment will focus on pooled procurement. Pooled procurement, as defined by the WHO, involves combining financial and other resources from different purchasing authorities to procure health products collectively. This pooling of resources enables buyers to enhance their bargaining power by aggregating demand and fosters efficiency gains through the sharing of human and technical resources. Pooled procurement serves various objectives, including price reduction through demand aggregation, improvement of procurement efficiency and quality standards, ensuring availability and sustainability of supplies by incentivizing suppliers, and expediting access to drugs by streamlining regulatory processes. Different pooled procurement models vary in coordination levels, from basic information sharing to centralized procurement bodies. These arrangements can be implemented within a single country or across borders and can involve diverse organizational structures such as collaboration agreements, group purchasing organizations, or fully integrated supply chain operations.

Currently, there are many initiatives on the continent for pooled procurement at different stages of functionality such as the African Pooled Procurement Mechanism (AfPPM), Centralized Pooled Procurement Mechanism (CPPM) - AfCFTA-anchored Pharmaceutical Initiative, SADC Pharmaceutical Procurement Services (SPPS) and EAC pooled procurement mechanisms (EACPPM). These ongoing pooled procurement initiatives aim to improve access to quality and affordable health product technologies and promote the localisation of manufacturing.

An assessment will be undertaken to identify the legal, policy, budgetary, and operational requirements for South Africa to effectively participate in a pooled procurement mechanism for health products. The consultant will undertake research, analysis, and propose recommendations to inform strategic decision-making and policy formulation.

The objective of this assignment is to ensure that in times of health emergencies, systems and processes are in place to manage and respond with speed when procuring goods and services. Secondly, this assignment seeks to undertake research to inform policy development and implementation in relation to pandemic preparedness mechanisms and tools.

## **2. Tasks to be performed by the contractor**

The contractor is responsible for providing the following services:

### **WORK PACKAGE ONE**

- Outline the regulatory framework under which emergency procurement is governed. This will set the scope and working framework for further review, assessment and analysis of how to improve the overall emergency procurement system and framework. Provide an overarching working definition of emergency procurement, guided by the regulatory frameworks. Facilitate and build consensus, with key stakeholders, as to the starting point of this work.
- Desktop literature review and assessment of challenges/pitfalls in emergency procurement and opportunities for improvement. The review and assessment will consider the overall system including a typical cycle to initiate a request, ensuring the request follows the correct workflow process, the request approval procedure, how and who manages the system, processes and procedures and how/who implements the emergency procurement. The literature review will consider good practice in South Africa and/or a profile of 2-3 similar countries.
- Based on the literature review and assessment, undertake qualitative research to establish a situational analysis i.e. what happened during the COVID-19 pandemic, what has been improved/changed based on this, what is the current approach and what are the opportunities to optimise and improve further. The research will consider both the national and provincial spheres of government including the Departments of Health and National/Provincial Treasury. The Gauteng province will form part of this assignment. Recommendations for improvement will form part of the research report. A cross-sectoral working group will be set up to support the research and analysis and to review the findings of the qualitative research and make inputs on the recommendations.
- Prepare a set of recommendations to the NDoH, on how the system and framework of emergency procurement can be streamlined and improved. This could take the form of a policy briefing paper that will serve as a basis for further engagement between key national government stakeholders, most specifically NT and Gauteng province. Following the finalisation of the policy briefing paper, a SOP, ideally it should be approved by NT, should be developed that outlines the emergency procurement process thereby providing assurance to procurement officials thus avoiding delays in an emergency.
- Undertake the development of a detailed guideline outlining key improvement interventions in the Gauteng Province. The guideline structure and chapters will be jointly agreed upon between the province, NDoH, NT, the service provider, and GIZ. Key elements to include are legislative/regulatory frameworks, what constitutes emergency procurement, starting point for emergency procurement (i.e. what activates emergency procurement e.g. a cholera or Hepatitis A outbreak), key role players in the emergency procurement system, their roles and responsibilities, workflow, reporting and communication processes, overall system design etc. The guideline should be developed in such a way that it can be customised by other provinces, for their use.
- Provide institutional development support to the Gauteng Province to operationalise the emergency procurement system, include a simulated request for emergency procurement to test the process, learn from this and improve the guideline.
- Finalise the guideline and present to the NDoH and cross-sectoral working group for final sign off. Ensure the guideline is well designed and formatted and easy to use and reference.

### **WORK PACKAGE TWO**

- Prepare a working understanding of what investment in pandemic preparedness means for purposes of this study. For example, this could cover specific sectors, financing mechanisms, institutional arrangements, etc. Facilitate consensus amongst all key stakeholders on this understanding to finalise the scope of the literature review and methodologies/tools to use for the assessment. These studies will cover implications relating to several sectors including social, economic and health implications. The output of this work will be a policy briefing paper for the NDoH. This can then be used for further engagements with NT on budget deliberations.
- Undertake a literature review of studies on the cost of investing or not investing in pandemic preparedness. These studies could be international, country specific or local to South Africa. The studies should however be comparable to the profile of South Africa.
- Research and highlight what interventions are highly cost effective for pandemic preparedness. Develop criterion to rank and conduct a ranking exercise. This will further serve for engagement with NT and will feed into the overall policy briefing paper.
- Assess the key outcomes and recommendations from these studies and initiate a process to develop a policy briefing paper.
- Review literature and interview key role players and stakeholders (public and private sectors and civil society) to assess the impact of the COVID-19 pandemic lockdown and other pandemic related interventions to assess the overall economic, social and health impacts of these. At the same time initiate a study into current investment in pandemic preparedness both in the public and private sector and civil society. The private sector and civil society should be engaged as collectives.
- Based on the research, extrapolate scenarios regarding the level of investment and what the resultant implications could be, both from an institutional and funding perspective.
- Finalise all the working studies and papers and prepare the draft final policy briefing paper.
- Present the final policy briefing paper to NDoH and any other key stakeholders/role players in an interactive setting.
- Based on feedback and inputs, finalise the final policy briefing paper.

### **WORK PACKAGE THREE**

- Conduct a review of existing legislation, regulations, and policies related to health product procurement in South Africa
- Identify legal barriers and regulatory constraints that may impede participation in a pooled procurement mechanism.
- Engage with key stakeholders including government departments, health experts, procurement specialists, and representatives from private sector, civil society and international organisations to gather insights and perspectives.
- Explore potential funding sources and financing mechanisms to cover any initial investment or operational costs associated with joining the pooled procurement mechanism.
- Conduct a financial analysis to determine the budgetary implications of joining a pooled procurement mechanism. Evaluate potential cost savings and revenue sources.
- Based on the research findings and stakeholder input, develop a comprehensive set of recommendations outlining the legal changes, policy adjustments, budget reallocations, and other necessary steps for South Africa to successfully participate in a pooled procurement mechanism.
- Develop a set of actionable policy recommendations and implementation strategies tailored to the South African context.
- Prioritise recommendations based on their potential impact, feasibility, and alignment with national health and economic development priorities and objectives.

- Present the strategic roadmap and policy recommendations to key decision-makers and stakeholders.
- Finalise the policy briefing paper and implementation guideline.

Certain milestones, as laid out in the table below, are to be achieved during the contract term:

<b>Milestones/process steps/partial services</b>	<b>Deadline</b>
<p><b>WORK PACKAGE ONE</b> Inception meeting held and inception report with project plan is available.</p>	By mid-November 2024
Regulatory report is available. Meeting to agree on parameters for work package one is held, and updated project plan is available.	By end of November 2024
<p>Literature review analysis and assessment report available. Situational analysis including the impact of the COVID-19 pandemic available. Synthesised report available and inter-sectoral working group established and minutes of meeting available.</p>	By end of December 2024
<p>Set of recommendations and/or policy briefing paper finalised and available. SoP developed and available.</p>	By mid-February 2025
<p>Test the emergency optimisation process (including the SoP) in Gauteng Province, make improvements and develop a guideline for upscaling with other provinces. Final presentation of the guideline.</p>	By mid-June 2025
<p><b>WORK PACKAGE TWO</b> Working definition of investment in pandemic preparedness, literature review and ranking of interventions completed. Process to develop a policy briefing paper underway.</p>	By mid-December 2024
Assess the specific impact of the COVID-19 pandemic, current levels of investment in pandemic preparedness and conduct stakeholder consultations. Extrapolate scenarios.	By end February 2025
Presentation of final draft briefing paper and based on feedback, final briefing paper document available	By mid-April 2025

<b>WORK PACKAGE 3</b> Legislative, regulatory and policy review document finalised.	By mid-December 2024
Engage with all key stakeholders and produce a stakeholder perspectives document.	By mid-March 2025
The financial analysis and business case documents are available.	By end March 2025
Develop a set of recommendations that are prioritised and actionable.	By mid-May 2025
Present final set of recommendations to key decision makers.	By mid-June 2025
Project close out meeting and report	By end June 2025

Period of assignment: from 1 November 2024-30 June 2025.

### 3. Concept

In the tender, the tenderer is required to show *how* the objectives defined in Chapter 2 (Tasks to be performed) are to be achieved, if applicable under consideration of further method-related requirements (technical-methodological concept). In addition, the tenderer must describe the project management system for service provision.

Note: The numbers in parentheses correspond to the lines of the technical assessment grid.

#### Technical-methodological concept

**Strategy (1.1):** The tenderer is required to consider the tasks to be performed with reference to the objectives of the services put out to tender (see Chapter 1 Context) (1.1.1).

The tenderer is required to present the actors relevant for the services for which it is responsible and describe the **cooperation (1.2)** with them.

The tenderer is required to present and explain its approach to **steering** the measures with the project partners (1.3.1).

The tenderer is required to describe the key **processes** for the services for which it is responsible and create an **operational plan** or schedule (1.4.1) that describes how the services according to Chapter 2 (Tasks to be performed by the contractor) are to be provided.



## **Project management of the contractor (1.6)**

The tenderer is required to explain its approach for **coordination with the GIZ project**. In particular, the project management requirements specified in Chapter 2 (Tasks to be performed by the contractor) must be explained in detail.

The tenderer is required to draw up a **personnel assignment plan** with explanatory notes that lists all the experts proposed in the tender; the plan includes information on assignment dates (duration and expert days) and locations of the individual members of the team complete with the allocation of work steps as set out in the schedule.

## **4. Personnel concept**

The tenderer is required to provide personnel who are suited to filling the positions described, on the basis of their CVs, the range of tasks involved and the required qualifications.

The below specified qualifications represent the requirements to reach the maximum number of points in the technical assessment.

### **Team leader**

#### Tasks of the team leader

- Overall responsibility for the advisory packages of the contractor (quality and deadlines)
- Coordinating and ensuring communication with GIZ, partners and others involved in the project
- Personnel management, planning and steering assignments and supporting the local experts
- Regular reporting in accordance with deadlines
- Ensuring the coherence and complementarity of the contractor's services with other services delivered by the project at local and national level
- Taking cross-cutting themes into consideration (for example, gender equality)
- Ensuring that monitoring procedures are carried out
- Responsibility for checking the use of funds and financial planning in consultation with the officer responsible for the commission at GIZ

#### Qualifications of the team leader

- Education/training (2.1.1): University degree (Master's) in public health, public and development management, business administration, economics or related field
- Languages (2.1.2): English C1-level language proficiency
- General professional experience (2.1.3): 8 years of professional experience in consulting with the public sector
- Specific professional experience (2.1.4): 5 years of professional experience implementing projects to strengthen organisational systems and processes for public health service delivery, governance and management.
- Leadership/management experience (2.1.5): 5 years of management/leadership experience as project team leader or manager in a company
- Regional experience (2.1.6): Not applicable
- Development cooperation (DC) experience (2.1.7): 2 years of experience working in DC projects
- Other (2.1.8): Not applicable

## **Key expert 1 – Health Economics & Financing**

### Tasks of key expert 1

- Provide expert advisory services on all issues related to health economics and financing including legislative and regulatory frameworks, policy frameworks as well as operations, systems and processes
- Play a role in delivering on work packages 1, 2 and 3 including the research, assessments and situational analysis.
- Report writing and recommendations including the policy briefing papers
- Support the design of the guideline.

### Qualifications of key expert 1

- Education/training (2.2.1): University degree (Master's) in economics, public finance, or some related field
- Languages (2.2.2): English C1-level language proficiency
- General professional experience (2.2.3): 7 years of professional experience working in or with the public health sector in health policy, health economics, research or development financing
- Specific professional experience (2.2.4): 5 years of professional experience in working with public health economics and/or financing
- Leadership/management experience (2.2.5): Not applicable
- Regional experience (2.2.6): Not applicable
- Development cooperation (DC) experience (2.2.7): Not applicable
- Other (2.2.8): Not applicable

## **Key expert 2 – Public Health Specialist**

### Tasks of key expert 2

- Provide expert advisory services on all issues related to the public health system
- Support the situational analysis
- Report writing and recommendations
- Support the design of the guideline
- Support to the design and delivery of the capacity development workshops

### Qualifications of key expert 2

- Education/training (2.3.1): Degree in medicine or post graduate degree in health sciences or related fields
- Languages (2.3.2): English C1-level language proficiency
- General professional experience (2.3.3): 4 years of professional experience working in or with the public health sector on service delivery/ facility improvement and/or planning and budgeting
- Specific professional experience (2.3.4): Not applicable
- Leadership/management experience (2.3.5): Not applicable
- Regional experience (2.3.6): Not applicable
- Development cooperation (DC) experience (2.3.7): Not applicable
- Other (2.3.8): Not applicable

## **Expert 3: Supply Chain Management (SCM) and Procurement Expert**

### Tasks of expert 3

- Lead all activities related to SCM and procurement including conducting research, research and policy analysis etc.

- Lead the development of all reports, documents and policy briefs (writing, quality assurance, integration with other areas etc.) focused on SCM and procurement including the development of recommendations.
- Provide input into the content development for the capacity development workshops and the guideline.

#### Qualifications of expert 3

- Education/training (2.4.1): University degree in commerce, finance, business management or some related field
- Languages (2.4.2): English C1-level language proficiency
- General professional experience (2.4.3): 8 years of professional experience in SCM, procurement and public finance
- Specific professional experience (2.4.4): 2 years of providing services for the public health sector, in a, Supply Chain Management, or business and finance management related field.
- Leadership/management experience (2.4.5): Not applicable
- Regional experience (2.4.6): Not applicable
- Development cooperation (DC) experience (2.4.7): Not applicable
- Other (2.4.8): Not applicable

#### **Expert 4: Organisational Development (OD) & Capacity Development Expert**

##### Tasks of expert 4

- Provide expert advisory services on all issues related to organisational development and capacity development. Some experience in the introduction of new models and/or re-organising workflow systems and processes will be an added advantage
- Support the mapping and analysis of the emergency procurement system and process in Gauteng Province including the engagement of all key stakeholders. Design an optimised emergency procurement system and process
- Provide input into the recommendations and policy briefing paper on emergency procurement.
- Support the Gauteng Province to test the proposed optimised emergency procurement system.
- Report writing and recommendations
- Support to the design and delivery of the capacity development workshops

##### Qualifications of expert 4

- Education/training (2.5.1): University postgraduate degree in public health, public and development management or social sciences
- Languages (2.5.2): English C1-level language proficiency
- General professional experience (2.5.3): 6 years of professional experience in organisational and institutional development
- Specific professional experience (2.5.4): 3 years of specific organisational development experience in the public sector
- Leadership/management experience (2.5.5): Not applicable
- Regional experience (2.5.6): Not applicable
- Development cooperation (DC) experience (2.5.7): Not applicable
- Other (2.5.8): Not applicable

### Soft skills of team members

In addition to their specialist qualifications, the following qualifications are required of team members:

- Team skills
- Initiative
- Communication skills
- Socio-cultural skills
- Efficient, partner- and client-focused working methods
- Interdisciplinary thinking

## 5. Costing requirements

### Assignment of personnel and travel expenses

Per-diem and overnight accommodation allowances are reimbursed as a lump sum up to the maximum amounts permissible under tax law for each country as set out in the country table in the circular from the German Federal Ministry of Finance on travel expense remuneration (downloadable at <https://www.bundesfinanzministerium.de>).

Accommodation costs which exceed this up to a reasonable amount and the cost of flights and other main forms of transport can be reimbursed against evidence

All business travel must be agreed in advance by the officer responsible for the project.

### Sustainability aspects for travel

GIZ would like to reduce greenhouse gas emissions (CO<sub>2</sub> emissions) caused by travel. When preparing your tender, please incorporate options for reducing emissions, such as selecting the lowest-emission booking class (economy) and using means of transport, airlines and flight routes with a higher CO<sub>2</sub> efficiency. For short distances, travel by train (second class) or e-mobility should be the preferred option.

If they cannot be avoided, CO<sub>2</sub> emissions caused by air travel should be offset. GIZ specifies a budget for this, through which the carbon offsets can be settled against evidence.

There are many different providers in the market for emissions certificates, and they have different climate impact ambitions. The [Development and Climate Alliance \(German only\)](#) has published a [list of standards \(German only\)](#). GIZ recommends using the standards specified there.

### Specification of inputs

Fee days	Number of experts	Number of days per expert	Total	Comments
Designation of TL	1	39	39	
Designation of key expert 1	1	45	45	
Designation of key expert 2	1	31	31	

Designation of key expert 3	1	30	30	
Designation of key expert 4	1	30	30	
<b>Travel expenses</b>	<b>Quantity</b>	<b>Price in ZAR</b>	<b>Total in ZAR</b>	<b>Comments</b>
Per-diem allowance in country of assignment	20			maximum rate at ZAR 340,00
Overnight allowance in country of assignment	20			maximum rate at ZAR 2.000,00
<b>Transport</b>	<b>Quantity</b>	<b>Price in ZAR</b>	<b>Total in ZAR</b>	<b>Comments</b>
Domestic flights	20			Return economy flights within South Africa during implementation of the assignment
CO <sub>2</sub> compensation for air travel	1	79.540,00	79.540,00	A fixed budget of ZAR 79.540,00 is earmarked for settling carbon offsets against evidence (based on return air ticket).
Travel expenses (train, car) <ul style="list-style-type: none"> <li>• Car (kms)</li> <li>•</li> </ul>	1			Travel within the country of assignment by use of private car;  This cost will be paid upon proof of implementation of the trip;  All travels must be agreed upon in advance with the GIZ project management
<b>Other costs</b>	<b>Number</b>	<b>Price in ZAR</b>	<b>Total in ZAR</b>	<b>Comments</b>
<i>Flexible remuneration</i>	1	198.000,00	198.000,00	There is a fixed budget as flexible remuneration item, which is already included in the price schedule and could be used for additional costs by existing cost positions after email confirmation of the project management (AV) of GIZ. This budget will be invoiced against proof of implementation.

### Workshops and training

The contractor implements the following workshops:

- 2 workshops with a maximum of 35 participants per workshop

- Workshop to review and garner input on the research paper considering the cost of not investing in pandemic preparedness
- Presentation of strategic roadmap and policy recommendations on pooled procurement mechanisms to a multi stakeholder workshop

The costs for the logistics and the implementation of the 2 workshops will be borne by the GIZ project. No costs have to be included in the price offer.

## 6. Inputs of GIZ or other actors

GIZ and/or other actors are expected to make the following available:

- Logistics for workshops:

## 7. Requirements on the format of the tender

The structure of the tender must correspond to the structure of the ToRs. In particular, the detailed structure of the concept (Chapter 3) should be organised in accordance with the positively weighted criteria in the assessment grid (not with zero). The tender must be legible (font size 11 or larger) and clearly formulated. It must be drawn up in English.

The complete tender must not exceed 10 pages (excluding CVs). If one of the maximum page lengths is exceeded, the content appearing after the cut-off point will not be included in the assessment. External content (e.g. links to websites) will also not be considered.

The CVs of the personnel proposed in accordance with Chapter 4 of the ToRs must be submitted using the format specified in the terms and conditions for application. The CVs shall not exceed 4 pages each. They must clearly show the position and job the proposed person held in the reference project and for how long. The CVs must be submitted in English.

Please calculate your financial tender based exactly on the parameters specified in Chapter 5 Quantitative requirements. The contractor is not contractually entitled to use up the days, trips, workshops or budgets in full. The number of days, trips and workshops and the budgets will be contractually agreed as maximum limits. The specifications for pricing are defined in the price schedule.

## 8. Additional Requirements

- Please submit your proposal (technical and price proposal) in separate files/folder to [ZA\\_Quotation@giz.de](mailto:ZA_Quotation@giz.de) no later than **30<sup>th</sup> September 2024** all documents must be in PDF.
- **Submission to any other email address may invalidate your bid.**
- Please do not mention any price for this measure on your cover letter/Technical proposal.
- Please submit your tax clearance certificate with the bidding documents.
- Please submit your price proposal in **ZAR**.
- Our General Terms of Conditions (attached) shall not be changed/amended should you be the winner of this tender. These General Terms and Conditions will form part of the contract should you be awarded this contract. By submitting

your proposal, we will conclude that you have read and accepted these terms and conditions.

- Participating more than once in same tender is not allowed and it will lead to your proposal as well as that of the company where you appear more than once being disqualified. The responsibility rests with the companies to ensure that their partners/experts are not bidding/participating more than once in same tender.
- **Bidders are not allowed to communicate directly with any other person regarding this bid other than the procurement official/s. Failure to comply with this requirement may lead to your bid being disqualified.**
- Bidders must strictly avoid conflicts with other assignments or their own interests. Bidders found to have a conflict of interest shall be disqualified. Without limitation on the generality of the above, Bidders, and any of their affiliates, shall be considered to have a conflict of interest with one or more parties in this EOI and tender process, if they:
  - a) are or have been associated in the past, with a firm or any of its affiliates which have been engaged by GIZ or the Interim Supply Chain Management Council to provide services for the preparation of the design, specifications, Terms of Reference, cost analysis/estimation, and other documents to be used for the procurement of the services in this selection process;
  - b) were involved in the preparation and/or design of the programme/project related to the services requested under this EOI and tender;
  - c) are serving or have been serving in the past three months in the structures of the Interim Supply Chain Management; or
  - d) are found to be in conflict for any other reason, as may be established by, or at the discretion of GIZ.

#### Scientific data

In the event of any uncertainty in the interpretation of a potential conflict of interest, Bidders must disclose to GIZ, and seek GIZ's confirmation on whether or not such a conflict exists.

- Similarly, the Bidders must disclose in their proposal their knowledge of the following:
  - a) if the owners, part-owners, officers, directors, controlling shareholders, of the bidding entity or key personnel are family members of GIZ staff involved in the procurement functions and/or the Interim SCM Council or any Implementing partner receiving services under this EOI or tender; and
  - b) all other circumstances that could potentially lead to actual or perceived conflict of interest, collusion or unfair competition practices.
- **Failure to disclose such an information may result in the rejection of the proposal or proposals affected by the non-disclosure.**

**Bids sent via Dropbox and WeTransfer will not be accepted.**

